Domestic Violence and Sexual Assault CCR Toolkit

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A. WCADV CCR Directory – 2008
   www.wcadv.org/?go=whatwedo/community/resources

B. Montana Coalition Against Domestic and Sexual Violence
   Resources on Coordinated Community Response

C. WCASA 2008 CCR Report (emphasis on sexual assault)
   www.wcasa.org

D. Sexual Assault CCR Bibliography
   www.wcasa.org

E. Sexual Assault Response, Best Practice Guidelines of Brown
   County (copies available by request)

F. Tribal Resources – coming soon!

G. Upcoming Trainings – coming soon!
   www.wcadv.org/?go=whatwedo/community

The Wisconsin Coalition Against Sexual Assault and The Wisconsin Coalition Against Domestic Violence:
Within the state of Wisconsin, libraries are available at both the Wisconsin Coalition Against Domestic Violence (WCADV) www.wcadv.org and the Wisconsin Coalition Against Sexual Assault (WCASA), www.wcasa.org. Books and videos may be borrowed or rented from each Coalition. Information is also available on respective coalition websites.

Local domestic violence and sexual assault programs often have libraries of tapes and other materials as well. Local programs are an irreplaceable resource for CCR teams.

Each community is unique and CCR teams are encouraged to use these tools according to the needs of their individual team. As with other aspects of
coordinated community response efforts, the creativity of team members and community resources will give rise to new ideas and responses to issues. Ideas can be gained from other communities, but the local fingerprint on an idea is unique.

For further technical assistance, please contact the Community Response Coordinator at WCADV at (608) 255-0539 or the Community Response Specialist at WCASA at (608) 2571516.
A. Taking Stock
QUESTIONS AN AGENCY COULD INCLUDE IN A SURVEY OF THEIR STAFF:

How often are the clients you are seeing affected by [sexual assault and/or domestic violence]?
  ~ Weekly  ~ Seldom  ~ Rarely to Never

What indicators identify that [sexual assault and/or domestic violence] occurred or is occurring?

If a client indicates they are being or have been [sexually assaulted and or battered] how would you respond? (Check all that apply)
  ~ Get more information, assist in processing with client
  ~ Refer to a Sexual Assault Service Provider or Domestic Violence Service Provider (circle all that apply)

Do you have [sexual assault and/or domestic violence] literature, information and posters in your office?

What do you know about the laws related to [sexual assault and/or domestic violence]?

Do you know the location of your local [sexual assault and/or domestic violence] service provider?

What do you think is the root cause of [sexual assault and/or domestic violence]?

• the dynamics of [sexual assault/domestic violence]?
• the prevalence of [sexual assault/domestic violence]?
• a victim's response to [sexual assault/domestic violence]?
• the law related to the crime?
• their own agency/department policy?

Questions need to be clear and succinct. Unless a clear directive is given from an employer, most staff will not answer a survey that has long cumbersome questions and scenarios.

Information gathered in an assessment can have innumerable uses for a community. It tells what resources are available to meet the needs of victims. It relates areas of frustration professionals have regarding the use of resources. It can identify areas for fundraising, public education, allocation of existing resources, and show emerging trends toward change.
After the information is gathered, it must be compiled and presented to the team. Discussion and analysis of the findings will assist the team in developing an Action Plan as a response. Perhaps a survey will show a need for:

- Education/Cross Training for community professionals.
- Public awareness regarding the issue.
- Need for a more in depth systems audit.
- More advocacy resources.
- More community education/prevention efforts.

SAMPLE QUESTIONS FOR VICTIM SERVICE PROVIDERS:

How many victims of [sexual assault and/or domestic violence] has your agency served?

How many women, men, and children?

How many people were served from various cultural groups, abilities, and lifestyles?

How long do victims typically receive services from your agency?

What kinds of services do victims receive?

What services does your agency offer children?

How does your agency serve teen victims? With or without parents’ consent?

Is there a shelter for [sexual assault and/or domestic violence] victims? who need a place to stay?

Are there means to meet other needs of the victim such as clothing and transportation?

What is the environment of your agency office?

Are the office pictures and other décor representative of various cultural groups?

Adapted from the City of Shelter Discussion Guide, Global Village Communications, www.cityofshelter.org, 2000, p.67
What is a coordinated community response team?

A coordinated community response (CCR) team brings together key players in community systems to develop strategies and procedures in systems response to sexual assault and/or domestic violence. These strategies will aim to establish ways for the community to intervene in a way that ends abuse. Sexual assault and domestic violence victims can be of any age, gender, race, ability, or sexual orientation and there may be an array of places in the community where victims may go to seek help or tell their story.

Intervention through a coordinated community response is a way of using legitimate sources of power in a community, such as the court system, to tell a perpetrator of abuse that the community cares about sexual and domestic violence and will do everything in its power to protect the victim. Perpetrators of sexual assault and domestic violence can be very coercive and manipulative. Without a coordinated response, offenders will avoid responsibility for their behaviors and likely move on to another victim.

Some victims will choose to report their situation to criminal authorities—others will not. A coordinated community response needs to encompass the options that victims have, and to provide for their support and healing in varied community settings.

What is the difference between a CCR team and a SART team?

If a community has a SART team, it is important to clarify the purpose and function of the team and how SART differs from a Sexual Assault CCR team or a dual team addressing sexual assault. Some CCR teams that focus on sexual assault will use the term “SART,” but it actually refers to teams that provide direct service response to sexual assault victims. This structure and function is different from a CCR team that focuses on the systems responses and practices related to sexual assault, but not necessarily on individual cases. This differentiation may also apply to “I” (Interdisciplinary) teams that work to respond to abuse against people with disabilities and older adults.

SART

The primary purpose of a Sexual Assault Response Team (SART) is to provide a resource for communities surrounding systemic response to sexual assault. Although similar to a Coordinated Community Response Team (CCR), a SART is smaller in number and made up of members from four disciplines.
Members of a Sexual Assault Response Team:

- Advocates
- Law Enforcement
- SANE nurses/medical personnel
- Prosecution

Goals of a SART:

- Maximize community safety, protection, and response
- Ensure victim-centered response and access to community resources
- Hold sex offenders accountable

CCR

The purpose of a Coordinated Community Response Team (CCR) is to provide a multidisciplinary approach and response to issues around sexual assault. The CCR teams can assist service providers and system members in communication, networking, and collaboration, bringing to light gaps in protocols or other services needed to support victims. The team is ALSO a place where members of the community, offender treatment providers, schools, and clergy members work together with system/service providers to discuss sexual assault and its effect on the community, and then equally and collectively participate in developing services, planning events, and creating prevention strategies needed to boost community awareness and decrease sexual violence. While the CCR team has some of the same service/system members as the SART, it is considerably larger and includes other professionals, community members, and stakeholders.

Members of a CCR Team may include:

- DA
- SANE nurses/medical personnel
- Sexual Assault/Domestic Violence Advocates
- Law Enforcement
- Clergy
- Business owners
- School staff
- AODA counselors
- Homeless shelter staff
- Ethnic minority advocates
- Immigration/Trafficked advocates
- Representatives from the disabilities and aging network
- Survivors
Goals of a CCR Team:

- Maximize community awareness and safety, protection, and response for victims without the use of case reviews.
- Ensure a victim-centered response to violence and access to community resources
- Hold sex offenders accountable
- Include/represent underserved populations affected by sexual assault: ethnic minorities, LGBT (Lesbian, Gay, Bisexual, Trans-gendered), older adults, people with disabilities, and male victims to ensure a voice and access to resources.
This Model demonstrates, in abbreviated form, ways communities can accountably act to support battered women and children, and hold batterers accountable for their behavior. It is not a definitive representation. This Model primarily identifies heterosexual males as perpetrators of domestic violence (DV), as they comprise 95% of the batterers in this country. This Model was developed by Mike Jackson and David Garvin with the feedback of over 118 reviewers. We are grateful for their input, and acknowledge the Domestic Abuse Intervention Project for the wheel format. Permission to reproduce is given if there are no changes and credit is given. Please make copies and distribute them for your public education efforts. We welcome your feedback for future editions.

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B. Getting Organized
Some Starting Questions:

Who do we need involved on our team?

How often do we want to meet? How should the agendas be set?

Who is on a CCR Team?

Most domestic violence CCR teams, sexual assault CCR teams, and dual domestic violence/sexual assault CCR teams begin with the criminal justice system and its representatives. However, teams addressing sexual assault issues may find taking an alternate approach more helpful since sexual assault is one of the least reported crimes. The team may want to ask: If they are not reporting, where are the victims in our community reaching out for help?” The decision about how to begin may also be made by examining who is willing to work on sexual assault issues in a multidisciplinary fashion.

Most CCR teams are comprised of representatives from:

- Domestic violence (DV) and sexual assault (SA) victim services
  - Whether teams are dual issue teams or DV or SA specific, both victim service advocates should be in attendance as some needs of victims may overlap between the two service providers
  - It is important for a sexual assault advocate to be present because otherwise teams may find themselves only addressing issues related to sexual assault within domestic violence. This would not meet the needs of the many sexual assault survivors in the community who were not assaulted in the context of a relationship
- Law enforcement agencies
- School systems
- Mental health professionals
- District Attorneys
- Child protection services
- Clergy
- SANE nurses and other health care professionals
- Programs for offenders
- Department of Corrections and Probation Agents
- Victim-Witness Coordinators
- Aging and Disability System representatives

Created by the Wisconsin Coalition Against Domestic Violence, modified by the Wisconsin Coalition Against Sexual Assault, Inc. 2009.
• Agencies or representatives from non-dominant or underserved populations such as the LGBT (Lesbian, Gay, Bisexual, Transgendered) community or communities of color

We already have a domestic violence CCR team and we want to add sexual assault to that team’s mission? Will that work?

It can work if the team is committed to set aside time to focus on sexual assault issues so that there is meaningful duality at the table. Domestic violence intervention can easily take up all the time at meetings and sexual assault as a topic can be more uncomfortable for people to discuss; so sexual assault topics need to be given realistic amounts of time, either alternating meetings by topic, dividing meeting time equally between the two, creating a subcommittee, or even the forming of a separate team for each issue.
C. Getting Commitments
TOPIC – Member Recruitment

Invite to the meeting:
Current team members

Discussion Guidelines:
♦ What is our mission? Who do we need on the team to accomplish our mission? Are there system players missing?

♦ Where might victim-survivors be presenting? What are the demographics in our area? Are we reaching/representing victim-survivors in the African-American, Hmong, Native-American, or LGBT (Lesbian, Gay, Bisexual, or Transgendered) communities, to name a few? Are we reaching older adults or people with disabilities?

♦ What is the best way to approach those we want to participate? What may be some barriers to gaining their participation?

✓ Could an existing team member approach them? Who has connections? Could the team mail information and ask for a response?
✓ Fears about homophobia or racism can be an obstacle. What can be done so that everyone feels safe to participate?
✓ As a first step, is it possible to invite perspective members to speak to the team about a specific issue?
✓ Is the physical space of the meeting accessible for those with disabilities?
✓ Have language barriers been addressed?
✓ Does the time and location of the meeting accommodate the schedules of those we wish to attend?

♦ People are busy these days and want to be sure their time spent is worthwhile. If we are going to ask system professionals and community members to put time into our CCR team, we must put time and thought into our meeting preparation. We should examine whether we have detailed agendas that include topics about common issues of interest and how we are all connected with the mission at hand.

Possible Resources

See the Starting/Renewing link of the CCR Toolkit -- Membership
Two Approaches to Recruitment Of CCR Team Members

1. START WITH A CORE GROUP

CCR teams are initiated by whoever has a vision of what can be accomplished by this approach. Victim advocates, corrections agents, offender treatment, district attorneys and judges are all examples of individuals who have begun teams in Wisconsin. These individuals have talked to others with whom they work and have formed a small group (four to six people) who represent various community or government agencies who share the vision. This group may then take on an advisory capacity and help to move the group into the process of holding meetings and recruiting other needed members.

Advantages to the Core Group Approach:

~ It isn’t one agency or person, so there is less likelihood that the group will be seen as “the advocates’ team” or the “DA’s team”, etc.
~ This group is connected to various community entities and so the reach of the group will be broader than just an individual agency.
~ Members of the core group who are seen as community “power” players lend credibility to the team and give it clout.

2. SEND A BROAD INVITATION AND SEE WHO SHOWS

The success of a CCR team will be affected by the “degree to which you have included the voices of those stakeholders most directly affected by the actions your council will take.”20 It is often difficult to predict who will be enthusiastic about a multidisciplinary approach to problems of domestic violence and sexual assault. Some communities choose to take a broad-based strategy from the start and send a letter.

Dear (Name of Director/Chief),

We are in the process of developing a county-wide Coordinated Community Response (CCR) Team to address the issue of (identify domestic violence and/or sexual assault). This is a multidisciplinary team of professionals and citizens who would gather regularly to examine the response of our community systems to victims and offenders of these crimes. Wisconsin has had such teams since the mid-1980’s and we are excited about the prospect of developing such an effort here in our community.

We are looking forward to partnering with your agency and other community members in this venture. We are asking that you consider designating one or two individuals from your agency to represent you on the (domestic violence and/or sexual assault) CCR Team. These representatives should be familiar with how (DV/SA) is addressed by your agency, and be kept up-to-date on current cases or problems that may exist. This team will not discuss specific cases, however, but only the systems process that surrounds them.

The team will meet (every month/every other month/quarterly) and the meeting will last approximately (60-90 minutes). (Name days) are being considered for our meeting day, but we would appreciate any input or conflicts this would present for your staff. Our first meeting is scheduled for (insert relevant date, time, and location).

Please feel free to contact (insert name and phone number) if you have any questions. Thank you for your consideration of this request.

Sincerely,
Initiating Agency
D. Considerations
TOPIC: OVERVIEW OF THE CCR CONCEPT

Invite to the meeting:

Representatives of all community agencies who may interact with sexual assault victim-survivors (See Start-up/Renewing link --Membership for ideas about possible members)

Consider including on the agenda:
♦ CCR Concept
♦ Multidisciplinary Challenges
♦ Choosing a focus/mission
♦ CCR structure
♦ Recruitment of members
♦ Importance of an agenda
♦ Community Assessments
♦ Philosophical Differences

Possible Resources:
- The Pre-Planning section of the CCR Toolkit includes “What is a CCR,” “4 Key Beliefs,” “SA and the CCR,” “Successfully Addressing Both SA and DV in CCR Teams,” “Successful Collaborations,” and “2 Approaches to Member Recruitment” which may be helpful to discussions of CCR concept, multidisciplinary challenges, recruitment of members, and philosophical differences.
- The Starting/Renewing section of the CCR Toolkit includes “Mission Statement Examples,” and the Planning/Activities section of the CCR Toolkit includes tools for assessment.
- See WCASA’s Bibliography for SA CCR Teams in the Resources section of the toolkit
- See the CCR Resource List compiled by the Montana Coalition Against Domestic and Sexual Violence (MCADSV) or access the list directly from MCADSV at: www.mcadsv.com/documents/CCRsResourceList.pdf
Basic overview handouts available at the Wisconsin Coalition Against Sexual Assault [www.wcasa.org](http://www.wcasa.org) and the Wisconsin Coalition Against Domestic Violence [www.wcadv.org](http://www.wcadv.org)

FOUR KEY BELIEFS UNDERLIE THE COMMITMENT TO A CCR

1) [Sexual assault and/or Domestic Violence] is seen as a community problem.

No longer seen as the victim’s problem, this belief can mobilize the community to ask what they can do instead of putting the focus on what they think the victim ought to do or should have done differently. The crimes of domestic violence and sexual assault are rooted in issues of power and control, however in the case of sexual assault, sex is used as a weapon.

2) Criminal justice professionals prepare to move forward in holding offenders accountable on the evidence in the case not on views/beliefs about the victim.

Victims/survivors do not cause their assaults and are not to blame. Offenders are responsible for the assaults. No one deserves to be battered and no one deserves to be sexually assaulted regardless of what they were wearing, how much they drank, or where they were when they were assaulted. When an adult victim chooses to report or with the case of a mandatory child report, the trauma experienced can cause victims to present in various ways. A victim may present as angry, hysterical, or calm, and sometimes a victim is not able to recollect the exact timeline of events. Law enforcement officers and SANE nurse examiners are trained to collect evidence and help piece together the puzzle. The victim’s story, 911 calls, photos, medical evidence, and detailed police reports provide prosecutors with the tools to move forward with prosecution. There are also times when victims may recant. This is often due to fears about the lengthy road of the court process, of retribution from the perpetrator, or of getting in trouble for being under the influence of alcohol or drugs, and should not be considered a false report. Sexual assault and domestic violence do not have a greater rate of false reporting than any other crime.
3) The community needs to extend outreach to victims in a way that is safe, and not assume victims will call first.

Sexual assault and domestic violence are some of the least reported crimes. This means that victims are presenting in other places for support. Unless a community reaches out to victims, many people that could offer support and resources will continue to miss connecting with those who need help. Despite distribution of posters, brochures and business cards, some victims are not willing to initiate contact with a stranger, and they may not understand what an “advocate” is, and what “services” mean. Many victims of sexual assault and domestic violence also deal with shame about what has happened to them which can be another obstacle to reaching out. It is important to think of all the places a victim may present and work with those communities and agencies to be sure that victims get support and resources they need.

4) Coordinated response to sexual assault and domestic violence is also a form of CRIME PREVENTION.

Victim-centered approaches to sexual assault and domestic violence that hold offenders accountable make a statement that sexual assault and domestic violence will not be tolerated in the community. Through the coordinated response, the general community also becomes more aware and educated about the nature of the crimes and the role society has in dismantling all forms of sexual and domestic violence.
Sexual Assault and the Coordinated Community Response

The concept of institutional and systems advocacy remains the same when utilized in addressing the community response to sexual assault and domestic violence. What is different is the willingness of the community to accept the prevalence of sexual assault. As with domestic violence, sexual assaults reported to law enforcement are a small fraction of what is actually occurring. Also consistent with domestic violence is that systems intervention on behalf of victims may actually create a new series of problems for them. All the benefits of the CCR approach can benefit sexual assault victims as well as the systems that respond to them.

Sex offenders often assault numerous victims. The failure of the legal system to hold offenders accountable sends individuals back out into the community without a deterrent such as probation that may prevent re-offending. Victims of sexual assault face a long and arduous healing process. This can be facilitated by respectful interactions with professionals in the community, competent victim services and a network of people supporting that healing. Since many victims will not report to police, and even if reported, many sexual assaults will not be charged, the community response cannot be focused solely on the criminal justice system. Sexual assault and domestic violence are similar crimes in some ways and very different in others. As in domestic violence, sexual assault is a crime of power and control, which the perpetrator uses against the victim. Another similarity is victim-blaming. Instead of focusing on the acts of the perpetrator, some in the community instead blame the victim for where she/he was, what she/he was doing, how she/he was dressed, etc. Sexual assault is a frequent component of domestic violence, yet victim experiences may be quite different related to disclosure and intervention. Areas of difference identified are related to child victims, teen sexual assault outside of “domestic” relationships, acquaintance sexual assault, services for boys and men, exploitation by professionals, medical treatment and evidence collection, stranger sexual assault, and impact on the community. When one views the dynamics of sexual assault through a domestic violence model, one may not meet the true needs of victims that were sexually assaulted outside of a relationship. This oversight may cause some victims that fall within this sphere to feel silenced and invalidated.
Sexual assault victims face a myriad of issues, including:

Impact of Trauma

While every survivor of sexual assault experiences trauma differently, victim-survivors of sexual assault may face a number of emotional challenges. Some of these emotional challenges are short-term responses to the trauma and others may last throughout a victim’s lifetime. Some of these responses to trauma include:

- PTSD (Post Traumatic Stress Syndrome)
- Increased levels of fear and anxiety
- Suicidal ideation and/or attempts
- Eating disorders
- Drug and alcohol issues
- Mental health issues
- Low self-esteem

These emotional components of trauma may affect a victim’s life in the following ways: A CCR team can establish practices to assist victims with these issues.

- Strained family relationships
- Difficulty in work or school
- Sexuality issues
- Interpersonal relationship challenges
- Housing may be an issue if the assault occurred in the victim’s home

A CCR team can establish practices to assist victims with the following issues that are the result of the sexual abuse/trauma:

Loss of personal items

- Clothing or other personal possessions may have been taken as evidence or destroyed in the assault.

- Housing and other economic issues may a challenge for non-offending parents of child victims that are displaced after a sexual assault.

- Victim-survivors of sexual assault may have transportation needs in order to meet with advocates, attend medical appointments, and court hearings.
Accessibility/Other considerations

- It is important for all victim-survivors to feel welcomed. Teams should take into account the diverse needs of every individual in the community such as Persons of Color, LGBT (Lesbian, Gay, Bisexual, Trans-gendered), people with disabilities, Deaf, and older adults.
- Some victim-survivors may need interpreters or other accessibility accommodations in order to have access to services.
- Some victims may need personal care services and may need to have arrangements made to have someone come to assist them with their daily needs.
- Undocumented or trafficked individuals may need legal assistance such as how to obtain a T-Visa.
- Individuals at risk may need legal council for issues around guardianship if the abuser is the legal guardian of the victim-survivor.
- Assistance with Individuals at Risk Restraining Orders.
Successfully Addressing Both Sexual Assault and Domestic Violence in Coordinated Community Response Teams

Strengths of addressing both sexual assault and domestic violence (SA/DV) in a dual Coordinated Community Response Team (CCR):

- In rural areas many of the same people are at the table.
- Combined resources help with programming/overhead.
- If done well it can create community wide social change.

Concerns about dual CCR’s:

- There will not be parity between both issues:
  - Addressing sexual assault can be hard because of shame and myths (victim blaming).
  - There may not be an understanding of the commonalities and differences between sexual assault and domestic violence.
  - It can be challenging to address issues connected to sexual violence that are relatively mainstream (e.g. pornography/strip clubs).
  - Underreporting can lead to the assumption that sexual assault is not happening in their communities.

- Some dual domestic violence/sexual assault agencies (DV/SA) may only provide one advocate to attend who will be responsible for both sexual assault and domestic violence.
  - Is it possible for one advocate to do both issues well?
  - Even if a sexual assault advocate is at the table the person may feel silenced or unsupported if s/he is the lone person representing both issues.

- Violence against men, people with developmental disabilities, and people who are prostituted (etc.) may be ignored.
- Sexual assault may not be addressed at all in communities that do not have a sexual assault agency or that have an outreach office with limited resources, or that have a dual SA/DV program that does not itself address both issues equitably.

How to have a successful dual issue CCR:

- Learn from sexual assault and domestic violence survivors about what needs exist in the community.
- Make a commitment to duality.
- Dedicate equal time, funds, staffing, and energy to both DV and SA.
  - Events (e.g. plan something for both Domestic Violence Awareness Month and Sexual Assault Awareness Month)
  - Data collection
  - Trainings
  - Developing/gathering resources
  - Developing best practices
• Media/policy
  • Learn about the commonalities and differences between sexual assault and domestic violence.
    o Think about the commonalities and areas where it makes sense to work together.
      ▪ Relationship violence (sexual assault within domestic violence)
      ▪ Power and Control and entitlement
      ▪ Connection of oppressions
    o Think about the differences and how it might be best to approach these differences.
      ▪ Men as victims
      ▪ People with disabilities/older adults
      ▪ Sex trade/trafficking/brokered marriages
      ▪ Child sexual abuse/incest/witnessing abuse
      ▪ Teens
      ▪ Exploitation by professionals
      ▪ Stranger assault
      ▪ Impact of sexual assault myths (e.g. she shouldn’t have been drinking)
      ▪ Impact of domestic violence myths (e.g. if it was a problem she would leave)
  • Establish trust by respecting the equal importance of both issues.
  • Have equal representation at the table from both the sexual assault and domestic violence fields.
    o Get dual SA/DV programs to commit to sending both a sexual assault and a domestic violence advocate to meetings.
    o If there are stand alone programs in the community invite both to the table.
    o Invite other community partners that are interested in sexual assault issues (or DV) to the table.
  • Create an official name for the CCR that indicates that the CCR is working on both sexual assault and domestic violence issues.
  • Create a mission and vision statement for the CCR that reflects a commitment to end both sexual assault and domestic violence.
  • Allow sexual assault and domestic violence partners to develop their own identity (with media/community groups/general public).
    o Define own goals and direction
  • Look for individual funding streams for SA and DV work.
    o Do not change program needs to reflect funding requirements to fit into DV mold when trying to do SA work and vice versa.
  • Promote DV and SA equally.
  • Educate others on different prevention and intervention approaches of DV/SA advocates.
Other issues:

- Communities that have a strong SA stand alone CCR’s and DV stand alone CCR’s
  - Figure out ways to collaborate on commonalities

- Communities that have a stand alone DV CCR and no SA services (or vice versa)
  - Educate CCR about sexual assault
    - WCASA
    - Neighbor SASP
  - Bring in leaders of the community that are interested in sexual assault
    - Nurse- interested in starting SANE
    - Victim Witness
    - Prosecutors
    - Other community leaders
    - PWD/network (I-teams)
    - People interested in trafficking
  - Give sexual assault issues a place at the table
Successful Collaborations

This information was developed for the Accessing Safety Initiative which is supported by Grant No. 2005-WT-AX-K003 awarded by the Office on Violence Against Women, U.S. Department of Justice.

www.accessingsafety.org

Collaboration Defined

In its most concise form, collaboration means "to work together." According to the Fieldstone Alliance, collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone." This relationship includes commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and awards. In an effective collaboration, members are committed as much to the common collaborative objectives as they are to their own organizational goals. As a result of a successful collaboration, services are coordinated and improved, and each individual agency is able to respond more effectively with new expertise developed through the process.

Factors Influencing Successful Collaborations

There are many factors that contribute to a successful collaboration. According to a study of collaboration research by the Fieldstone Alliance, factors that lead to the success of a collaboration can be divided into six categories:

- Environmental Factors
- Membership Characteristics
- Process and Structure
- Communication
- Purpose
- Resources

Elements to Strengthen Your Collaboration

1. Succinct and Flexible Purpose

A collaboration’s purpose is the reason for its creation: The purpose is the ultimate result that the collaboration desires. It is important to establish a solid mutual purpose to build the foundation of your collaboration and to ensure that all members are equally informed, in agreement and committed.
**Mission Statement**

The mission statement is the clearly-stated purpose behind the collaboration. It encompasses the goals and objectives toward which the collaborative will work. A strong mission statement will be the backbone of all collaborative efforts and is important to ensure commitment and coordination. A good mission statement should be meaningful for those within the collaboration and for the public.

- Be sure to compose a mission statement prior to engaging in specific activities.
- Establish a consensus between *all* organizational partners on the content of your mission statement prior to its implementation.
- Focus your mission on your core competencies and activities.
- Allow your mission statement sufficient room for growth and change.

**Goals and Objectives**

Collaborations need goals and objectives in order to be effective. Clear, motivating goals provide collaboration members with a sense of opportunity, challenge and consequence, and give the collaboration a sense of purpose. In essence, goals and objectives allow members to understand and participate in what the collaboration is doing. They are most effective when written down and agreed upon.

- Facilitate a process to define your collaborative goals and objectives.
- Determine your goals for how you will achieve the ultimate result of your collaboration (your mission). For example, if your mission is “to improve accessibility to services for all victims of violence,” a goal may be to “train sexual assault service providers to understand barriers to accessibility for Deaf women.”
- Develop goals/standards for how your collaboration will work. Include goals related to collaborative communication, conflict, negotiation, meetings, leadership and relationships. For example, a goal related to communication may be to “maintain monthly newsletters,” and a goal related to conflict may be to “promptly resolve conflict and learn from the experience to prevent future situations.”

**Work Plan**

A strong work plan clearly articulates how to achieve the mission and goals of the collaboration. The work plan will allow the organizations in the collaboration to initiate collaborative processes with straightforward strategies. The work plan should explain *how* to accomplish the objectives of your collaboration. It should include:
• Key activities;
• Who is responsible for the key activities;
• Resources necessary for accomplishment, including both what is available and what is needed;
• A timeline;
• Potential barriers to accomplishment;
• A communications plan; and
• A description of the final product(s).

Once established, the work plan should be distributed to all members of the collaboration and displayed in a central area. The work plan will be an important tool to have at meetings, and may be adapted and improved as the collaborative process unfolds.

Below is a work plan template that can serve as a foundation for your collaboration’s work plan. In this template, the elements relating to how to accomplish objectives are listed in a chart format; when creating your own work plan, you may choose to compose it in a narrative format.

2. Clearly Defined Roles and Responsibilities

Distinct and meaningful roles form the collaborative foundation and ensure that the items listed in your work plan are accomplished effectively. Clarity and trust in each individual’s roles and responsibilities are important to avoid members encroaching on the responsibilities of others or omitting necessary tasks, and to make sure that members’ unique roles and expertise are utilized.

**Strong Leadership**

Strong, effective leadership is crucial to the successful operation of a collaboration. A leadership structure should be developed by recognizing the strengths and needs of each leader and organization. Multiple people at different levels, in policy and direct services, should be engaged in leadership.

Consider what type of leadership structure would be effective in your collaboration. For example, a leadership structure may include one or several rotating point people in leadership roles, a steering committee, sub-committees from partner organizations and for key activities of the collaborative, and a point person at each level.

**Actions for Effective Leadership**

- Define goals and guide the group.
- Facilitate and support the team.
• Validate and trust individual, group and organizational strengths.
• Monitor the group’s progress.
• Help overcome obstacles and minimize conflict.
• Provide sufficient structure so that the collaboration achieves its goals, while also remaining flexible enough to encourage creativity and positive change.

**Individual Respect and Responsibilities**
In collaborations, each member makes an important contribution and shares ownership of the project. In a successful collaboration, all contributors and their roles are respected and trusted.

• Engage each individual’s and agency’s strengths in the collaborative process.
• Respect each member’s areas of expertise and skill.
• Define individual roles in order to ensure positive, transparent, and effective interaction.
• Do not interfere with a member’s role unless it is harming the collaboration or assistance is requested.

**Organizational Cultures**
It is a fundamental responsibility for key partners to mutually respect other agencies’ organizational cultures and value each partner’s contribution to the collaboration. It is important to recognize that while each agency has come together to pursue the same objectives, each is coming from its own unique position and may have a different way of understanding the problem or accomplishing the goals.

It may challenge the collaborative to reconcile these different approaches, but understanding distinct roles, perspectives and expertise is an invaluable attribute when working together. Diversity of experience and opinion will generate new ideas and solutions, and understanding different approaches can improve each agency’s ability to serve clients with varying needs and perspectives.

Each organization’s culture is directly related to why it is a member of the collaboration, and what it brings to the table. Language, values, priorities, policies and ways of doing business can be vastly different between organizations. In particular, collaborative agencies will likely have different perspectives on violence and disability, as well as different terminology, emphasis and concerns.

• Have each agency give a presentation about their work during the formation of the collaboration to provide important insight into organizational cultures.
• Include information and explanations about mission, philosophy, priority, and language.
• Define terms that may appear common but are understood differently among agencies.

• Create space to explore differences and commonalities among collaborating partners. If differences exist, determine if it is in an area where consensus is needed. If so, work towards it through dialogue and facilitated discussions. If not, come up with strategies to accept one another's differences.

**Equitable Budget and Finance**

Lack of resources is one of the biggest obstacles to a collaboration's success, so it is important to equitably share resources and maintain ongoing dialogue about resource needs. It is also important to make a record of budget information as it relates to organizational responsibility. Roles and resources may change such that finances may need readjustment. Regularly evaluate each member’s financial situation to ensure parity and success.

• Make sure budget plans are consistent and appropriate, and take into account each member’s contribution.

• Share any costs that may occur.

• Strategize a plan to pool resources – environmental, financial, human or in-kind – if necessary.

• Develop joint strategies that can increase resources.

• Conduct ongoing resource development efforts to assure that the appropriate level of revenue, time, and people are available to conduct the collaborative efforts.

• Plan for both short-term and long-term.

• Include line items in budget for accommodations and other costs related to accessibility.

3. Formal Policies and Procedures

Policies and procedures help regulate your collaboration’s activities and events so that consistency and effectiveness are maintained. They also minimize confusion and conflict and establish trust and agreement, all important factors in building and maintaining a collaboration over time.

**Decision-Making Strategies**

It is important to establish a decision-making protocol to enable coordination among partners. A clearly defined protocol will help to minimize inefficiency and conflict, and will maximize continuity and agreement.
Different decision-making styles may be used for different situations, depending on who the decision may impact, how much time is allotted, and whose support is needed. Try to anticipate the kinds of decisions your collaboration will be making. Then, create a protocol clearly defining what style of decision-making will be used for each decision type.

For example, your protocol may call for **consensus decisions**, in which everyone must agree before the decision is made, or **democratic decisions**, which are settled by vote and require that the minority voters still support the decision. **Autonomous decisions** may also be useful in situations where the decision does not impact others or needs only the decision-maker to implement it.

**Conflict Resolution Protocol**

It is likely that in the course of close collaboration conflicts may arise. It is important to establish a well-defined protocol for conflict management before the issues appear, and aim to resolve conflict as quickly as possible. The collaborative should also develop a policy for determining the roles of leadership in addressing conflict, including when external help may be needed. Each organization’s culture should be taken into account when determining a resolution process.

Create a formal protocol outlining the procedure for conflict management. For example, individuals experiencing conflict may first seek advice from a designated person who is familiar with conflict resolution within a given amount of time; if unresolved, individuals may be referred to an additional third party mediator; if still unresolved, referral to an external source may be necessary.

**Considerations for Creating a Conflict Resolution Protocol**

- Implementing both informal and formal complaint processes. Informal processes may include discussions with a collaborative leader or other point person, and formal processes may include written or oral complaints that require investigation.

- Appointing a “Dispute Resolution Coordinator” as the initial point of contact for individuals seeking conflict management. The coordinator should be able to provide guidance about what method of conflict resolution to use and refer people to the next point of contact.

- Using a *mediation* process for conflict resolution, in which a neutral third party sits down with the parties in conflict to look for mutually acceptable solutions. You may consider appointing a mediation committee.

- Training leaders, meeting facilitators and collaborative members in personnel management and conflict resolution.
Five Tips for Resolving Conflict

1. When a problem arises, make sure it is thoroughly explored until everyone understands what the problem is.

2. Consider why the problem exists and what the causes are before proposing answers.

3. Make sure everyone involved discusses the pros and cons of several different alternative solutions to a problem. Do not necessarily accept the first solution that is proposed.

4. When a group decides upon which solution to adopt and implement, make certain it is clear what the decision is, who should carry it out, and when. Do not assume that those involved will take care of issues without much structure.

5. Follow up with decisions reached at meetings to see how they work out in practice.

Meeting Guidelines

The establishment of standard meeting guidelines will keep meetings on track and ensure that they are productive. Once they are created, distribute the meeting guidelines to all members of the collaboration.

Meeting Guidelines

- Schedule meetings in advance.
- Maintain a regular schedule for repeating meetings.
- Hold your meeting at a location that is accessible.
- Prior to the meeting, ask participants for their accessibility requirements.
- Provide support and accommodations to ensure accessibility and equal access to participation at the meeting.
- Identify a facilitator for each meeting. Use an external facilitator when appropriate.
- Create an agenda. Include input from all members.
- Distribute the agenda prior to the meeting. Bring the agenda to the meeting.
- Ensure the agenda’s accessibility.
- Be on time. Establish requirements for maintaining a timely schedule.
- Take notes during the meeting; distribute them to all members.
- Review the notes at the beginning of the next meeting. Ask participants if they suggest any changes and if they accept the notes.
4. Open and Frequent Communication

As collaborations advance and differences emerge, regular open communication will facilitate progress and minimize miscommunications. Involving all collaborative members in communication efforts and encouraging the exchange of ideas and information will also motivate members to achieve goals and objectives and increase productivity, buy-in and trust. A communications plan will ease the communications process.

Communications Plan
Collaborative activities and successes are dependent upon open, clear and frequent communication. Be sure to update organizational partners in writing about important information to minimize miscommunication. Collaborations that employ both formal and informal networks of communication to support them are more likely to succeed.

A clear communications plan should outline how your collaboration will achieve and maintain effective communication. A communications plan should include:

- A clearly visible meeting schedule;
- How often communication will take place outside of meetings;
- When communication will take place via phone, email, mail and personal interaction;
- A list of contact people at each organization (including phone and email);
- Common terminology and vocabulary; and
- A strategy and methods for communication with the larger community, such as community leaders and media.

5. Strong and Sustainable Relationships

It is important to build relationships to strengthen the partnership and commitment to mutual goals. While each of the categories listed in this section contributes to relationship maintenance, relationships are the cornerstone of a collaboration and extra time should be allotted to develop them. Communication beyond work and organizational matters will facilitate trust and motivation.

Fostering Inter-Organizational Relationships
Collaborations succeed in an environment that is oriented toward working together and away from competition. Good inter-organizational relationships will strengthen the collaboration and commitment to mutual goals. Regular interaction will make the collaboration more natural and effective. Communication and events outside of work will enhance motivation which can rejuvenate commitment and keep the collaboration track.
- Create time on meeting agendas to use brief presentations to help the group understand the project as a whole, as well as the parts.
- Organize social events to develop relationships with each partner organization and its staff members.
- Maintain a newsletter or regular emails with updates and information; this is especially important to sustain relationships with people whose collaborative role is not regularly enacted.
- Use icebreaker activities at both meetings and social events to help with introductions and create awareness about each organization’s history and culture.

**Giving Credit and Showing Appreciation**

Giving credit and showing appreciation, especially across organizational boundaries, will go a long way toward building relationships and increasing cooperation, morale and productivity. Praise and recognition will motivate individuals to put forth their best effort; these rewards are often an incentive for members to persevere and commit to their goals.

Communicate members’ achievements to all parties involved. This will not only gratify the individual, but it will increase communication and awareness on behalf of the whole collaboration. After all, the collaborating organizations are expected to better achieve the goal together than any of the individual organizations could do alone.

**Considerations for How to Give Credit**

- Openly thanking individuals for their work during meetings and in emails.
- Including an acknowledgements section when writing a report or giving a presentation.
- Giving annual recognition at a collaboration social event.

**6. Ongoing Evaluation**

Implementation of a feedback system is critical in keeping the collaboration on track and satisfying both collaboration needs and individuals' wishes. Feedback should measure progress and members' responses to the process in order to guarantee improvement and productivity.

**Soliciting Feedback**

Continually discussing organizational needs and exploring methods for serving all members of the collaboration should be an essential part of the process. It is helpful to inform members early on that soliciting feedback on the collaborative process will occur on an ongoing basis. Allowing all participants to voice their opinions makes everyone feel valued and avoids leaving out topics that may need attention. To ensure that people provide honest feedback, it is important to create
an environment where people are comfortable speaking openly about what is working and what may need improvement.

**Feedback Topics to Consider**
- What do you like about the collaboration?
- Do you feel that you and your work are respected by all members of the collaboration? Do you receive appropriate recognition for your work?
- Are meetings run effectively?
- Is there sufficient and effective communication between all aspects of the collaboration?
- What can be improved?
- Other comments.

Figure out how to respond effectively to complaints from the collaboration feedback. Address all outstanding issues. Effective response to complaints will reduce friction and provide good examples and insight for the future.

**Monitoring Progress**

Regular assessments of the collaboration’s outcome progress will keep the collaboration on track and generate productive changes by increasing accountability. Assessments should measure the effectiveness of collaboration efforts toward goals and objectives as outlined in the collaborative work plan. Regular benchmarks for assessments should be enforced, and programs and services should be improved if need be. Midcourse adjustments should not be viewed as barriers to the success of a collaborative, but as a healthy part of the progress. These evaluations can help secure future funding!

Assessments should identify areas that need improvement, recognize areas where success was achieved, and suggest future possibilities. The work plan can serve as a guide to what should be evaluated.
Assessment Questions to Consider

- Did the collaboration do what it was supposed to do?
- What challenges occurred?
- How can the challenges be overcome?
- To what extent were goals and objectives met?
- What are logical next steps?
- Were the channels of communication effective with constituents, funders, and partners?
- Was the leadership structure effective?
- Were resources allocated appropriately?

Sharing Lessons Learned

There will undoubtedly be experiences of collaboration cooperation and conflict, success and failure. Various barriers are likely to challenge collaboration efforts. Some situations may be anticipated, and others unpredictable.

Share lessons learned from these encounters so that collaborations may build upon past experiences and learn best practices for anticipating the challenges, developing proactive solutions and achieving goals.

The more open the communication and the more feedback is shared, the stronger the collaboration will be. Celebrate successes internally and externally as part of the sharing process.

- Be sure to be patient, flexible and have fun!
A. Who (Membership)
Starting/Renewing a CCR Team

CCRT Membership Map

Core Members: SA and/or DV Advocacy; Crime/Victim Services; Human Services (CPS/APS); Tribal, LGBT, Hispanic, African-American, Asian-American representatives; people with disabilities, older adults, Deaf; Law Enforcement, DA, SANE, Religious/Spiritual Leaders, Community Members

Contributing members; help with special tasks

Interested in CCRT
On mailing list
Not actively involved

Not participating at this time. Explore ways to invite and encourage participation. How can we gain survivor input?

TOPIC: How are we serving underserved populations?

Invite to the meeting:
There are groups of people in every community that are considered underrepresented. These people may be marginalized because of ethnic, racial or other bias, divisions of language or lifestyle. In order for the community to respond fully to the needs of all victim-survivors, the CCR team needs to make an effort to reach out to these populations and keep an environment that would foster meaningful representation of these groups.

Find community groups or individuals from these populations who would be willing to dialogue with you about issues of [sexual assault and/or domestic violence]. These contacts could be formal or informal agencies, community organizations, or community leaders. Offer to meet at a place where they feel comfortable, and send one or two team members to hear their concerns about sexual assault in their community. Invite them to give a presentation and/or see whether they would consider joining the efforts of the CCR team.

Consider including on the agenda:
♦ Explain the purpose and intent of the CCR Team.
♦ Hear their concerns related to [sexual assault and/or domestic violence] and historical issues around oppression.
♦ Ask for ideas on how to address the gaps and create a safe environment of response to victims from this population,
♦ Would they consider joining the efforts of the CCR?

Possible Resources:
♦ Ask those within the target community what resources and community liaisons are available and who they would recommend. Would they assist the team in producing culturally sensitive, language specific, victim or community information?
♦ WCASA/WCADV have programs addressing oppression and outreach and disabilities and aging programs. Wisconsin Coalition Against Sexual Assault 608-257-1516, Wisconsin Coalition Against Domestic Violence 608-255-0539. WCASA/WCADV have extensive resources on disabilities/aging through their websites: http://www.wcasa.org/programs/aging.htm and http://www.wcadv.org/?go=whatwedo/elderly, www.ncall.us
♦ **WCASA/WCADV partners:**

- UNIDOS, Inc. can be reached at (608) 256-9195  
  [www.unidosagainstdv.org](http://www.unidosagainstdv.org)

- American Indians Against Abuse (AIAA) (715) 634-9980

- Refugee Family Strengthening Project, through Wisconsin Department of Health and Family Services

-- Disability Rights Wisconsin 1-800-928-8778  
  [www.disabilityrightswi.org](http://www.disabilityrightswi.org)

-- Hmong American Women’s Association (414) 342-0858  
  [www.hmong.org](http://www.hmong.org)

**WCASA committees:**

- Lesbian, Gay, Bisexual, Transgender Committee (joint committee with WCADV)

- Women of Color Network

**WCADV committees:**

- Wisconsin African American Committee Against Domestic Violence

- Communities of People of Color Committee

- Battered/Formerly Battered Women’s Committee

- Lesbian, Gay, Bisexual, Transgender Committee (joint committee with WCASA)
Resources in print:


♦ SafePlace: Domestic Violence and Sexual Assault Survival Center. 

   Barriers to Reporting GLBT Sexual Assault and Partner Abuse. 

   Austin, TX: SafePlace, 1999.

♦ Tobin, Rod. Alone and Forgotten: The Sexually Abused Man. 


**Video Resources:**


♦ **No! Confronting Sexual Assault In Our Community.** Prod. Aishah Shahidah Simmons. 2006. Beliefs, attitudes, and behaviors associated with race in the African American community.


♦ **Widening the Circle.** Prod. Wisconsin Coalition Against Sexual Assault. Includes a manual. Discusses the dynamics of sexual assault/abuse against people with disabilities and the elderly.

**Websites:**

♦ **Accessing Safety Initiative.** [http://www.accessingsafety.org](http://www.accessingsafety.org) Focus on understanding disability, understanding Deaf culture, and accessibility. Includes a step-by-step guide to improving services in your community with a focus on collaboration, identifying community needs, and strategic planning.

♦ **Casa de Esperanza.** [http://www.casadeesperanza.org](http://www.casadeesperanza.org) A national organization with a mission to mobilize Latinas and Latino
communities to end domestic violence. This website will be available as a resource beginning in 2009.

♦ Milwaukee LGBT Community Center. [http://www.mkelgbt.org](http://www.mkelgbt.org) A community-based organization represented by more than 150 volunteers. Their mission is to improve the quality of life for LGBT people in the Metro-Milwaukee area. While their expertise lies in the Milwaukee area, they are willing to consult with communities across the state and connect people with local supports if possible.

♦ National Organization of Sisters of Color Ending Sexual Assault. [http://www.sisterslead.org](http://www.sisterslead.org)
Two Approaches to Recruitment Of CCR Team Members

1. START WITH A CORE GROUP

CCR teams are initiated by whoever has a vision of what can be accomplished by this approach. Victim advocates, corrections agents, offender treatment, district attorneys and judges are all examples of individuals who have begun teams in Wisconsin. These individuals have talked to others with whom they work and have formed a small group (four to six people) who represent various community or government agencies who share the vision. This group may then take on an advisory capacity and help to move the group into the process of holding meetings and recruiting other needed members.

Advantages to the Core Group Approach:

~ It isn’t one agency or person, so there is less likelihood that the group will be seen as “the advocates’ team” or the “DA’s team”, etc.
~ This group is connected to various community entities and so the reach of the group will be broader than just an individual agency.
~ Members of the core group who are seen as community “power” players lend credibility to the team and give it clout.

2. SEND A BROAD INVITATION AND SEE WHO SHOWS

The success of a CCR team will be affected by the “degree to which you have included the voices of those stakeholders most directly affected by the actions your council will take.” It is often difficult to predict who will be enthusiastic about a multidisciplinary approach to problems of domestic violence and sexual assault. Some communities choose to take a broad-based strategy from the start and send a letter.

B. What (CCR Roles)
**What is a coordinated community response team?**

A coordinated community response (CCR) team brings together key players in community systems to develop strategies and procedures in systems response to sexual assault and/or domestic violence. These strategies will aim to establish ways for the community to intervene in a way that ends abuse. Sexual assault and domestic violence victims can be of any age, gender, race, ability, or sexual orientation and there may be an array of places in the community where victims may go to seek help or tell their story.

Intervention through a coordinated community response is a way of using legitimate sources of power in a community, such as the court system, to tell a perpetrator of abuse that the community cares about sexual and domestic violence and will do everything in its power to protect the victim. Perpetrators of sexual assault and domestic violence can be very coercive and manipulative. Without a coordinated response, offenders will avoid responsibility for their behaviors and likely move on to another victim.

Some victims will choose to report their situation to criminal authorities—others will not. A coordinated community response needs to encompass the options that victims have, and to provide for their support and healing in varied community settings.

**What is the difference between a CCR team and a SART team?**

If a community has a SART team, it is important to clarify the purpose and function of the team and how SART differs from a Sexual Assault CCR team or a dual team addressing sexual assault. Some CCR teams that focus on sexual assault will use the term “SART,” but it actually refers to teams that provide direct service response to sexual assault victims. This structure and function is different from a CCR team that focuses on the systems responses and practices related to sexual assault, but not necessarily on individual cases. This differentiation may also apply to “I” (Interdisciplinary) teams that work to respond to abuse against people with disabilities and older adults.

**SART**

The primary purpose of a Sexual Assault Response Team (SART) is to provide a resource for communities surrounding systemic response to sexual assault. Although similar to a Coordinated Community Response Team (CCR), a SART is smaller in number and made up of members from four disciplines.
Members of a Sexual Assault Response Team:

- Advocates
- Law Enforcement
- SANE nurses/medical personnel
- Prosecution

Goals of a SART:

- Maximize community safety, protection, and response
- Ensure victim-centered response and access to community resources
- Hold sex offenders accountable

CCR

The purpose of a Coordinated Community Response Team (CCR) is to provide a multidisciplinary approach and response to issues around sexual assault. The CCR teams can assist service providers and system members in communication, networking, and collaboration, bringing to light gaps in protocols or other services needed to support victims. The team is ALSO a place where members of the community, offender treatment providers, schools, and clergy members work together with system/service providers to discuss sexual assault and its effect on the community, and then equally and collectively participate in developing services, planning events, and creating prevention strategies needed to boost community awareness and decrease sexual violence. While the CCR team has some of the same service/system members as the SART, it is considerably larger and includes other professionals, community members, and stakeholders.

Members of a CCR Team may include:

- DA
- SANE nurses/medical personnel
- Sexual Assault/Domestic Violence Advocates
- Law Enforcement
- Clergy
- Business owners
- School staff
- AODA counselors
- Homeless shelter staff
- Ethnic minority advocates
- Immigration/Trafficked advocates
- Representatives from the disabilities and aging network
- Survivors
Goals of a CCR Team:

- Maximize community awareness and safety, protection, and response for victims without the use of case reviews.
- Ensure a victim-centered response to violence and access to community resources
- Hold sex offenders accountable
- Include/represent underserved populations affected by sexual assault: ethnic minorities, LGBT (Lesbian, Gay, Bisexual, Trans-gendered), older adults, people with disabilities, and male victims to ensure a voice and access to resources.
Creating a Memorandum of Understanding (MOU)

In designing an MOU for [sexual assault and/or domestic violence], including statements that reflect philosophical agreement may save confusion later on in the process.

Example A: (for sexual assault specific teams, but may be modified to accommodate Dual DV/SA Teams)
Sexual assault is a crime that uses sex as a weapon to exert power and control over another human being. The assault is never the fault of the victim-survivor. We will work together to improve our response to victim-survivors, hold perpetrators accountable, and to extinguish the roots of sexual assault in our community.

Example B: (for Dual DV/SA Teams or DV Teams)
This MOU is designed to improve the response of the community to [sexual assault and/or domestic violence] and to send a consistent community message that we will work together to end the occurrence of [sexual assault and/or domestic violence] in our community.

An MOU is about the relationship between agencies, defining the parameters and expectations between them

When designing your MOU, you may want to include:

a. Purpose of having an MOU
b. Description of services you will provide
c. How cases will be processed (or not processed) internally
d. Process of referral from your agency to others
e. How and what information will be exchanged
f. Frequency with which exchange of information will occur

h. Length of time the MOU will be in effect

i. How and when evaluation of its effectiveness will be reviewed (if you are trying something new, evaluate it in 4-6 months to allow room for “tweaking”)

Depending on the issues addressed, establishing parameters can be a process, and may take time. Be patient!
Sample MOU of Participation

This cooperation agreement is by and among (List CCR team members)

WHEREAS, there are a significant number of families in the County of _________ what are affected by family violence; and

WHEREAS, the best response for these families is one where the resources and philosophies of the several community agencies involved with the families are coordinated and focused in a collaborative effort; and

WHEREAS, the Agencies wish to join together in an alliance to address the difficult and important issue of family violence;

NOW, THEREFORE, in consideration of these premises, the Agencies, as evidenced by their signatures to this Cooperation Agreement, hereby agree as follows:

1. An alliance to be known as the ________________ is established as a forum for interagency collaboration.
2. The agencies hereby endorse the Mission Statement of the CCR team, a copy of which attached hereto and made a part hereof.
3. Each of the undersigned agrees to participate in and support the efforts of the CCR Team.

IN WITNESS WHEREOF, the undersigned have signed this Cooperation Agreement, effective as of _______.

What are the goals of a CCR team?

Each team will identify its own goals, but most CCR teams have goals around three key areas:

1. Maximize safety, protection and responsiveness to victims and their loved ones
2. Hold offenders accountable for their behavior and prevent a series of victimization by that offender
3. Collectively take a position that [sexual assault/domestic violence] will not be ignored or tolerated in our community.

One purpose of intervention is to support the victim’s decisions, and create avenues of safety and healing that will encompass the options and resources in the community. This may involve community education that teaches the tactics and methods that sex offenders/batterers use to groom, isolate, and attack the credibility of victims even before the assault has occurred. The message this sends to both victims and offenders is that the community is mobilized to assist victim/survivors in meeting their needs and holding offenders accountable.

Comprehensive CCR teams have the following key elements:

- Regular meetings that include detailed agendas, and a mission statement that is periodically reviewed.
- Understanding among the team members of other agencies who interact with victims or perpetrators of sexual assault.
- Systems cooperation which may be reflected in formal “working agreement’ procedures or “memorandums of understanding” related to systems response; or informal practices of information exchange, referral, and strategy established by team consensus.

[Sexual assault/domestic violence] victimization does not discriminate by gender, age, culture or economic status. It is important that the CCR membership mirrors this diversity by meaningful inclusion of representatives from these communities. Team meetings need to be accessible and welcoming for all people regardless of ability, cultural or racial background, or language spoken.

Outcomes of Coordinated Community Response are:

1. Existing systems are brought together to mutually address issues of sexual assault and domestic violence.
2. Systems response is consistent. This doesn’t mean every report, case, and investigation will have the same outcome. But it does mean that all sexual assault and domestic violence victims will be treated with dignity and respect and that cases will be fairly approached, investigated, and assessed regardless of who the victim and offender are.

3. Victim safety and support will be a priority.

4. Community systems will have integrated resources and services that are efficient and victim-focused.
The Role of Each CCR Team Member

♦ Attend and participate in meetings whenever possible.

♦ Represent the vantage point of your discipline, or profession, to the team.

♦ Educate other team members about the parameters of your job and agency.

♦ Share the expertise of your training with the team.

♦ Take information and questions from team meetings back to your agency.

♦ Seek ways to make the system work for the victim, not make the victim work for the system.

♦ Work toward building consensus on the team.

♦ Take responsibility for some of the tasks and work of the team.

♦ Promote the safety of victims and accountability of offenders within your agency.
C. Why
MISSION STATEMENTS

The development of a mission statement can contribute to the formation of the team, and define its process. As the list below suggests, mission statements are useful when the group begins to wander off task, when conflict arises, or when deciding whether to take on a project. The simple question, “Is this consistent with our mission statement?” can be used as guidance. When a team begins their initial meetings, designing a mission statement is often one of the first tasks. Typically, there are two successful approaches: use the mission statement from another team or take a few meetings to discuss members’ concerns about the focus, and build the statement from those discussions. Usually, it is effective to use the mission statements of other groups as a sample from which to build. One Wisconsin team took their mission statement directly from the mission statement of their district attorney's office. This section of the toolkit gives a sample statement below and another sample in the toolkit section titled Starting/Renewing a CCR Team. Any community can insert their name and tailor the statements to the style of their group. Most mission statements are broad and general, brief and succinct.

“The (County name) Coordinated Community Response Team is a multidisciplinary group that seeks to communicate and coordinate a response to domestic violence [and/or sexual assault] that offers victims safety and seeks to hold offenders accountable for their behavior.”

There are CCR teams addressing issues of domestic violence only, teams that only address sexual assault, and teams that address both domestic violence and sexual assault (dual teams). It is important for teams to be clear in their mission statements about which types of violence they are representing. Not all sexual violence occurs in domestic violence situations, so if the team wishes to include sexual assault in their mission statement it is best to be specific.

Some teams have several layered mission statements that include vision and goals. A vision is how the team views the future and where the progression of the work will lead. The goals are the tasks the team undertakes and the objectives are what they hope to accomplish with the goals. Each CCR team typically has members who are versed in this type of analysis as a part of their own job. They can assist the group in the discussion and distinctions between these concepts. A simple explanation is that the mission is why you exist—objectives are how you will pursue the mission.

Is a mission statement really necessary?
THE NEED FOR A MISSION STATEMENT

A mission statement can put an end to arguments about what you should be doing.
A mission statement can create clarity.
A mission statement can create unity.
A mission statement can allow you to make decisions according to some deeper principles.
A mission statement can inspire and motivate [team members].
A mission statement can help explain your organization to others [in your community].

As with other aspects of this work, many approaches will bring the same result. These examples also illustrate that examining the mission statement can lead very naturally into philosophical discussions about beliefs related to [domestic violence and/or sexual assault]. Do we want to make a statement of “zero tolerance” in our community? What will that mean? Is our mission to eliminate [domestic violence and/or sexual assault] completely from our community? Do we want to include public awareness in our mission? In making these decisions about the mission statement, it is good to consider the knowledge of other multidisciplinary teams already meeting in your community. What is the purpose of those groups? How will this CCR team be different? If the purpose of existing teams is to conduct community “staffing” of specific cases, a CCR team which examines systems’ response exclusively would not duplicate that effort. However, especially in rural communities, various community efforts may be inviting the same people to multiple tables. A clear distinction between the functions of each group needs to be made. It is feasible to fold a CCR team into another team (such as an I-Team), or form a subcommittee of a larger team, but only if the existing team is willing to devote significant time away from their current focus to include [domestic violence and/or sexual assault].

“The mission statement reflects the ultimate reason for the existence of the coordinating council. This statement will help keep members focused on the council’s long-term goals and serve as the guiding force for the council. This is of special importance, since the creation of a coordinated community response to violence against women will take time.”

The Racine County Family Violence Coalition provides an example of a mission statement:

“The Family Violence Community Coalition of Racine County is committed to developing, nurturing, and sustaining a community free of abuse and violence.

Our goals are to:

1) Develop sensitive and effective responses to survivors, through their inclusion in the Coalition and in the provision of services;

2) Promote and develop practices which hold perpetrators accountable for their actions;
3) Increase community awareness of abuse and violence issues;

4) Provide opportunities for collaboration between service providers; and

5) Improve access to appropriate services.”


Created by the Wisconsin Coalition Against Domestic Violence, modified by the Wisconsin Coalition Against Sexual Assault, Inc. 2009.
Sample Mission Statements

Examples of Names:
- Coordinated Community Response Team
- Family Violence Alliance
- Domestic Violence and/or Sexual Violence Coordinating Council
- Domestic Violence and/or Sexual Assault Advisory Council
- Anti-Violence Task Force

SAMPLE 1:
The ____________ Coordinated Community Response team is a multidisciplinary group of professionals that seeks to coordinated services, intervention and prevention of sexual assault in our communities. We are committed to services for victims of all ages, accountability for offenders and community awareness that will send a strong message that sexual assault will not be tolerated in our community.

SAMPLE 2:
The purpose of the __________ CCR Team is to establish a coordinated county-wide response to domestic violence and a policy of “zero tolerance” which will protect the safety of the victim and the public, hold the abuser accountable and educate the community.

We believe that domestic abuse must be redefined as a serious crime in the minds of the public and the criminal justice system, and that the exposure of children to domestic violence in our community continues the cycle.

Our goal is to interrupt the escalation of the violence, and to achieve accountability that provides abusers an opportunity for rehabilitation. (from Portage County, Wisconsin)
SAMPLE 3:
The ___________is committed to the reduction of domestic violence by coordinating a consistent message and response to concerning domestic violence; promoting cooperation, coordination and communication among the criminal justice and other community systems with service providers; creating a safe community environment for victims of abuse; and ensuring that abusers are held accountable for their illegal and abusive behavior. (from Baltimore, Maryland)

SAMPLE 4:
The mission of the ___________________ is to end domestic violence in our community. The general purpose of the council shall be to ensure
1) safety and restoration for victims of domestic violence
2) cessation of the violence
3) accountability of batterers.
In order to accomplish these purposes, the council shall:
  a) improve coordination among agencies, departments, the courts and members of the community in matters of family violence and abuse;
  b) promote effective prevention, intervention, and treatment techniques which will be developed based upon research and data collection;
  c) reducing incidences of violence by improving the community response; and
  d) educate the public about the need to end domestic violence
(from Santa Clara County, California)

SAMPLE 5:
The mission of the _________________________ is to coordinate response to domestic violence and sexual assault in our community through communication, cooperation and consistency that improve the safety of victims and their children and the accountability of offenders.
Sample 6:

“The Family Violence Community Coalition of Racine County is committed to developing, nurturing, and sustaining a community free of abuse and violence.

Our goals are to:

1) Develop sensitive and effective responses to survivors, through their inclusion in the Coalition and in the provision of services;

2) Promote and develop practices which hold perpetrators accountable for their actions;

3) Increase community awareness of abuse and violence issues;

4) Provide opportunities for collaboration between service providers; and

5) Improve access to appropriate services.”

(Source from the Racine County Family Violence Coalition)

Sample Agenda for a “Mission Statement” Meeting

1. Introductions

2. History of how group began

3. What shall our team be called?

4. Discuss scope of focus:
   ▪ Shall we focus on domestic violence?
   ▪ Shall we focus on sexual assault?
   ▪ Shall we focus on both issues?
   ▪ Can we include anything else and still be effective?
   ▪ If we are doing both issues, how shall we balance the time?
   ▪ Option 1 for dual teams: alternate meetings between DV and SA
   ▪ Option 2 for dual teams: split the time: 10-15 minutes each for SA/DV
   ▪ Option 3 for dual teams: facilitate meaningful integration of SA/DV
   ▪ Option 4 for dual teams: Create a separate SA or DV sub-committee

5. What are the components important to our mission statement?

6. Review samples: (See toolkit section “Starting/Renewing a CCR Team”)
   ▪ Is there one that stands out as consistent with our team?
   ▪ Make necessary adjustments

7. Can we agree today?
   (If the discussion has raised issues that need resolution before a statement can be voted on, don’t hesitate to list them and schedule them for the next meeting.)

8. Discuss agenda, date and tasks for the next meeting.
D. How
GUIDELINES FOR CROSS-SYSTEMS COLLABORATION

We are all mutually responsible for this system
We do not blame, but seek solutions to problematic symptoms
We agree to disagree, but to speak our conflict
   No issue or topic is off limits
   Discussions are considered confidential
   We will identify our biases/assumptions
   We treat one another with unconditional regard

(“Groundrules” developed by the Eau Claire County Coordinated Community Response Team)
Relationships

Relationships are crucial to the success of CCR efforts; these relationships require care. When the staff within various agencies change, the CCR team needs to have a plan for how they introduce themselves and their work, and begin dialogue with the new individual about how changes could affect the success of the existing coordination. Agencies who participate on the team need to carefully select who will represent them on the team. Too many times, CCR teams end up with members who are ordered by their employer to attend, but don’t have a clear understanding as to the purpose or benefit of the group. Advocacy agencies, too, have to be careful to send staff members informed about the issue, and who realize the importance of the partnerships that exist on a CCR team. Problems need to be addressed as they arise and not put off for a more convenient time. Consider, for example, law enforcement department policy. A CCR team can discuss with law enforcement their feelings and priorities related to domestic violence and or sexual assault and make recommendations. It is unlikely, however, that any department will allow the CCR team to dictate their policy to them. What the team CAN negotiate with law enforcement is how that department will interact with other community agencies, refer victims for services and provide support for the other areas of coordination. Ideally, all team members can endorse and take pride in the CCR policies.

Ideas to avoid disagreements within your group:

1) Appoint a steering committee to help assess and prioritize issues for the group. This can save time.

2) When team consensus is required, hear everyone out. Within the team there is sure to be a broad spectrum of personalities and many differing opinions on a given topic. Everyone needs to listen and to feel that they are really heard.

3) Remember the CCR team will decide some things as a group, but must be prepared to accept alternate decisions made by local agencies.
Four Keys to Collaboration Success

by Carol Lukas and Rebecca Andrews

As a consultant I'm often asked, “Why do some collaborations succeed and others fail?” As you can imagine, there are many factors involved (see 20 Factors Influencing Collaboration Success below). However, having consulted with more than 50 collaborations in the past 10 years, I've identified four keys that—while not a guarantee to success—are essential to a well-functioning collaboration. Those keys are:

1. Clarify the purpose
2. Let form follow function
3. Involve the right people
4. Get it in writing

KEY #1: CLARIFY THE PURPOSE

Imagine a colleague calls and says, “Our organizations can have greater impact if we collaborate on this project.” “Great, let's meet,” is the response. After three meetings, our colleague is talking about the mission for the collaboration and what we want to achieve together in the next year. You're thinking, “Year? All I ever planned to give this was half-a-dozen meetings at the most.”

Many people think that anytime they're working together, they're collaborating. They also assume that everyone has a similar notion of what collaboration means. Actually, there are many ways to work together, with varying levels of intensity in the relationship between partners. Knowing what you want to accomplish will determine whether you need to cooperate, or coordinate, or collaborate. The table below illustrates this continuum:

(From Collaboration Handbook, by Michael Winer and Karen Ray. Published by the Amherst H. Wilder Foundation.)

<table>
<thead>
<tr>
<th>Cooperation</th>
<th>Coordination</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>lower intensity</td>
<td>higher intensity</td>
<td></td>
</tr>
<tr>
<td>Shorter-term, informal relationships</td>
<td>Longer-term effort around a project or task</td>
<td>More durable and pervasive relationships</td>
</tr>
<tr>
<td>Shared information only</td>
<td>Some planning and division of roles</td>
<td>New structure with commitment to common goals</td>
</tr>
<tr>
<td>Separate goals, resources, and structures</td>
<td>Some shared resources, rewards, and risks</td>
<td>All partners contribute resources and share rewards and leadership</td>
</tr>
</tbody>
</table>
True collaboration requires a commitment to shared goals, a jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources, risks, and rewards. Here’s a definition.

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

However you decide to work together, it’s important that everyone understands and agrees to the purpose of the collaboration, the degree of commitment required, and the expectations of partners involved in the effort.

There’s another important reason for being clear on your purpose. If you do collaborate, you’re going to need help from funders and the community. That means you’ll need to grab their attention with a compelling, distinctive message. I tell my clients that they should be able to relay their message in the time it takes to ride an elevator. The message should describe what the collaboration is about, why it’s important, and why it should be supported. Sometimes even the name can capture the message. For example, a collaborative working to increase affordable housing called itself “2000 x 2000.” This captured the heart of their goal, which was to develop 2,000 units of quality, affordable housing by the year 2000.

KEY #2: LET FORM FOLLOW FUNCTION

Just as there are different ways of working together, there are also different types of collaborations. Simpler is better. Choose the simplest form necessary to achieve your goal. Because time spent on the collaboration is an addition to your regular workload, simple forms save you time.

Here are the three main types of collaboration and their levels of intensity:

<table>
<thead>
<tr>
<th>Degree of Intensity</th>
<th>Administration</th>
<th>Development/Advocacy</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High</strong></td>
<td>Centralized purchasing, benefits programs</td>
<td>New funding streams</td>
<td>Region-wide service delivery system</td>
</tr>
<tr>
<td></td>
<td>Shared staff (proposal writer, bookkeeper)</td>
<td>Packaged funding requests</td>
<td>Niche specialties shared through contracts</td>
</tr>
<tr>
<td></td>
<td>Co-location</td>
<td>Advocacy on policy issues e.g., welfare reform, community violence</td>
<td>New program development</td>
</tr>
<tr>
<td></td>
<td>Asset management</td>
<td>Media/marketing campaigns</td>
<td>Coordinated intake &amp; referral</td>
</tr>
<tr>
<td></td>
<td>Board/staff development</td>
<td>Community forum</td>
<td>Staff exchanges</td>
</tr>
</tbody>
</table>

Low Difficulty, Time, Impact

High
Significant increases in efficiency, reach, and impact on mission can be gained with each type of collaborative. But, the difficulty, time required, and potential impact on the people you serve increases as you move to the right side of the chart.

**KEY #3: INVOLVE THE RIGHT PEOPLE**

If your goal is better referrals between organizations that have the same customer base but different services, a few program staff meetings and cross training for two or three months may be enough to improve access to a wider range of services for constituents. However, if the goal is to change your county's mental health services, having only program staff involved in a few meetings won't cut it. If you're aiming for broad organizational or system changes, top leadership of each organization needs to be at the table and engaged in the collaboration's work. Success in achieving your collaboration's goals may require representatives from other sectors or your constituents (e.g., elected officials, city government, school board, or business sector).

When choosing partners consider these questions:

- Do you share the same goals?
- Do they have the required capabilities and resources?
- Do they have credibility in the community?
- Do you have a trusting relationship?

As a rule, work with as few people as necessary to get the job done. The more people involved, the greater the number of communications; the greater the intensity; and the greater the difficulty of learning about each other, balancing power, and coordinating your work.

**KEY #4: GET IT IN WRITING**

The most common reason for a collaboration meltdown is disagreements and uncertainty about operating norms. This is why it's so important to create a collaboration charter.

A charter, also known as an operating agreement or memorandum of understanding, lays out the rules that govern the collaboration. The charter should include the collaboration's mission and purpose; values and assumptions; vision, timelines and milestones; members and membership policies; roles and contributions, policies (competition, conflicts of interest, financial relationships); and norms (participation, decision-making, communication, conflict, meetings). It's especially important to decide what the agreements are for leadership and decision-making.

**GETTING THE RESULTS YOU'RE AFTER**

Collaboration is a powerful way to accomplish what no single organization can. It's also a complex way to work. Following these four keys will increase the likelihood of your success—and of ultimately getting the results you're after. So take heart and remember—struggle precedes growth!
COLLABORATION RESOURCE LIST

A free list of resources dealing with the topic of collaboration. This list is useful to collaborations and collaboration consultants.

20 FACTORS INFLUENCING COLLABORATION SUCCESS

(From Collaboration Handbook, by Michael Winer and Karen Ray. Published by the Amherst H. Wilder Foundation.)

Following are twenty factors that research has identified as influencing collaboration success. The factors are grouped into six categories:

1. Environment
   2. Membership Characteristics
   3. Process and Structure
   4. Communication
   5. Purpose
   6. Resources

To ensure the effectiveness of your collaborative effort, pay attention to all the factors listed.

1. Factors Related to the ENVIRONMENT

   A. History of collaboration or cooperation in the community
   B. Collaborative group seen as a legitimate leader in the community
   C. Favorable political and social climate

2. Factors Related to MEMBERSHIP CHARACTERISTICS

   A. Mutual respect, understanding, and trust
   B. Appropriate cross section of members
   C. Members see collaboration as in their self-interest
   D. Ability to compromise

3. Factors Related to Process and Structure

   A. Members share a stake in both process and outcome
   B. Multiple layers of participation
   C. Flexibility
   D. Development of clear roles and policy guidelines
   E. Adaptability
   F. Appropriate pace of development

4. Factors Related to COMMUNICATION

   A. Open and frequent communication
   B. Established informal relationships and communication links
5. Factors Related to PURPOSE

A. Concrete, attainable goals and objectives
B. Shared vision
C. Unique purpose

6. Factors Related to RESOURCES

A. Sufficient funds, staff, materials, and time
B. Skilled leadership

Carol Lukas, President of Fieldstone Alliance, is also the author of *Consulting with Nonprofits* and co-author of *Strengthening Nonprofit Performance: A Funder's Guide to Capacity Building*.

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SYSTEMS COLLABORATION

"Alone we can do so little. Together we can do so much."

~Helen Keller

Many of the systems an advocate will encounter are complex. They include medical systems, law enforcement, the district attorney’s office, court systems, the Office of Crime Victim Services, probation and parole, child protective services, family court, advocacy agencies, legal assistance organizations, and more. This chapter focuses on how sexual assault service providers can develop relationships with these entities and work collaboratively to improve the community’s overall response to victims of sexual violence.

FOUNDATIONS OF UNDERSTANDING

Fundamental to establishing effective collaborations is having a clear understanding of what each agency’s role is—and what it is not. Realistic expectations and an awareness of the constraints under which each player works are important to developing good working relationships and eliminating territorial disputes.

While general information about those roles and ways in which the systems work can be found in this manual, it is important for advocates to gain information on the specifics of how the systems work in their particular counties. This is gained through a variety of means such as setting up and/or attending meetings, and gathering information from websites, manuals, brochures, and other publications.

Maximum understanding comes from experience and interaction with the relevant systems. This type of experience enables advocates to understand the realities and responsibilities that the individuals working in the system face. Personal contacts also demonstrate that advocates are willing to find out what life is like for someone working at a particular agency. They can also be an opportunity to educate people at that agency about the role of the advocate.
Ideas for Fostering Inter-Agency Relationships and Understanding:

- Keep other systems up-to-date with the sexual assault program, regardless of any on-going case. Have new advocates write introductory letters and arrange for in-person introductory meetings, send newsletters and updates about programs, trainings, and events.
- Attend professional meetings in the community. This models commitment and interest on the part of the sexual assault service provider agency.
- Arrange interagency trainings, on-site, if appropriate, and with a variety of agency staff. Casual get-togethers can also help to build relationships.
- Acknowledge professionals when they do something positive, even if it is just an agreement to meet. A letter can have a particularly positive impact.

BUILDING COLLABORATION

"Coming together is a beginning, staying together is progress, and working together is a success."

~Henry Ford

Ideally, the agencies in a community will not only be aware of each other’s roles, but will actively work to coordinate their services for the benefit of victims. To encourage this kind of coordination, many agencies develop interagency protocols establishing when and how they will interact. Reading these may help the advocate to understand the parameters and roles of different systems. If no policies or protocols exist, arrange meetings with potential partners to discuss and strengthen the working relationship in general.

In a growing number of communities, the process of building interagency collaboration is further facilitated by the existence of sexual assault response teams (SARTs) and/or coordinated community response teams (CCRs). While the focus and membership of these groups may vary from community to community, the following descriptions provide a general overview.
**Sexual Assault Response Teams**

SARTs are groups comprised of representatives from those agencies who are directly involved in responding to sexual assaults. The agencies involved typically include sexual assault service providers, ER and SANE personnel, law enforcement, the district attorney's office, the Department of Corrections, probation and parole, and possibly others. The goal of sexual assault response teams is to ensure comprehensive, consistent and coordinated responses to every victim of sexual assault. They generally meet on a regular basis to learn from each other, share information and ideas, discuss concerns, and problem-solve.

**Coordinated Community Response Teams**

CCRs are similar to SARTs but generally have both a broader membership and wider focus. Coordinated community response groups often include direct responders from the systems listed above as well as representatives from a wide range of stake-holder organizations. Depending on the community, these might include: the Department of Health and Family Services; alcohol and other drug abuse treatment providers; mental health providers; local school districts; religious communities; cultural communities; lesbian, gay, bisexual and transgender agencies; survivors of sexual assault; advocates for individuals with disabilities and older adults; local campus organizations, and more. CCRs typically focus on prevention efforts as well as improving the system response to victims of sexual violence.

**Benefits of CCRs and SARTs**

- Increase communication and coordination between members.
- Encourage the creation or support of interagency policies and protocols intended to increase consistency in how cases are handled and limit the ability of abusers to manipulate the processes.
- Increase the ability to challenge insensitive policies and/or initiate policies designed to improve responses to victims.
- Increase the ability to conduct educational and prevention efforts.
- Increase the visibility of educational and prevention efforts.
- Increase the ability of individuals who have not been served well by the legal system to be actively involved in working towards change.
Specific Tips for CCRs and SARTs

- Ensure those attending the meetings are aware of their role and responsibilities. This includes the length and number of meetings, what outside work might be expected, who facilitates the meeting, who takes notes, who sends out notices of the next meeting, who arranges for a meeting place, etc.

- Address at least one specific issue or topic at each meeting.

- Advocates should be aware of the privileged status of the communications they have with victims as well as all confidentiality requirements. If there is a risk that presented concerns could be traced back to a specific victim, this can affect the privileged status of information shared with an advocate. Therefore, while the advocate is free to listen to discussion, s/he should not provide confidential or privileged information. If the issue must be addressed, wait to discuss the issue until the case has been concluded. Advocates may wish to explain these obligations before any specific case comes up.

- Attendance by judges differs from county to county. Ethical issues can arise if judges are exposed to discussions on specific cases outside of the courtroom. While in some communities, judges simply decline to attend. Other judges resolve the issue by attending the meetings but leaving when specific cases are discussed.

- Be patient. It can take several years for a CCR to get to a point where all the members trust each other, feel safe, and can address difficult issues. It can also be frustrating to re-energize a CCR that has been having difficulties, but the effort is worth it!
MAINTAINING THRIVING TEAMS

Among the numerous tasks in which a mature team will engage, these three are pivotal:

1. **To continue to track and monitor the systems changes that have been instituted**

2. **To regularly evaluate the effectiveness of the team as it exists:** Does open dialogue continue between the team members? Do meetings provide an environment where all participants feel they can bring concerns? Does the team continue to be victim-centered in its approach?

3. **To continually broaden the focus of the team:** if a team has begun with the criminal justice system, they can broaden to the civil legal system, family courts, health care, victim services, outreach, community education/prevention, etc.

TRACKING AND MONITORING

The Merriam Webster Dictionary offers the following definitions of the words *monitoring* and *tracking*. **Monitoring:** to watch, keep track of, or check, usually for a special purpose; **Tracking:** to search for evidence, to plot a moving path. For the purposes of this discussion, *monitoring* refers to the day-to-day process of implementing the new policies or changes. *Tracking* means measuring and evaluating the trends or systems changes that can be tracked through data collection. Some teams make the mistake of thinking that once a certain level of coordination has been established, their tracking and monitoring efforts can become more casual. This approach has not been successful. Despite the best intentions, coordination falters without ongoing monitoring, review, and discussion. Most institutional responses become easily fragmented. Staff may become exclusively focused on their own section of the process and don’t consider the unintended consequences that may be occurring further down the chain of response. It is also possible for boundaries and different roles of systems professionals to blur as people get more comfortable working with victim-survivors. For example, a hospital will implement a policy in which hospital personnel are to refer all sexual assault victim-survivors to social workers and sexual assault advocates for support each time a case presents. After the passage of time, even though a protocol policy is still in place nurses may feel as if they could handle some of these cases on their own without paging the social worker or advocate. Crossing boundaries in this way could compromise the nurse’s ability to remain a neutral evidence collector and could ultimately cause the destruction of the criminal case against the perpetrator. Therefore, when changes are made that are intended to improve a system, mechanisms to check
on the changes should also be instituted. Sometimes a monitoring component within the agency is built right into the policy and protocol. Sometimes tracking is best accomplished through multi-agency analysis rather than internal analysis. The monitoring of the new policy would be the mechanism by which the hospital ensures that their staff screen for [sexual assault and/or domestic violence] and then follow the referral protocol. This could be achieved through a supervisor who reminds the staff or a check off form staff must fill out with each patient, etc. Tracking of these numbers might show that after training, emergency on-calls to the hospital social worker and the [sexual assault or domestic violence] advocate had decreased and then a plan could be designed to remedy this problem.

Communities that sponsor law enforcement training on [sexual assault and/or domestic violence] can find that their arrest numbers increase in the months following training. Does the increase reflect a higher incidence of [sexual assault and/or domestic violence]? It is likely that officers feel more confident making arrest decisions because of the new information they received? The monitoring of a new policy on [sexual assault/domestic violence] can be done internally by shift supervisors reviewing reports, arrests, and referrals of crime victims. Monitoring can also be done by a CCR team or by a staff person who tracks paperwork and arrests. The tracking of a new policy involves laying out the data related to arrests, feedback from the officers, and considering how training and policy changes have had an impact on their work.

In addition to timely information, a tracking system must provide reports that are actionable and comprehensible to those receiving them. Examination of forms and communication flow is a part of the development of new policies; thus, evaluation of the changes should be a natural process. The team may wish to identify certain issues about which they will examine data on a regular basis. For example, a team could check on issues of strangulation, low reporting rates, and offender treatment numerous times in a year. For teams addressing domestic violence, restraining order numbers may be an annual event for the full group, but monitored by those directly involved in the process. For teams addressing sexual assault, evaluating the number of unsubstantiated reports may be an annual focus for the group.

Since teams make the mistake of thinking that once a certain level of coordination has been established that monitoring is less important, we need to have means in place to counter this phenomenon. Without systematic and ongoing monitoring, review, discussion, and coordination, few further improvements will occur. Perhaps a monitoring-tracking team could be created as a subcommittee of the full CCR team, to report semi-annually or quarterly. When measuring changes, it is important to broaden the scope beyond the CCR team and agencies. The team needs to devise ways to assess their community and community sentiment on these issues. The following ideas have been used in some Wisconsin communities:
• Giving pre- and post-tests (before and after a public awareness campaign, or a high profile trial);

• Participating in casual or structured surveys—door-to-door, or at a public gathering place (surveys at a county fair, or the city clerks office on the day when people come to pay their taxes);

• Organizing focus groups. Some CCR teams present statistics at each meeting, or include them in a newsletter.

COURTWATCH

Many communities in Wisconsin organize Courtwatch groups for their county legal system. They designate staff or volunteers to attend regular court activities such as criminal intake, restraining order hearings, or special hearings such as sentencing. Monitors are trained to watch for inappropriate comments in court, sensitivity toward the victim-survivor, what is said to the victim-survivor and the defendant, whether court staff is attentive to issues of safety for the victim-survivor, and if there are strategies known to avoid intimidation of the victim-survivor. Does the offender try to make contact with the victim-survivor in the courtroom? Does the court notice? In larger communities, a Courtwatch program may have dozens of volunteers; in smaller communities, they may have only have a few. This can be an effective way to gather information, and to send a message to the local system that they are not acting in isolation. Programs recruit volunteers with a specific interest in this area, realizing that court proceedings can be long and tedious, and the volunteers must have patience and the ability to maintain the decorum of the courtroom. Students may be a source for Courtwatch, especially those who wish to learn the criminal or civil justice system as advocates who have a vested interest in the cases and their outcomes.

One resource in Wisconsin that tracks volunteer programming such as Courtwatch is an initiative of the Wisconsin Supreme Court called “Volunteers in the Courts.” You can obtain a catalog of court related volunteer programs (including Courtwatch) listed by county by going to http://www.wisbar.org/sct/volunteer.html.

REGULARLY EVALUATE THE TEAM AS IT EXISTS

• Pre- and post-tests
• Surveys [See examples in Pre-Planning section of the Toolkit under Taking Stock]
• Focus groups
CONTINUALLY BROADEN THE FOCUS OF THE TEAM

Continuing the education and training of CCR team members assists in keeping motivation high. If teams focus all their energy on the criminal justice system for several years, it is tempting to sit back and feel the work is done. But the community is comprised of much more than the criminal justice system, especially with sexual assault having such a low reporting rate. As criminal justice system coordination meets a certain level of maturation, the team can evaluate its original parameters and discuss ways to broaden them. If the coordination has been on criminal justice intervention and response, move to more detailed honing of the criminal processes, and add family law process, and other issues and services that are substantive for victim-survivors. The more resources are developed, the more options victim-survivors will have, and the more likely it is that they will find the assistance they need. Coordination efforts can examine the local response to abuse in later life and identify victim-survivors in the community who are underserved. Spend time educating your team about people who are at an increased risk for abuse, such as individuals with disabilities. Just as your original purpose was taken on with an understanding that changes would be gradual, so it will be with integrating these new topics of focus into the mainstream of the team's thought process.
WHEN WRITING A NEW POLICY

1. Make a list of the key features the policy needs to contain.

2. If you have a sample draft, highlight the components of the sample that you want to include.

3. Write a draft policy, and make a list of those who should be given the first opportunity to read and edit (no more than five people).

4. Circulate the draft for the first round of revisions.

5. Invite the five editors to come to a meeting to discuss their changes with the committee.

6. Create a list of every other agency or community partner whose policy could potentially be affected by changes suggested in the draft.

7. Repeat this process several times until the policy has been evaluated from various professions, cultural vantage points and levels of implementation.

8. Try to build a “monitoring” or “evaluation” component into the policy that provides internal accountability for implementation.

9. Create an implementation timeline for new policy: Will training be required? Will new equipment or resources need to be available in order to implement this policy? What forms will need to be changed or updated? Is this a change of which the public should be informed?
Sample Working Agreement Between
LAW ENFORCEMENT AND VICTIM SERVICE
PROVIDER
(adapted from a sample from Duluth Intervention
Project for Domestic Violence)

I. Law Enforcement Agency agrees to:

A. Contact [Victim Service Provider] within one hour of all arrests for domestic violence-related crimes (specify responsible party, i.e. dispatch, arresting officer, jailer, other)

B. Share arrest and non-arrest reports on all domestic violence-related calls. Domestic violence related calls would be those wherein the parties involved have a relationship as defined in WI Statute 948.70 (specify procedure: Reports will be faxed within 24 hours of the incident except those calls occurring during the weekend. Reports generated by calls received during the weekend will be faxed Monday morning or Reports will be placed in basket at front desk and domestic violence staff will pick up.)

C. Hold suspects in custody until first appearance or as allowed by law;

D. Review, revise, and update law enforcement policy with [Victim Service Provider] annually;

E. Provide and/or participate in annual training on domestic assault, as needed;

F. Identify a liaison to [Victim Service Provider] for purposes of implementing this Working Agreement;

G. Participate in meetings as part of the coordinated community response team.
II. [Victim Service Provider] agrees to:

A. Maintain a 24-hour telephone service that will provide information to callers regarding services and options available to victims of domestic violence.

B. Make immediate contact with the victim (within one hour of notification by Law Enforcement in order to: a) provide information concerning the court process and available services; b) elicit victim’s input into the court process; c) ascertain the victim’s wishes regarding conditions of release; and d) officer accompaniment throughout the court process.

C. Provide support and assistance for victims throughout the civil or criminal court process by accompanying them to court, advocating on their behalf when appropriate, and providing weekly transportation and child care when possible;

D. Provide weekly support/educational groups for battered women;

E. Facilitate the exchange of information relevant to the case as desired by the victim;

F. In cases where arrests are not made, staff will attempt to contact person identified as victims on the non-arrest report and provide them with information and support;

G. Assist in and provide training to local law enforcement and other criminal justice agencies on the issue of domestic assault;

H. Meet with individual agency liaisons to discuss deviations from policy or changes in protocol;

I. Provide quarterly reports to intervention agencies regarding the disposition of cases in which they were involved;

J. Meet with representatives of all involved agencies to discuss the effectiveness of the policies and practices of the coordinated community response.
III. Law Enforcement/Intervention Project Domestic Abuse Complaint Procedure

Whenever the [Victim Service Agency] or the Law Enforcement Agency identifies or receives a complaint regarding the response of one or more of the employees of the other’s agency, the [Victim Service Agency] and the Law Enforcement Agency liaison agree to contact each other for the purpose of investigating and rectifying the complaint.

This agreement is entered into for the purpose of standardizing the collaborative domestic violence response between the Law Enforcement Agency and the Intervention Project. It will be reviewed annually to assess its effectiveness and to make revisions where needed.

This agreement is entered into on ___________________ , 200_ .

Law Enforcement Agency  Victim Service Provider

It is clear that the sample working agreement on the preceding pages came about after many different issues had been discussed in some detail. The agreement reflects the law enforcement agency’s recognition of the pivotal role that advocacy plays with victims. It also reflects the advocates’ understanding that in some incidents, law enforcement officers will not find probable cause for an arrest. A clear time parameter has been set as well: Changes can be made at any time, but the policy will definitely be reviewed at least once a year.

Other working agreements can be simpler, without articulating every detail. Such an agreement could be beneficial as a starting point; more detail can be added each time it is reviewed.

In the following examples, the statements are short and clear. Because these working agreements are general, there are areas where confusion or gaps may become evident over time. When gaps are identified, agencies may want to expand and describe their responsibilities in more detail.
EMERGENCY DISPATCH
Working Agreement
(Adapted from the manual, Challenge and Change, Jane Sadusky)

1 Dispatcher will act as clearinghouse of information from the master file of “no contacts” and domestic abuse/harassment injunctions.

2 Receive information from the Sheriff’s Department regarding service of Injunctions. Make appropriate notation.

3 Notify [Victim Service Agency] and/or petitioner of service of papers upon request of said petitioner.

4 Attend monthly meetings of the Coordinated Community Response Team.

Department of Community Corrections
Working Agreement

1 Probation agents will refer abusers on probation to a counselor/agency from the list developed by the CCR Team.

2 Utilize CCR team to closely monitor compliance with probation requirement.

3 Participate in bi-monthly case staffings of individuals court-referred into domestic abuse counseling.

4 Attend monthly meetings of the coordinated community response team.

Many times when a new policy or protocol is implemented, a new form is needed to document the change in procedure. In one community, a decision was made to require law enforcement to call the domestic abuse program with victim information following a domestic incident. A check box was added to the incident report for officers to note when they called and to serve as a reminder to contact the program.
Another example might be a change in policy in which the jail tries to reach the victim when the abuser is released from custody. A form attached to the file at the jail provides the needed information for the jailer to call. This procedure seems simple, but still requires training for jail staff on precautions needed to ensure that the offender is not able to see the form or obtain the phone number or address for the victim at the time of release.

Every time a system or agency develops a policy on domestic violence or sexual assault, it will ultimately have an impact on a victim/survivor. A multi-disciplinary approach to policy development provides different views and insights into any proposed response and helps prevent policies that create more obstacles for victims. If policy development is done patiently and inclusively, it can be a process to expand the relationships on a CCR team and create a stronger foundation on which to build future strategies for community response.
Introduction to Process

Approach to Process
- Honest & open discussion
- Supportive
- No judgement or blame
- Confidential

Step I
Define Core Concepts & Values

- Define views of SA Victims and identify rape myths
- Define Views about Perpetrators
- Identify the needs of victim/survivors

Step II
Identify & Analyze System Responses

- Identify each organization’s responses to victims/survivors
- Assess impact of responses on Victims and Survivors

- Victim/survivor impact
- Community impact
- Offender impact
- Inter-agency impact
- Intra-agency impact
- Analysis of responses support or re-victimize SA victims/survivors?

Step III
Approach to Systems Response

- Cross-Accountability in Systems Response
- Supportive
- Confidential

Other Organizations:
- SA Advocates
- Law Enforcement
- Court System
- Others
- Public Health
- Human Services
- ETC.
- Sex Offender Treatment
- P&P

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Step III
Prioritize Identified Concerns

Step IV
Identify & Prioritize Solutions

Step V
Plan of Work

Step VI
Implement
Evaluate, Modify
Implement

Identify Institutional/Societal Barriers to Change

Estimated investments and costs

Consider concerns that have greatest impact on improving victim/survivor safety AND offender accountability.

Look at concerns from a perspective of impact on long-term system change

Choose concerns with a mix of short-term and long-term completion dates.

Impact of creating system change

On Victims/Survivors
On Children
On Community
On Offenders

On Intra-agency work
On Inter-agency work

Time
Equipment
Training
Materials
Changes in attitudes and beliefs

Timeline by quarters
Who's responsible?
Cross-Accountability and Report Back
Evaluating system changes

Work towards implementing intra- and inter-system changes

Reflect on and assess progress
Modify plan as needed

Kieffer Consulting and Facilitation LLC. Modified by WCASA, Inc. 2009.
Improving CCRT Responses To Communities

Overview

Introduction to Process

Step I
Define Core Concepts & Values

Step II
Identify & Analyze System Responses

Step III
Identify and Prioritize System Work

Step IV
Develop a Plan of Work

Step V
Implement Evaluate, Modify Implement
Introduction to Process

Approach to Process
- Honest & open discussion
- Supportive
- No judgment or blame
- Cross-Accountability
- Confidential

Step I Define Core Concepts & Values

Group task #1 – To define CCRT views and beliefs about VICTIMS of domestic violence or sexual assault.

Group task #2 – To define CCRT views and beliefs about SURVIVORS of domestic violence or sexual assault.

Group task #3 – To identify the supports needed for VICTIMS to become SURVIVORS.

Group task #4 – To define CCRT views and beliefs about PERPETRATORS of domestic violence or sexual assault.

Group task #5 – To identify the supports needed for PERPETRATORS to not re-offend.

Step II Identify & Analyze System Responses

Group task #1 – To identify each organization’s responses to victims and survivors.

Group task #2 – To identify each organization’s responses to offenders.

Group task #3 – To assess the short and long-term impacts of system responses to victims and offenders on CCRT members, the community, victims and offenders.

Discussion Format
- Practices that support continue victimization.
- Practices that support transition to survivor.
- Things we can stop doing.
- Things we can start doing.

Wednesday, August 06, 2008

Improving CCRT Responses to Communities

Revised 8-6-08 -- L Kieffer

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Step III
Identify and Prioritize System Work

Group task #1 – To pull out the concerns that have the most urgent impact on victim safety and offender accountability.

Group task #2 – To gain a full understanding of the concerns identified.

Group task #3 – To come to CCRT agreement and consensus on what can be worked on with some degree of success.

Group task #4 – To create goals for each of the work areas identified.

Group task #5 – To assess the impact of the solutions on each other’s workloads, the community, children, victims and offenders.

Group task #6 – To identify institutional barriers to change.

Group task #7 – To determine how CCRT members will hold each other accountable for follow-through.

Step IV
Develop a Plan of Work

Group task #1 – To determine realistic outcomes for each of the goals.

Group task #2 – To identify the ideas, tasks, events, work that needs to be done to realize the outcomes for each of the goals.

Group task #3 – To determine the resources at hand and those needed to follow-through.

Group task #4 – To develop a timeline and determine who’s responsible for each component of realizing the outcomes.

Group task #5 – To assess the impact of the solutions on each other’s workloads, the community, children, victims and offenders.

Step V
Implement Evaluate, Modify Implement

Group task #1 – To work together and support each other in implementing the Plan of Work.

Group task #2 – To periodically review the Plan of Work to celebrate work done, assess roadblocks, and revise.

Group task #3 – To determine how to share your successes and ongoing efforts with the community and others.
E. When/Where
CCR Teams – Meeting Logistics

When planning a CCR meeting, it’s helpful to consider things such as location and time of day in order to maximize participation on your team.

**Location** – Are you in a rural area where it will take members of your team a long time to drive to the meeting? Do you always meet at the same agency? Consider rotating the meeting location so everyone takes turns hosting and driving. This can help keep everyone invested and taking ownership of the group.

**Meeting Frequency** – How often you meet can depend on the size and/or structure of your team. Many CCR teams meet monthly. Some meet quarterly. Some teams are divided into a planning committee of fewer members that meets every 2-3 weeks to create the agenda and discuss long-term planning. Sub-committees that are working on task-specific issues may meet in between CCR meetings. If the group is broken down into these groups, then the full CCR team may decide to meet monthly for a shorter meeting. Meeting quarterly is also an option as long as subcommittees are meeting more frequently in-between. Consider what your group wants to accomplish and how much time and preparation are needed to achieve your goals each month. Meeting too infrequently can lead to loss of motivation to achieve your goals as a team.

**Meeting Times** – As mentioned above, consider what your group wants to accomplish and how much time and preparation are needed to achieve your goals each month. Many teams find it helpful to meet for at least 1-2 hours each month in order to allow for productive discussion and decision making. If subcommittees meet and are performing tasks in-between meetings, a lengthy meeting of the full CCR may not always be necessary. If your group is working on issues of both domestic violence and sexual assault, consider if you are allowing enough time to address both issues fully.

**Meeting Days** – Decide as a group which days work better for the most people and try to have a consistent meeting that everyone can always plan for. For example, always meet the third Wed. of every month. Make changes to your meeting day if the majority of the group is no longer able to attend because of the day/time.

**Food** – Food can play an important role in getting people to the table. Many teams find it helpful to meet over a meal, especially lunch or breakfast. Consider including food as an expense the CCR team budgets for, or have each agency take a turn in providing food for meetings. If your group meets monthly and has 10-12 consistent members, then each agency will only need to provide food about once a year. Potlucks are also great for bringing people together.
A. Agenda
CCRT MEETING FORMAT

Goals of format:

1. To provide time for participants to exchange agency information, make announcements, support each other, and identify concerns.
2. To conduct business pertinent to the mission and goals of the CCR, hear and act on committee reports, CCR projects, etc.
3. To gain new information that will improve individual response to sexual assault.

AGENDA

1. Introductions
2. Agency Updates/Announcements 20-30 minutes
3. Legislative Updates
4. Committee Reports
5. Old Business 20-30 minutes
6. New Business
7. Program ---- 20-30 minutes
   A) Option 1 for dual teams: alternate meetings between DV and SA
   B) Option 2 for dual teams: split the time: 10-15 minutes each for SA/DV
   C) Option 3 for dual teams: facilitate meaningful integration of SA/DV
   D) Option 4 for dual teams: create a separate SA or DV sub-committee

8. Next Meeting Date & Program
Creating an Agenda

Meeting Agendas Should Contain:

- Name of group
- Place of meeting (e.g., street address, room number).
- Time of meeting.
- Overall mission of group (*mission statement if it’s not too long. This differentiates you from the other “teams” to which the recipient is being invited.)*
- Name and phone number of person who prepared the agenda.
- Agenda items: Include type of activity required *(e.g., discuss, review, decide, report).*
- Time estimate for each item.
- Name of persons responsible for each agenda item.

Important:
Agendas should be developed with input from participants.

Agenda should be distributed in advance.

*Idea: If you are mailing them, don’t hesitate to print your agenda on colored paper; this will help it to stand out when piled on one’s desk!*
TOPIC – Member Recruitment

Invite to the meeting:
Current team members

Discussion Guidelines:
♦ What is our mission? Who do we need on the team to accomplish our mission? Are there system players missing?

♦ Where might victim-survivors be presenting? What are the demographics in our area? Are we reaching/representing victim-survivors in the African-American, Hmong, Native-American, or LGBT (Lesbian, Gay, Bisexual, or Transgendered) communities, to name a few? Are we reaching older adults or people with disabilities?

♦ What is the best way to approach those we want to participate? What may be some barriers to gaining their participation?

  ✓ Could an existing team member approach them? Who has connections? Could the team mail information and ask for a response?
  ✓ Fears about homophobia or racism can be an obstacle. What can be done so that everyone feels safe to participate?
  ✓ As a first step, is it possible to invite perspective members to speak to the team about a specific issue?
  ✓ Is the physical space of the meeting accessible for those with disabilities?
  ✓ Have language barriers been addressed?
  ✓ Does the time and location of the meeting accommodate the schedules of those we wish to attend?

♦ People are busy these days and want to be sure their time spent is worthwhile. If we are going to ask system professionals and community members to put time into our CCR team, we must put time and thought into our meeting preparation. We should examine whether we have detailed agendas that include topics about common issues of interest and how we are all connected with the mission at hand.

Possible Resources
See the Starting/Renewing link of the CCR Toolkit -- Membership
TOPIC: OVERVIEW OF THE CCR CONCEPT

Invite to the meeting:

Representatives of all community agencies who may interact with sexual assault victim-survivors (See Start-up/Renewing link --Membership for ideas about possible members).

Consider including on the agenda:
♦ CCR Concept
♦ Multidisciplinary Challenges
♦ Choosing a focus/mission
♦ CCR structure
♦ Recruitment of members
♦ Importance of an agenda
♦ Community Assessments
♦ Philosophical Differences

Possible Resources:
- The Pre-Planning section of the CCR Toolkit includes “What is a CCR,” “4 Key Beliefs,” “SA and the CCR,” “Successfully Addressing Both SA and DV in CCR Teams,” “Successful Collaborations,” and “2 Approaches to Member Recruitment” which may be helpful to discussions of CCR concept, multidisciplinary challenges, recruitment of members, and philosophical differences.
- The Starting/Renewing section of the CCR Toolkit includes “Mission Statement Examples,” and the Planning/Activities section of the CCR Toolkit includes tools for assessment.
- See WCASA’s Bibliography for SA CCR Teams in the Resources section of the toolkit.
- See the CCR Resource List compiled by the Montana Coalition Against Domestic and Sexual Violence (MCADSV) or access the list directly from MCADSV at: www.mcadsv.com/documents/CCRsResourceList.pdf
• Basic overview handouts available at the Wisconsin Coalition Against Sexual Assault www.wcasa.org and the Wisconsin Coalition Against Domestic Violence www.wcadv.org.
TOPIC: Community Assessment

Invite to the meeting:
♦ Individuals who represent all levels of the system you are assessing.
♦ If this is not possible, a survey could be developed and distributed for input.

Consider Including on the agenda:
♦ Discuss or Map the system from the point of entry for the victim; at each step in the process; examine the practice of the system with the following questions:
  − Where are the strengths and where are the gaps? Create steps for an action plan based on the answers to these questions.
  − What is the message the victim-survivor is getting from how the system is operating? What is the message the offender/perpetrator is getting?

  * When a gap is identified, list:
  − Who has the authority to change it?
  − What are the alternatives for handling the situation?
  − What should be the first step in doing it differently?
  − How should the team address this?

NOTE: Some potentially sensitive issues are better addressed in private conversations with an agency.

Possible Resources:
♦ Samples of surveys to use in surveying agencies in your community may be found in the Pre/Planning section of the CCR Toolkit
♦ Consensus Building exercises and examples of Mapping are included in the Planning/Activities section of the CCR Toolkit under “Assessment”
assistance available from PRAXIS, International:  
[www.praxisinternational.org](http://www.praxisinternational.org)


♦ Latest Wisconsin Statistics from:
  
  − Department of Justice [http://www.doj.state.wi.us/cvs/programs/dar.asp](http://www.doj.state.wi.us/cvs/programs/dar.asp) (608) 264-9497
  
  − Office of Justice Assistance [http://oja.state.wi.us](http://oja.state.wi.us) (608)266-3323.

TOPIC: DATA COLLECTION

Invite to the meeting:
♦ Agencies from whom you want data (ex. Law Enforcement, Human Services, [Sexual Assault and/or Domestic Violence] Service Provider, Hospital/SANE, DA’s office, etc.)
♦ All team members

Consider including on the agenda:
Discussion:
♦ What questions do we want the data to answer? (i.e. “How many reported sexual assaults/domestic violence incidents were there last year? What is the break down between women, men, and children? How many were prosecuted?”) ALSO….What questions can we ask of the data? (i.e. “Do these numbers accurately reflect the number of actual [sexual assault/domestic violence] incidents in our community? How long does it take for a [sexual assault/domestic violence] case to make its way through the court system? What are the patterns in the data? Where are the gaps?”)
♦ Who has the data we need? Is it available in public records?
♦ Are there obstacles to receiving the data? Can the data be shared with the team?

Possible Resources:
❖ Wisconsin Coalition Against Sexual Assault and Wisconsin Coalition Against Domestic Violence staff are available to assist teams through the process of where and how to collect data. WCASA (608) 257-1516, WCADV (608) 255-0539.
❖ Office of Justice Assistance website www.oja.wi.gov has data available by county.
❖ Wisconsin Court System website: http://wcca.wiscourts.gov/index.xsl for public records regarding court cases by name and date of birth of the defendant.
❖ Also see “Questions to Ask of SA Data” also in the Planning/Activities [Data Collection] section of the CCR Toolkit
TOPIC: Team Development

Invite to the meeting:
Current team members committed to the process; any new persons interested in the issues and collaboration

Consider including on the agenda:
♦ Talking about problems without blaming
♦ Mission statements/team philosophy
♦ Developing a Memorandum of Understanding, a conflict resolution plan, and a decision making process
♦ Strategies for meetings
♦ Making discussions “safe” (safe means people can speak freely without fear of judgment or ramifications from others).

Possible Resources:
♦ “City of Shelter” Video Series and discussion guide
Excerpts from the tape, Councils Mature, available for rent from WCADV
♦ Memorandum of Understanding examples in Starting/Renewing Teams section of the CCR Toolkit
✧ Brain Injury Association of Wisconsin [www.biaw.org]
✧ National Alliance for the Mentally Ill [www.namiwisconsin.org]
✧ People First Wisconsin (self-advocacy for people with disabilities) [www.peoplefirstwi.org]
✧ Wisconsin Association for the Deaf [www.wi-deaf.org]
✧ Wisconsin Council for the Blind [www.wcblind.org]
✧ Wisconsin Council on Developmental Disabilities [www.wcdd.org]
✧ Accessibility Guide for Domestic Violence and Sexual Assault Service Providers, Wisconsin Coalition for Advocacy, April, 2004
✧ Accessible Justice- Preparing People with Developmental Disabilities for the Criminal Court Process, Wisconsin Coalition Against Sexual Assault, 2006
TOPIC: How are we serving underserved populations?

Invite to the meeting:
There are groups of people in every community that are considered underrepresented. These people may be marginalized because of ethnic, racial or other bias, divisions of language or lifestyle. In order for the community to respond fully to the needs of all victim-survivors, the CCR team needs to make an effort to reach out to these populations and keep an environment that would foster meaningful representation of these groups.

Find community groups or individuals from these populations who would be willing to dialogue with you about issues of [sexual assault and/or domestic violence]. These contacts could be formal or informal agencies, community organizations, or community leaders. Offer to meet at a place where they feel comfortable, and send one or two team members to hear their concerns about sexual assault in their community. Invite them to give a presentation and/or see whether they would consider joining the efforts of the CCR team.

Consider including on the agenda:
♦ Explain the purpose and intent of the CCR Team.
♦ Hear their concerns related to [sexual assault and/or domestic violence] and historical issues around oppression.
♦ Ask for ideas on how to address the gaps and create a safe environment of response to victims from this population.
♦ Would they consider joining the efforts of the CCR?

Possible Resources:
♦ Ask those within the target community what resources and community liaisons are available and who they would recommend. Would they assist the team in producing culturally sensitive, language specific, victim or community information?
♦ WCASA/WCADV have programs addressing oppression and outreach and disabilities and aging programs. Wisconsin Coalition Against Sexual Assault 608-257-1516, Wisconsin Coalition Against Domestic Violence 608-255-0539. WCASA/WCADV have extensive resources on disabilities/aging through their websites: http://www.wcasawisc.org/programs/aging.htm and http://www.wcadv.org/?go=whatwedo/elderly, www.ncall.us
♦ **WCASA/WCADV partners:**  
- UNIDOS, Inc. can be reached at (608) 256-9195  
  [www.unidosagainstdv.org](http://www.unidosagainstdv.org)  
- American Indians Against Abuse (AIAA) (715) 634-9980  
- Refugee Family Strengthening Project, through Wisconsin Department of Health and Family Services  
  --Disability Rights Wisconsin 1-800-928-8778  
  [http://www.disabilityrightswi.org](http://www.disabilityrightswi.org)  
- Hmong American Women’s Association (414) 342-0858  
  [www.hmong.org](http://www.hmong.org)

**WCASA committees:**  
- Lesbian, Gay, Bisexual, Transgender Committee (joint committee with WCADV)  
- Women of Color Network

**WCADV committees:**  
- Wisconsin African American Committee Against Domestic Violence  
- Communities of People of Color Committee  
- Battered/Formerly Battered Women’s Committee  
- Lesbian, Gay, Bisexual, Transgender Committee (joint committee with WCASA)
Resources in print:


♦ Mending the Sacred Hoop, Inc. History of Native Women and Sexual Assault. 2002.


SafePlace: Domestic Violence and Sexual Assault Survival Center.  
**Barriers to Reporting GLBT Sexual Assault and Partner Abuse.** 
Austin, TX: SafePlace, 1999.

Tobin, Rod. *Alone and Forgotten: The Sexually Abused Man.* 


**Video Resources:**


- **Four Men Speak Out On Surviving Child Sexual Abuse.** Prod. Varied Directions.

- **Latinos Speak Out: Sexual Assault In The Latino Community.** Prod. Women Organized Against Rape, Pennsylvania Coalition Against Rape. 1999.
♦ **No! Confronting Sexual Assault In Our Community.** Prod. Aishah Shahidah Simmons. 2006. Beliefs, attitudes, and behaviors associated with race in the African American community.


♦ **Widening the Circle.** Prod. Wisconsin Coalition Against Sexual Assault. Includes a manual. Discusses the dynamics of sexual assault/abuse against people with disabilities and the elderly.

**Websites:**

♦ **Accessing Safety Initiative.** [http://www.accessingsafety.org](http://www.accessingsafety.org) Focus on understanding disability, understanding Deaf culture, and accessibility. Includes a step-by-step guide to improving services in your community with a focus on collaboration, identifying community needs, and strategic planning.

♦ **Casa de Esperanza.** [http://www.casadeesperanza.org](http://www.casadeesperanza.org) A national organization with a mission to mobilize Latinas and Latino
communities to end domestic violence. This website will be available as a resource beginning in 2009.

♦ Milwaukee LGBT Community Center. [http://www.mkelgbt.org](http://www.mkelgbt.org) A community-based organization represented by more than 150 volunteers. Their mission is to improve the quality of life for LGBT people in the Metro-Milwaukee area. While their expertise lies in the Milwaukee area, they are willing to consult with communities across the state and connect people with local supports if possible.

♦ National Organization of Sisters of Color Ending Sexual Assault. [http://www.sisterslead.org](http://www.sisterslead.org)
TOPIC: Victim Services/Survivor Input

Victim-Survivor input and how to obtain this valuable feedback is often a challenging subject for teams to address, yet such knowledge is essential and is the backbone of our systems response. Issues around confidentiality, and fears about what will happen when victim-survivors tell of their experiences with the system can keep teams from gaining survivor input. There are also concerns about creating a “safe” space so that victims feel they can be honest in front of a group of systems professionals and systems professionals feel they can ask questions to aid them in gaining a deeper understanding.

Note: Systems providers must consider how they will appropriately respond when they are confronted with how they may have harmed a victim. Pre-planning needs to include guidelines for how this communication will take place and how a “safe” space will be created so that victims are not re-victimized. Survivors should not be interrupted when they are speaking and there needs to be a process in place to ensure that questions from system professionals are appropriate and non-blaming in tone and content. Some teams choose to gain survivor input anonymously through survivor advisory committees organized through victim service organizations.

Invite to the meeting:
♦ Sexual Assault survivors, battered women, formerly battered women: appear in person, through surveys or focus groups (Domestic violence and/or sexual assault programs often have survivors that can provide input)
♦ Community-based advocacy agencies [domestic violence and/or sexual assault] victim service agencies, etc.
♦ District Attorney’s advocates and/or victim/witness personnel
♦ Police liaisons
♦ Representatives from agencies/organizations serving underserved populations
♦ Medical personnel, SANE program representatives
Consider including on the agenda:

♦ Explanation of the purpose and intent of the CCR Team

♦ Hearing/Reviewing victim-survivor concerns related to [sexual assault and/or domestic violence] and their experience with the system, or why they chose not to enter the system process. Also, let them speak to their other needs outside of the criminal justice system and anything else they think the team needs to know.

♦ Asking victim-survivors for ideas on how to address the gaps

♦ Asking victim-survivors for representation on the team in some way

♦ Where are victims currently accessing services?

♦ What resources can be added to expand these services, or make victims aware of them?

♦ Where are victims falling through the gaps of system response?

♦ What needs are created for victims when we follow through with intervention?

♦ How can we meet those needs?

Possible Resources:

♦ Samples of Brochures from local victim service providers to educate about services provided

♦ “Hostages at Home” Video Exercise; 17 minute story of “Elizabeth.” The group then identifies all the systems that she had contact as a victim

♦ Rape Is... Prod. Cambridge Documentary Films, Inc. 2002

♦ Survey examples are available in the Pre-Planning section of the CCR Toolkit
TOPIC: DUAL ARREST ISSUES

Invite to the meeting:
♦ Representatives from all law enforcement agencies
♦ Probation/Corrections
♦ Jail Administration
♦ District Attorney

Consider including on the agenda:
♦ Philosophical discussion on standards and practice of dual arrest
♦ Arrest policies for each law enforcement agency
♦ Local dual arrest statistics
♦ Analysis of women arrested in relation to their history as victims of domestic violence
♦ Data on how often and with what crimes former victims are charged
♦ How training on self-defense is accomplished

Possible Resources:

Videos
♦ Law Enforcement training videos (Contact local law enforcement and the domestic violence program.)
“Beyond the Obvious” (Contact California Alliance Against Domestic Violence: www.ccadv.org)
♦ Duluth Law Enforcement Training Video (Contact Praxis International: www.praxisinternational.org)
♦ “City of Shelter” Video Series, Part 4B – The Law Enforcement Response (available to borrow from the Wisconsin Coalition Against Domestic Violence video library; contact the Community Response Coordinator at (608) 255-0539)

Other
♦ Wisconsin Statutes, Section 968.075
♦ For questions and current information on dual arrest issues, contact the Wisconsin Coalition Against Domestic Violence Legal Team at (608) 255-0539.
TOPIC:
DOMESTIC VIOLENCE OFFENDER TREATMENT

Invite to the meeting:
♦ Judges
♦ Treatment Providers
♦ Victim Service Providers
♦ Prosecutors
♦ Law Enforcement
♦ Defense attorneys, if team agrees
NOTE: Inclusion of defense attorneys will vary based on the type of relationships that exist in the community. If defense attorneys participate permanently, they are to agree with the mission of the team.

Consider including on the agenda:
♦ Discussion on purpose of treatment
♦ Wisconsin Batterers’ Treatment Standards
♦ Curriculum used in batterers’ treatment (show team an exercise done in group)
♦ Current referral process
♦ Gaps and problems with current system response
♦ Discussion on compliance and monitoring of referrals
♦ Lengths of probation when treatment is ordered
♦ Policy on deferred prosecution

Possible Resources:
Websites
♦ Wisconsin Batterers’ Treatment Association:
  www.wcadv.org/?go=about/affiliates
    - Wisconsin Male Batterer’s Treatment Standards

Videos
♦ “City of Shelter” Video Series, Part 4F – Batterers’ Intervention Response (available to borrow from Wisconsin Coalition Against Domestic Violence; contact Community Response Coordinator at (608) 255-0539).

Books
Why Does He Do That? by Lundy Bancroft

Other
♦ Sample policies from local communities
♦ Past exit evaluations from local treatment groups
♦ Sample curriculum from providers
TOPIC: ELDER ABUSE

Invite to the meeting:
♦ Local “I Team” to take charge of this meeting and present information.

Consider including on the agenda:
♦ Questions the CCR Team develops at the previous meeting (definitions of elder abuse; process for reporting; civil remedies; criminal charging)
♦ How the CCR Team and I Team can work together and present a united voice to the community
♦ Data on domestic violence arrests when offender or victim are over 55 years of age.

Possible Resources:
Contacts
♦ Wisconsin I-Team information:
Wisconsin Bureau of Aging and LTC Resources
Dept of Health & Family Svcs.
1 West Wilson St., Rm. 450
P.O. Box 7851
Madison, WI 53702
Phone: (608)266-2568
Fax: (608)267-3203

Websites
♦ ElderAbuse.org: www.elderabuse.org
♦ National Clearinghouse on Abuse in Later Life: www.ncall.us

Videos
♦ “Elder Abuse—Five Case Studies.” Examines the issues of elder abuse from the point of view of five victims. Intervention efforts are illustrated throughout the video. (Available for purchase from Terra Nova Films (800)779-8491.)
TOPIC:  FIREARMS AND DOMESTIC VIOLENCE

Invite to the meeting:
♦ Current team members
♦ Judges
♦ Law Enforcement Officers
♦ Circuit Court Commissioners
♦ Sheriff’s Department staff
♦ DNR Representatives

Consider including on the agenda:
♦ State and Federal Laws on Firearms and Domestic Violence
♦ Overview of Firearms Surrender Laws
♦ Current local practices related to firearms
♦ Any needs for those who are responsible
♦ Examine or create local policy
♦ Full Faith and Credit

Possible Resources:
Materials
♦ Wisconsin Coalition Against Domestic Violence Annual Homicide Reports 2000-2007 (contain statistics on gun-related homicides):
  http://www.wcadv.org/?go=whatwedo/policy/resources
♦ Overview of Firearms Surrender Laws (Available from the Wisconsin Coalition Against Domestic Violence, contact the Legal Team at (608) 255-0539.)
♦ Sample policies from other counties.

Websites
♦ Violence Against Women: www.vaw.umn.edu
  - State and Federal Laws on Firearms and Domestic Violence
♦ Americans for Gun Safety Foundation: www.agsfoundation.com
  - "Domestic Violence and Guns" Brochure

Articles
TOPIC: JAIL ISSUES

Invite to the meeting:
♦ Jail Administrators
♦ Law Enforcement agencies
♦ Judges

Consider including on the agenda:
♦ Are jailers informed about domestic violence and what risk factors to look for if the offender’s violence is escalating?
♦ How are “no contact” waivers handled?
♦ How are bonds decided and set?
♦ What statements are made to offenders when released?
♦ Are offender’s phone calls, visits and mail monitored? (This is usually done with their consent.)
♦ If monitoring occurs, what is mechanism to provide that information to prosecutors?
♦ Is the victim notified of the offender’s release?
♦ What are local policies of release when the jail is full?

Possible Resources:
Materials
♦ Sample forms for release of prisoners and policies of release from other counties
♦ Wisconsin bond book, includes bail/bond schedule (every jail has this; inquire with the local sheriff)
TOPIC:
PROSECUTION OF STATUTORY RAPE CASES

Invite to the meeting:
♦ Middle School and High School personnel (administration, social workers, counselors)
♦ Any local teen or youth-based organizations/programs
♦ AODA Counselors
♦ Family Planning
♦ Mental Health Therapists
♦ Sexual assault investigators and probation agents

Consider including on the agenda:
♦ Define terms for the discussion: Crimes of Statutory Rape; mutual sexual activity between minors
♦ Information on sexual assault and adolescents (connections with alcohol; other crimes, etc.)
♦ Map out paths of reporting for adolescents and systems response
♦ Where are the gaps in the system for teens?
♦ How do referrals to CPS and law enforcement occur?
♦ Are drug facilitated sexual assault tests done locally?
♦ Dual Charging of underage sexual activity
♦ Issues with emergency contraception
♦ Notification of victims regarding moving forward with the case

Possible Resources:
♦ Resources and videos are available from the Wisconsin Coalition Against Sexual Assault; www.wcasa.org
♦ National Department of Justice Publications
  http://www.usdoj.gov/05publications/05_3_a.html
♦ National Coalition Against Sexual Assault http://www.4woman.gov/faq/sexualassault.htm
TOPIC:
PROSECUTION OF ADULT SEXUAL ASSAULT

Invite to the meeting:
♦ Representatives from underserved populations in the community
♦ Sensitive crime (sexual assault and other crimes) investigators
♦ University Security and Student Affairs Personnel
♦ SANE Nurses
♦ Emergency Room personnel
♦ Local Disability/Elder Abuse Specialists
♦ Planned Parenthood
♦ AODA Service Providers

Consider including on the agenda:
♦ Information on trauma and why victims may or may not report
♦ Mapping what occurs when sexual assault is reported; how investigation is conducted. Analyze the map: where are the strengths and where are the gaps?
♦ Myths around sexual assault and false reporting
♦ Issues surrounding recanting or victims pulling out of criminal justice system process.
♦ Information on Alcohol and Drug Facilitated Sexual Assault
♦ Evidence Issues
  - Local resources for evidence collection
  - Forensic kits for collection of evidence
  - How evidence gets to the crime lab. What is the waiting period?
♦ Safety issues of victim intimidation
♦ Notification issues
Possible Resources:
♦ Wisconsin Coalition Against Sexual Assault, www.wcasa.org (608) 257-1516
TOPIC: PROSECUTION OF DOMESTIC VIOLENCE CASES

Invite to the meeting:
♦ Clerk of Courts
♦ Probation
♦ Batterers’ Treatment
♦ Law Enforcement
♦ Judges
♦ Prosecutors
♦ Victim-Witness Staff
♦ Baliffs

Consider including on the agenda:
♦ Philosophy/Focus of Domestic Violence Criminal Intervention
♦ Existing District Attorney Policies
♦ The reality of recanting victims
♦ Practice of “evidence-based” prosecution including:
  - What are current gaps?
  - What problems are created for victims by prosecution of abusers?
  - How could these be solved?
♦ What court practices need to be addressed to send clear messages to both victims and offenders?

Possible Resources:

Policies and Protocols
♦ Sample prosecution policies from other counties
♦ San Diego protocols by Casey Gwinn and Anne O’Dell: www.stopdv.com/articles/article01.htm

♦ Toole City, Utah sample policy: www.toolecity.org/info/at/at2.html

Videos
♦ “City of Shelter” Videotape Series, Parts 4B - The Law Enforcement Response, 4D - The Prosecutors’ Response, 4E - The Judicial Response. (Available to borrow from the Wisconsin Coalition Against Domestic Violence; contact the Community Response Coordinator at (608) 255-0539.)
♦ Polaroid Video “Take the Picture. Tell the story. Break the Cycle.”
Materials
♦ Wisconsin Domestic Violence Prosecution Manual published by the Office of Justice Assistance: www.oja.state.wi.us
♦ “Beyond the Obvious” Law Enforcement Training curriculum from California Alliance Against Domestic Violence: www.ccadv.org

Articles
TOPIC: SEX OFFENDER TREATMENT

Invite to the meeting:
♦ Sex Offender Treatment Providers
♦ Professionals who provide sentencing recommendations to the court
♦ Judges
♦ Sex Offender Probation Agents
♦ Halfway House Managers (facilities where offenders are first released out of prison)

Consider including on the agenda:
♦ Articles or videos from Dr. Anna Salter, who specializes in sex offender research http://www.annasalter.com/
♦ Do a case study with the team on a HYPOTHETICAL sexual assault case; have the group answer questions and identify gaps
♦ Discussion: The effectiveness of treatment
♦ Information from District Attorney’s Office on how cases are handled and how charging decisions are made

Possible Resources
♦ Wisconsin Coalition Against Sexual Assault resources (www.wcasa.org)
♦ Sample treatment standards; http://www.angelfire.com/mi/collateral/page8.html
♦ Examples of referral process from other Counties
♦ Department of Corrections (DOC) guidelines for sex offender treatment (obtain from DOC)
TOPIC: COMMUNITY RESPONSE TO STALKING

Invite to the meeting:
♦ Representatives from every law enforcement department in the County
♦ Members of local prosecution staff District Attorneys
♦ Dispatchers

Consider including on the agenda:
♦ Stalking typology and how it relates to [sexual assault and/or domestic violence]
♦ Multijurisdictional nature of stalking
♦ Common problems of coordination victims face
♦ Current response to stalking
♦ Ideas on how response could be improved
♦ Cyberstalking

Possible Resources:

Websites
♦ Stalking Resource Center: www.ncvc.org/src

Resources in Print
♦ Cease and Desist Stalking Letter (Available from the Wisconsin Coalition Against Domestic Violence. Contact the Legal Team (608) 255-0539)
♦ “Addressing Stalking in Native American Communities,” Jo Hally, Newsletter of the Stalking Resource Center, Volume 2, Number 2, Summer 2002.
Videos
♦ Video Series, “Til Death Do Us Part,” by Anne O’Dell and Mark Wynn
♦ Stalking: real fear, real crime; (video) by the National Center for Victims of Crime. Available through the National Sexual Violence Resource Center www.nsvrc.org
TOPIC: COMMUNITY RESPONSE TO STRANGULATION

Invite to the meeting:
♦ Victim Services
♦ Health care professionals
♦ Emergency room staff or supervisor
♦ Local professional with strangulation expertise
♦ Law Enforcement representatives
♦ Prosecutors

Consider Including on the agenda:
♦ Information on strangulation and its effects, including lethality
♦ Information on current laws concerning strangulation
♦ Information on current practices related to strangulation crimes
♦ Training on this issue for professionals—how can it be done and by whom
♦ Strategy for recruiting medical personnel for expert testimony

Possible Resources:

Websites:
♦ For training information and materials:
  - www.markwynn.com
  - Wisconsin Coalition Against Sexual Assault [www.wcasa.org](http://www.wcasa.org), Wisconsin Coalition Against Domestic Violence [www.wcadv.org](http://www.wcadv.org) (main web pages) both have links to information sheets on the topic

Videos
♦ Duluth Law Enforcement Video Series training segments on strangulation. Contact Praxis International: [www.praxisinternational.org](http://www.praxisinternational.org)
TOPIC: ABUSE IN LATER LIFE

Invite to the meeting:
♦ Local “I” Team (Interdisciplinary Team focused on Elder Abuse)
♦ Staff from Senior Center
♦ Nursing home administrators
♦ Advocates with knowledge/experience working with older victim-survivors
♦ Adult Protection Services workers

Consider including on the agenda:
♦ Distinction between Abuse in Later Life and Elder Abuse
♦ Abuse in institutional settings or facilities
♦ Sexual assault and people with Alzheimer’s disease or related dementia
♦ Common barriers for victims
♦ Common errors of professionals in assessing these situations How the CCR Team and I Team can work together and present a united voice to the community
♦ Where are there services offered for elderly victim-survivors

Possible Resources:
Websites:
♦ National Clearinghouse for Abuse in Later Life www.ncall.org
♦ Wisconsin Coalition Against Sexual Assault website www.wcasa.org has a number of information sheets on sexual abuse and older adults that can be printed off as handouts.

Resources in Print:
♦ Brandl, B., “Power and Control: Understanding Domestic Abuse in Later Life”, GENERATIONS, Summer 2000, p.39-45...
♦ Wisconsin Coalition Against Sexual Assault booklet Transcending Silence- Sexual Assault and the Elderly. Please contact WCASA for details 608-257-1516.
♦ Widening the Circle. Prod. Wisconsin Coalition Against Sexual Assault. Includes a video. Discusses the dynamics of sexual assault/abuse against people with disabilities and the elderly.

Videos
♦ “Criminal Justice Response to Domestic Violence in Later Life”
Addresses the training needs of police officers and victim advocate responding to domestic abuse calls involving older adults. (Available to borrow from the Wisconsin Coalition Against Domestic Violence (608)255-0539.)
♦ A Rape in a Small Town: The Florence Holway Story. Prod. Films for the Humanities and Sciences. Includes the dynamics of sexual assault in rural areas and with the elderly.

Other Resources:
♦ See Jane Raymond for current Wisconsin I-Team information:
Wisconsin Bureau of Aging and LTC Resources
Dept of Health & Family Svcs.
1 West Wilson St., Rm. 450
P.O. Box 7851
Madison, WI 53702
(608)266-2568
Fax: (608)267-3203
TOPIC: COORDINATING FAMILY LAW ISSUES – Part 1

This topic will take several meetings to explore fully. At Meeting One, the team and guests will have an overview discussion about the broad issues of domestic violence and family law. At Meeting Two, the group will develop a list of key people who are not present, but who possess essential information. Following Meeting Two, subsequent meetings can be held to invite those key people.

Invite to Meeting One:
♦ Mediators
♦ Custody evaluators
♦ Child support agency
♦ Visitation center staff
♦ School counselors
♦ Guardians ad litem (GALs)
♦ Judges
♦ Circuit Court commissioners

Consider including on the agenda:
♦ Identifying as a team how batterers use children to further their domestic violence tactics. (Do not assume that all CCR team members understand these tactics.)
  1. Parental kidnapping
  2. Violation of restraining orders (“I was only calling/coming by to talk to/see the kids”)
  3. Brainwashing, threatening children during visits
  4. Accusations of “Parental Alienation” toward mothers
  5. Accusations of “failure to protect” when mothers are afraid to leave
♦ Legal differences between marital and non-marital children
♦ Create assessment issues about which the team needs more information:
  1. What are current practices related to custody decisions?
  2. Examine safety for all hearing
  3. Are decision makers holding victims to an unreasonable level of proof to their claims of domestic violence?
  4. How would the process work if abusers were ordered to treatment as a condition of access to their children?
♦ If a decision maker does find evidence of domestic violence, what is it that victims and the CCR team members want from the system?
TOPIC: COORDINATING FAMILY LAW ISSUES – Part 2

Invite to Meeting Two
♦ The same group who attended Meeting One

Consider including on the agenda:
♦ Discussion of any data or information that has been collected since the last meeting.
♦ Creating priority driven list of who to invite to further discuss domestic violence in relation to their position.
♦ Your CCR team may have already developed effective system response in the criminal justice area. Discussion as a team of instances where family law and criminal law overlap:
   1. Crimes committed against mother during exchange of children
   2. Physical or sexual abuse committed against children during visits
   3. Crimes against children which occur as a part of the assault on the other parent (i.e. when child tries to intervene, etc.)
   4. Paternity/ Child support cases
♦ Plan to invite decision makers (from the list from previous meeting) to come to the CCR meeting and answer questions about what criteria they value in making rulings on joint or sole custody, access to the children, visitation.
   (Note: Giving guests your questions ahead of time may help them feel less “on the spot” and more open to participating in the meeting.)

Possible Resources:

Materials:
♦ Sample Family Law Questions to Ask Court Commissioner or Judge Regarding Placement and Custody (For more information contact the Wisconsin Coalition Against Domestic Violence, Community Response Coordinator at (608) 255-0539.)
♦ Sample plans/protocols from other counties/states regarding child custody and domestic violence issues.
♦ Data from your own county regarding frequency of problems with family law cases involving domestic violence.
   (Note: you may not use individual cases to discuss this with judges or commissioners.)
2004 Act 130. Addresses child custody and domestic violence. (For more information contact the Wisconsin Coalition Against Domestic Violence Legal Team at (608) 255-0539.)

**Websites**

**Books**
- The Batterer as Parent, by Lundy Bancroft
TOPIC: RESTRAINING ORDERS
(Note: this topic may take several months)

Invite to the meeting:
♦ Circuit Court Commissioners or judges who conduct hearings
♦ Clerk of Courts
♦ Process Server from Sheriff’s Department
♦ Dispatcher
♦ Jail Administrators
♦ Representatives from all law enforcement agencies
♦ Divorce/Custody Mediators (who may attempt mediation in situations in which restraining orders have been filed)
♦ Guardians ad Litem (who will suggest safe exchange plans for families)
♦ Mental Health Practitioners (who may do marriage counseling)
♦ Visitation Center staff

Consider including on the agenda:
♦ Reviewing law on various kinds of restraining orders, including updates; (although discussion will mainly focus on domestic abuse, harassment and child abuse orders)
♦ Mapping local process of obtaining restraining orders, starting with petition
♦ Examining information petitioners receive
♦ Discussion of what is working well and where gaps exist
♦ Discussion of process for firearms surrender
♦ Does law enforcement have a stand-by policy?
♦ What issues related to restraining orders present difficulties for law enforcement?
♦ What information do officers have on full faith and credit?
♦ Review current data on arrest and prosecution for violations of orders; are policies clear on these issues?
♦ Discussion of how stalking relates to violation of restraining orders and how that response is outlined
♦ How is mediation/ exchange of children handled when a restraining order exists?
♦ Review training needs within the community on restraining orders
♦ Do health care facilities need a policy related to restraining orders?
♦ Do schools need a policy related to restraining orders?
Possible Resources:

Materials
♦ Samples of restraining order forms: www.wisbar.org/forms
♦ Samples of local brochures or other information received by victims/petitioners
♦ Sample policies of Appleton, Wisconsin Police Department
♦ Copies of most updated Restraining Order Grid (Available from the Wisconsin Coalition Against Domestic Violence Legal Manual. Contact the Legal Team (608) 255-0539.)

Websites:
♦ National Center on Full Faith and Credit: www.fullfaithandcredit.org
TOPIC: ADOLESCENT ISSUES/DATING VIOLENCE

Invite to the meeting:
♦ School Counselors
♦ Adolescent representatives
♦ Human Service Staff
♦ Health Care Professionals
♦ Planned Parenthood
♦ Law Enforcement
♦ Juvenile Court Staff
♦ Guardians ad Litem
♦ DARE Officers
♦ Local program focused on adolescents

Consider including on the agenda:
♦ Defining the problem of dating violence
  (statistics, dynamics, special safety issues, anecdotes)
♦ Research on adolescents-developmental/emotional
♦ Current approaches to handling reports
♦ Options for expanding community education

Possible Resources

Websites
♦ Wisconsin Coalition Against Domestic Violence, Section on Children and Youth: www.wcadv.org/?go=whatwedoyouth
♦ Haven House Teen Outreach Program: www.itsnotok.org
♦ Teen Relationships: www.teenrelationships.org

Other
♦ Sample curricula used in school to educate teens
♦ Sample school policy on dating violence
TOPIC: Adolescent/Teen Sexual Assault

Invite to the meeting:
♦ School Counselors
♦ Adolescent representatives
♦ Human Service Staff
♦ Health Care Professionals
♦ Planned Parenthood
♦ Law Enforcement
♦ Juvenile Court Staff
♦ Guardians ad Litem
♦ DARE Officers
♦ Local service providing programs that work with adolescents/teens

Consider including on the agenda:
♦ Define Problem of sexual assault and adolescents/teens
  (Statistics, dynamics, special safety issues, anecdotes)
♦ Research on adolescents-developmental/emotional
♦ Current approaches to handling reports/disclosure of violence to school staff
♦ Unique legal issues related to teen sexual assault

Possible Resources
♦ Wisconsin Coalition Against Sexual Assault www.wcasaw.org has information sheets on this topic available for download (free).
♦ Sample curricula used in school to educate teens
♦ Sample school policy on sexual harassment and other forms of sexual assault

TOPIC: CHILDREN EXPOSED TO BATTERERS’ VIOLENCE

Who should be invited to the meeting: (The following professions or agencies should be a part of this topic discussion at some point but perhaps not all at the same meeting.)

♦ Battered Women
♦ Schools
♦ Victim service staff who work with children
♦ Day Care Center representatives
♦ Visitation Center staff
♦ Mental Health Specialists
♦ Pediatricians
♦ Child Protection Services
♦ Head Start
♦ Law enforcement
♦ Judges
♦ Circuit Court Commissioners who work in Family Court

Consider including on the agenda:
♦ Participants sharing their experiences with domestic violence and children
♦ Scenarios of risk for children: (neglect, physical abuse, exchange of children after divorce or paternity orders)
♦ Child Protection issues related to protecting non-violent parent
♦ Victim compensation for children’s counseling needs following reported crimes
♦ Discussion on gaps for children
♦ Relevant cultural issues for children
♦ Discussion on available services
♦ What is current practice of law enforcement referral to CPS when domestic violence is present?
♦ How can children’s safety be improved?
♦ Child Abuse Restraining Orders
♦ Child safety plan
Possible Resources:

Websites
♦ Wisconsin Coalition Against Domestic Violence (WCADV), Section on Children and Youth: [www.wcadv.org/?go=whatwedo/youth](http://www.wcadv.org/?go=whatwedo/youth)

Videos
♦ Videos on the effects of domestic violence on children available at local domestic violence program
♦ “City of Shelter” Part 4B – The Law Enforcement Response. Contains information on assisting children. (Available to borrow from the Wisconsin Coalition Against Domestic Violence (WCADV); contact the Community Response Coordinator at (608) 255-0539.)

Books
♦ The Batterer As Parent, Lundy Bancroft

Other
♦ Statistics on impact of witnessing domestic violence (from WCADV and other sources)
TOPIC: COMMUNITY RESPONSE IN THE SCHOOL SYSTEM

Invite to the meeting:
♦ School social worker/psychologist
♦ School guidance counselors
♦ A representative principal
♦ CPS Workers
♦ After-school program staff
♦ DARE officers

Consider including on the agenda:
♦ Any existing school protocols for issues of:
  - Child custody
  - Restraining orders
  - Parent’s withdrawal of children from school
  - Dating violence
  - Sexual harassment
  - Children’s disclosure of violence to school staff
  - Children’s disclosure of domestic violence between adults
♦ Discuss current and future plans for cross-training of school personnel on effects of violence on children

Possible Resources:
Websites
♦ Wisconsin Coalition Against Domestic Violence (WCADV), Section on Children and Youth: www.wcadv.org/?go=whatwedo/youth
  - Various resources on effects of witnessing domestic violence on children
♦ Wisconsin Coalition Against Sexual Assault (WCASA): www.wcaso.org

Other
♦ Sample policies from other school districts (This is a new area for many school systems, and you may need to check individually with school systems or schools to see if protocols exist. Also contact the Children and Youth Coordinator at the Wisconsin Coalition Against Domestic Violence at (608)255-0539 for assistance.)
♦ Sample curricula for discussing domestic violence with children and/or sample safety plans for children (Contact the local domestic violence...
program or contact the Children and Youth Coordinator at the Wisconsin Coalition Against Domestic Violence at (608)255-0539.)

♦ Information on victim compensation for children who have experienced trauma (Contact the local District Attorney’s office or victim services agency.)
TOPIC: VISITATION CENTERS

Invite to the meeting:
♦ Guardians ad Litem
♦ Circuit Court Commissioner
♦ Judges
♦ Mediators
♦ Social Workers
♦ Visitation Center Staff
♦ Those who conduct home studies/visits locally

Consider including on the agenda:
♦ Purpose of visitation centers
♦ Safe Exchange
♦ Monitored vs. Supervised Visits
♦ Location for safety
♦ Referral Process (Who will refer? How will screening occur?)
♦ Fees for parents

Possible Resources:

Articles and Books
♦ “Doing More Harm Than Good? Some Cautions on Visitation Centers” by Martha McMahon and Ellen Pence, November 1993 (Discusses Duluth Visitation Center).
♦ The Batterer as Parent, by Lundy Bancroft

Materials
♦ Sample Brochures from visitation centers: www.vaw.umn.edu/documents/vawnet/custody/custody.html
TOPIC: COMMUNITY RESPONSE IN PRIMARY HEALTH CARE SETTINGS

Invite to the meeting:
As with other topics, initial conversations about this subject may bring best results if they take place prior to these individuals being invited to a full CCR meeting.
♦ Clinics and health care center representatives
♦ Public Health Nurses
♦ Day Care Center representatives
♦ Home Health Care Staff

Consider including on the agenda:
♦ General information on how sexual assault and domestic violence have an impact on the health care system.
♦ Local data on numbers of victims who sought services.
♦ Local reporting by victims of domestic violence and sexual assault to Health Care facilities.
♦ Current community resources for victims.
♦ Invitation to participate in an assessment with which CCR team could assist.
♦ Gaps identified by physicians and clinics regarding screening

Possible Resources:
Materials
♦ Sample screening tools for health care providers; contact the Health Care Consultant at the Wisconsin Coalition Against Domestic Violence (608) 255-0539.
♦ Training videos used to train physicians and health care professionals

Websites
♦ Wisconsin Women's Health Foundation:  www.wwhf.org
♦ Family Violence Prevention Fund: www.endabuse.org/programs/healthcare
TOPIC:
Response to victims with disabilities and Deaf victims

Invite to the Meeting:
♦ Service providers of people with disabilities
♦ Staff of supported living facilities
♦ Adult Protective Service workers
♦ Representatives from County I-team on abuse and people with disabilities
♦ Deaf community and people with disabilities

Consider including on the agenda:
♦ Differences between Developmental, Cognitive, Psychiatric, Physical, Sensory and other disabilities. Deaf culture.
♦ Dynamics of sexual assault and domestic violence for people with disabilities and Deaf individuals
♦ Community agencies with expertise in disabilities and the Deaf community
♦ Strategies for screening for disabilities (competency versus incompetency, legal ability to give consent, response to victims and perpetrators who have Developmental Disabilities)
♦ Current legal system practices when accessibility accommodations are needed (e.g. Certified American Sign Language (ASL) interpreters, wheelchair access, etc.)
♦ Current victim service practices when victims have disabilities
♦ Current law enforcement practices regarding victims/offenders who have disabilities

Possible Resources
♦ Wisconsin Coalition Against Sexual Assault, Inc. www.wcasa.org
♦ Disability Rights Wisconsin www.disabilityrightswi.org
♦ Independence First www.independencefirst.org
♦ Brain Injury Association of Wisconsin www.biaw.org
♦ National Alliance for the Mentally Ill www.namiwisconsin.org
♦ People First Wisconsin (self-advocacy for people with disabilities) www.peoplefirstwi.org
♦ Wisconsin Association for the Deaf www.wi-deaf.org
♦ Wisconsin Council for the Blind www.wcblind.org
♦ Wisconsin Council on Developmental Disabilities www.wcdd.org
♦ Accessibility Guide for Domestic Violence and Sexual Assault Service Providers, Wisconsin Coalition for Advocacy, April, 2004
♦ Accessible Justice- Preparing People with Developmental Disabilities for the Criminal Court Process, Wisconsin Coalition Against Sexual Assault, 2006
TOPIC: Sexual Assault and Health Care/Health Care Settings

Invite to the meeting:
This topic could be used with SARTs (Sexual Assault Response Teams), Sexual Assault CCR Teams, Dual CCR Teams (Domestic Violence/Sexual Assault), or CCR and SARTs could meet together to discuss this topic.

♦ Clinics, hospitals, and Health Care Center/ Day Care Center representatives
♦ Public Health and Home Health Care staff
♦ SANE (Sexual Assault Nurse Examiner) nurses
♦ Other SART/CCR Team members

Consider including on the agenda:
♦ General information on how sexual assault has had an impact on the health care system (Crime Victim Compensation for SANE exams, or Safe Funds for SANE exams –discuss the differences between the two)
♦ Local data on numbers of victims who sought medical services
♦ Local reporting by victims of sexual assault to Health Care facilities
♦ Current community resources for victims
♦ Invitation to participate in an assessment with which the CCR or SART team could assist
♦ Gaps identified by physicians and clinics regarding screening for sexual assault, recording SA numbers for data collection, and SART protocol.
♦ The need for SANE programming in the community

Possible Resources:
♦ Wisconsin Coalition Against Sexual Assault’s SART (Sexual Assault Response Team Coordinator) 608-257-1516
♦ Wisconsin Coalition Against Sexual Assault’s SANE (Sexual Assault Nurse Coordinator) 608-257-1516
23 Additional CCR Team Topic Ideas

Topic ideas for SA CCR Teams and Dual SA/DV CCR Teams:

1. Consensus on what domestic violence and sexual assault are—does the team have it?
2. Mapping communication flow between agencies and identifying strengths and gaps
3. Timely follow-up for victims—what is the timeline?
4. Where are victims presenting when they are not reporting and are representatives from those places here? Who are they talking to?
5. Are we making sure the voices of non-dominant or underserved populations are heard and how are we reaching victims from these populations? Are they meaningfully represented on the team?
6. Issues/services for child victims and children of victims
7. Common myths about sexual assault and societal/system views and beliefs about victims and offenders
8. Batterer’s Treatment Programming and Sex Offender Treatment: When should we refer? Pre- or post conviction?
9. Release from jail processes:
   - Who gets notified when offenders are released?
   - What information is the offender given?
   - What information is the victim given?
   - Are DV offenders in a “last release” category if the jail is full?
10. The impact of trauma on how a victim presents and reports information
11. Recanting and false reports—do team members understand why victims may recant? Do team members understand the real statistics and myths around false reporting?
12. Alcohol and drug facilitated sexual assault
13. Why sexual assault victims are not likely to report
14. Community education and awareness
15. Primary prevention – what does it mean?
16. Sexual Assault and Domestic Violence Awareness Month activities
17. Probation issues, including:
   - Notification of release
   - Victim advocacy and contact
18. Similarities and differences between domestic violence and sexual assault—also, for dual teams, what does it mean to have meaningful duality between the two?

19. Cross-disciplinary training needs

20. Risk factors and long-term effects for victims of sexual assault

**Additional topic ideas for Domestic Violence CCR Teams:**

21. Risk factors for homicide: All team members would benefit from knowing risk factors related to domestic violence and homicide

22. Policies on repeat offenses

23. Dispatch policies—are dispatchers trained in domestic violence dynamics such as:
   - Why victims call repeatedly;
   - Lethality;
   - Restraining orders;
   - Child custody as it relates to DV;
   - Officer safety?
ONE-LINERS
TO KEEP THE MEETING MOVING

1. How does this discussion relate to the agenda item?
2. Can someone summarize what we’ve just discussed/decided?
3. Are we ready to make a decision?
4. I’m not sure I understand what you’re saying. Could you clarify/explain?
5. Could someone repeat the proposal?
6. Do we have enough information? Is additional information available?
7. It seems like there may be some underlying issues other than the ones we’ve been discussing.
8. Are we ready to move on?
9. What else do we need to do/discuss before we can reach a decision/move on?
10. Does anyone else have anything to contribute?
11. I’d like to check for consensus on this point before we move on. Let’s go around the table.
12. We only have 5 minutes more allotted to this discussion. Can we finish in that time, or do you want to modify the agenda and finish the discussion, or should we set this issue aside for future discussion?
13. Could you tell me more about your idea?
14. We had some disagreement today—before we go, is there anything that anyone wants to add to close out that discussion?

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MEETING MYTHS

Myth #1: If everyone is courteous, the meeting will be successful.

Myth #2: The leader (or facilitator) must exert firm control over the group at all times.

Myth #3: Once the agenda is agreed upon, it cannot be changed.

Myth #4: Meetings must be short to be effective.

Myth #5: The meeting leader (or facilitator) is responsible for the success or failure of the meeting.

SEVEN HARMFUL ACTIONS

1. Resenting questions.
2. Monopolizing the meeting.
3. Playing the comic when you should be serious.
4. Publicly chastising participants.
5. Allowing interruptions to cut off a speaker.
6. Lack of (or failure to use) an agenda.

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B. Assessment
Consensus Building Activity for Multidisciplinary Teams:

From time to time it is good for teams to take a break from business as usual and, as a team, do a consensus building exercise. These exercises can help teams determine if there is truly consensus of the crime of sexual assault, whether team members have been active for some time or whether there are new members. Consensus building exercises are also great to use in combination with a mapping exercise if a team wishes to evaluate strengths and gaps in their current system of response to victims of sexual assault.

The following are links to six scenarios for discussion. Choose a scenario and then discuss the following questions as a team.

Is this domestic violence?
Is this sexual assault?
What are the next steps?
What is the response from the system?
What is the timeline for response?
Who should be involved with the victim-survivor?
What is the victim-survivor likely needing?
What options does the victim-survivor have?
What would communication look like between systems players?
Mapping the System: Scenario #1:

Mary and Jon are both students at the University of Minnesota. Mary finds very Jon attractive and is excited to be going out with him. Jon is a junior and Mary is a freshman and is still a bit intimidated by the college scene. She grew up in Red Wing and hung out with a small group of friends in high school who were part of the same church youth group and never did drugs or alcohol. Jon grew up in Bloomington and was popular with all kinds of kids in his high school. He had sometimes hosted his own parties when his parents were out of town.

One Saturday night, Jon invites Mary to go to a party with him at his friend Martin’s house. Mary is hesitant as she’s heard Jon describe Martin’s parties as fun but a bit wild. But she really likes Jon and feels good that he’s asked her to be his date. At the party, Jon introduces her to his friends. As they talk and get to know each other through the evening, Jon continues to bring Mary several glasses of spiked punch. At first Mary was concerned, but then she started to feel less inhibited and felt Jon was being very affectionate to her. When someone started passing a joint around—she decided to try it even though it went against all her values.

Around midnight, she started to get pretty sleepy and Martin said she could rest in his sister’s room upstairs. She found the bedroom and passed out. When she woke up around 5 am, Jon was in bed with her. She noticed how sore she was and discovered some vaginal bleeding. She hadn’t remembered having intercourse with Jon—but couldn’t figure out any other explanation and was shocked at the thought that they had had sex. She got her clothes on, woke Jon up and asked him to take her back to her dorm room. She’s scared, but doesn’t tell her roommate what she suspects. She just tries to forget about it. On Sunday, she goes to the Lutheran Campus Ministry service she often attends, but finds it difficult to concentrate. She starts to cry softly during one of the prayers. The campus pastor notices and asks her to stay after the service ends for moment to talk with her...

Mapping the System: Scenario #2:

Diane and Steve, her husband of eight years, have a stormy relationship. The police have been called many times to their house for various reasons mostly for domestic problems. They have 5 children, all under the age of 8. On one occasion, Steve was very angry with Diane because he suspected that she was running around on him. He hit her and during this incident, the children were very terrified. The oldest child called the police as he had done many times before. When the police arrived, Steve told them they were having a little disagreement. The police left. That night Steve told Diane that if she really loved him, she would have sex even though Diane did not want to because she was still afraid of Steve. Diane complied anyway. The next day, she called the local battered women’s shelter and said she needed help.
Mapping the System: Scenario #3:

It is 2:00 am Sunday morning. A Lifeline volunteer receives a call from your local hospital advising that a sobbing nursing student has just arrived there, accompanied by her roommate. The roommate says she arrived home at 1:15 am and found the victim (Courtney) crying uncontrollably on her bed. Courtney eventually told her that the man she had gone out with on a blind date that night brought her home and “raped” her. The roommate immediately brought her to the hospital.

Mapping the System: Scenario #4:

An Asian woman, 57-years-old, has been employed for several years by the same manufacturing company. For the past several months, her otherwise excellent work record has deteriorated. After a review of her time and attendance record, the employee assistance counselor at the company was asked to interview her to see if the problem could be resolved. After much probing, the employee reluctantly told the counselor that her supervisor has sexually assaulted her three months earlier, and threatened to fire her if she told anyone. She also said she was afraid how her family would react if they found out. The employee assistance counselor calls her sister, a school counselor, for referrals and ideas of whom to involve.

5. Mapping the System: Scenario #5:

Tyrone, 21-years-old, comes home from work and sees a strange vehicle pulling out of the driveway. When he enters the house, he sees his 14-year-old sister sobbing hysterically. She is deaf, and he tries to “sign” to her, “What happened?” He also observes that her clothing is in disarray and she appears to have been physically assaulted. She signs to him that she can’t tell him what happened. She becomes more distraught and refuses to talk to him. He calls the police and reports his observations and her reactions. He also tells them his sister is deaf.
Mapping the System: Scenario #6 (Scenario adapted from National Sexual Violence Resource Center training materials for use by the Sexual Violence Justice Institute)

A 35-year-old Florida woman named Tara traveled to Duluth, Minnesota to attend a conference. She arrived a day early in order to do some sightseeing. She stayed at the conference hotel. After strolling around the city and sitting by Lake Superior, she attended a happy hour in the hotel bar. Tara met several men and women there, some of whom were hotel guests. She had six rum and cokes over several hours. She put the first drink on her room tab. She did not have anything to eat. She danced with a few different men but after a while she began to feel woozy and unsteady. She recalls later that two men assisted her back to her room but she cannot remember their names or whether they were staying at the hotel. She notes some limited details about the men’s appearance.

Tara recalls the television in her room was turned on and it seemed especially loud to her. She thinks she may have passed out but recalls someone kissing her. She thinks she may have engaged in sexual intercourse but does not know with whom, only that she was penetrated vaginally. She recalls waking up later in the night feeling bad, with a bad taste in her mouth which she assumed was from the drinks. She did not vomit. Her clothes were in disarray – her dress was balled up in a corner, her panties were missing, and her bra was pushed up. She went back to sleep.

Tara woke up in the morning and saw her trashed room – condom wrappers on the floor, empty beer bottles strewn about. She does not drink beer so she knew the bottles were not hers. She was pretty certain there had been sexual activity and she does not know what or with whom. She was concerned about sexually transmitted infections so she called the local sexual assault crisis hotline. The counselor suggested that she go to the hospital for an examination. Once there she spoke with the counselor and decided to make a police report.
Sexual assault is never the fault of the victim/survivor. It is the fault of the perpetrator alone. It does not matter how a victim was dressed or if the person was under the influence of alcohol or drugs--no one deserves to be abused.
C. Data Collection
TOPIC: DATA COLLECTION

Invite to the meeting:
♦ Agencies from whom you want data (ex. Law Enforcement, Human Services, [Sexual Assault and/or Domestic Violence] Service Provider, Hospital/SANE, DA’s office, etc.)
♦ All team members

Consider including on the agenda:

Discussion:
♦ What questions do we want the data to answer? (i.e. “How many reported sexual assaults/domestic violence incidents were there last year? What is the break down between women, men, and children? How many were prosecuted?”) ALSO….What questions can we ask of the data? (i.e. “Do these numbers accurately reflect the number of actual [sexual assault/domestic violence] incidents in our community? How long does it take for a [sexual assault/domestic violence] case to make its way through the court system? What are the patterns in the data? Where are the gaps?)
♦ Who has the data we need? Is it available in public records?
♦ Are there obstacles to receiving the data? Can the data be shared with the team?

Possible Resources:
❖ Wisconsin Coalition Against Sexual Assault and Wisconsin Coalition Against Domestic Violence staff are available to assist teams through the process of where and how to collect data. WCASA (608) 257-1516, WCADV (608) 255-0539.
❖ Office of Justice Assistance website www.oja.wi.gov has data available by county.
❖ Wisconsin Court System website: http://wcca.wiscourts.gov/index.xsl for public records regarding court cases by name and date of birth of the defendant.
❖ Also see “Questions to Ask of SA Data” also in the Planning/Activities [Data Collection] section of the CCR Toolkit
1. How should we interpret this data? Do high numbers indicate higher numbers of sexual assault in specific areas, or that systems are responding better in those communities, making victim-survivors more comfortable in reporting?

2. In looking at the numbers, what are the views and beliefs around false reporting? Studies show that sexual assault has no greater occurrence of false reporting than any other crime AND sexual assault has also been shown to be the most under-reported crime due to the shame and secrecy surrounding it.

3. National statistics show that 1 in 3 women will be sexually assaulted in her lifetime and 1 in 7 men will be sexually assaulted in his lifetime. Given these national statistics and the fact that sexual assault is considered the most under-reported crime, what are the REAL numbers based on population? How can these people that have chosen not to report be acknowledged and supported?

4. What affects do the sexual assault numbers and the existence of the sex offender registry have on a community views about safety? Do low numbers cause people to believe that their community is safe? Does the sex offender registry give people a false sense of security when it is only includes those offenders who have been caught?

5. Where are the gaps in the systems process? Were there arrests? Were the cases prosecuted? What were the final charges? Were charges dismissed? Look for patterns… is there a history of deferred prosecutions? Do those people getting deferred prosecutions have histories of violence?

6. What is the timeline from the sexual assault investigation, arrest, prosecution, and sentencing? What is the length of time that a victim-survivor is expected to remain in this process? How are they being supported through it?

7. What is the percentage of victims coming forth that are charged with other crimes (prostitution, illegal drug/alcohol use)? Would this potential fear issue affect recantation?
Map for CCRT Data Collection

**Victim/Survivors**
- # referred for SA services
- 1. CPS
- 2. Juvenile
- 3. APS (Adult)
- ER, SANE exams
- # SA patients served
- # SA patients referred to SA Agency for advocacy services
- Support Group Attendance
- # Unduplicated: Crisis Line calls In-person advocacy

**System Entry**
- Law Enforcement
  - # SA calls 911, Non-911
  - # LE Responses to Scene
- SA Agency
  - # Partners referred for SA
  - # TROs requested
  - Order Violations
  - Protection orders, DV, Harassment, Ind. At Risk, Child Abuse
  - Family Court Service
  - # TROs granted and denied

**Law Enforcement**
- # Arrests made
- # Prosecuted for Bail Jumping
- # Violations Reported
- RO Violations
- # Arrests made
- # TROs
  - # TROs
  - # TRO
  - # TRO petitions requested
  - Petitions Withdrawn
  - Injunctions Granted or Denied
- # Partners referred for SA
  - # Revoked
  - # Complied
  - # Repeat offenses
- Offender TX
  - # Started TX
  - # Completed TX
  - # Repeat offenses
  - # Chapter 980
- Probation
  - # Jail
  - # Prison
  - # Probation
  - # Offender TX
- DA Action
  - # Prosecuted
  - # Deferments
  - # Dropped
- Court Action
  - # Referred
  - # Partners referred for SA
  - # Advocacy services

**Offenders**
- # SA calls
  - # SA patients served
  - # SA patients referred to SA Agency for advocacy services

**Support Group Attendance**
- # referred for SA services
- Support Group Attendance
- # Unduplicated: Crisis Line calls In-person advocacy
Many organizations within the “system” can contribute to collecting information on domestic violence cases. Collecting this type of information can help to identify strengths and gaps within a community which can lead to improved responses for survivors, children, and offenders.

- **Track referrals from outside agencies**
  - Hospitals, clinic, emergency rooms
  - Dentists, Optometrists
  - Physical therapists, chiropractors, etc.
  - Schools
  - Other CCRT agencies

- **Track support group participation**
  - Adults
  - Children
  - Demographics

- **Track Community Outreach and Education efforts**

- **Track number of unduplicated people served**
  - Shelter services
  - Non-shelter services
  - Women, children, men
  - Demographics (elders, ethnicity, gender, ability, etc.)
  - Prevalence of sexual assault within DV

- **Map for DV-CCRT Data Collection Revised 6-Aug-08**

- **Offender Services**
  - Track DV Offender
    - Length of probation
    - Revocations
    - Batterers treatment started/completed
    - Behavioral changes/repeat offenses

- **District Attorney CVWC**
  - Track court responses to DV
    - Bail jumping
    - Sentences / Case disposition
    - Pleas / No contests
    - Deferred prosecution
    - Dismissals
    - Time from initial case filing to disposition

- **Human Services**
  - Child Protective Services
  - Adult Protective Services

- **Law Enforcement**
  - Track referrals made to
    - DV services
    - Medical services
    - Other CCR partners

- **Track numbers of Domestic Violence Services**
  - DV 911 calls
  - DV non-911 calls
  - DV calls made by children
  - LE responses to scene
  - Arrests made (Male, female, duals)
  - Investigations & referrals to District Attorney
  - Repeat offenders

- **Track numbers of cases Involving domestic violence**

- **Track RO’s, HO’s, Stalking**
  - Petitioned
  - Granted
  - Responses to Violations

- **Track the impact of Domestic violence on Divorce and Custody decisions**

- **Track numbers of cases**
  - Involving domestic violence

- **Domestic Violence Services Agency**
  - Track referrals from outside agencies

- **Courts**
  - Civil Court
  - Family Court
  - Criminal Court

- **Law Enforcement**
  - Track numbers of cases**

- **Human Services**
  - Child Protective Services
  - Adult Protective Services
Many organizations within the “system” can contribute to collecting information on domestic violence cases. Collecting this type of information can help to identify strengths and gaps within a community which can lead to improved responses for survivors, children, and offenders.

**Domestic Violence Services Agency**
- Track referrals from outside agencies
  - Hospitals, clinic, emergency rooms
  - Dentists, Optometrists
  - Physical therapists, chiropractors, etc.
  - Schools
  - Other CCRT agencies
- Track community outreach and education efforts
- Track support group participation
  - Adults
  - Children
  - Demographics
- Track number of unduplicated people served
  - Shelter services
  - Non-shelter services
  - Women, children, men
  - Demographics (elders, ethnicity, gender, ability, etc.)
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  - LE responses to scene
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  - Investigations & referrals to District Attorney
  - Repeat offenders

**Human Services**
- Child Protective Services
- Adult Protective Services
- Track Community Outreach and Education efforts

**Map for DV-CCRT Data Collection**
Revised 6-Aug-08

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PDF created with pdfFactory trial version www.pdffactory.com
Tracking of Sexual Assault Cases throughout the Legal System

Key goal of tracking is to reduce the following proportions through improving system response to sexual violence

- % law enforcement responses that result in no arrest
- % repeat offenders
- % cases where charges are reduced, dismissed, unfounded
- % cases with reduced or no sentence

Questions that we should be able to answer...

- How do the numbers of victims compare between LE and Victim Services? Same, different, mix? Why?
- Where are the gaps in the systems process? Were there arrests?
- No. of days from the sexual assault investigation to arrest?
- What are the views and beliefs about false reporting?
- What areas of training or resources needed?
- How many are repeat offenders?
- How can we get services to victims whether they are reporting or not?
- What is the timeline
- How effective are our intervention strategies?

Tracking Victim Services
- Repeat victimizations
- Extent of violence
- Investigations happening? Arrests made?
- Stalking connections?
- Length of legal process

Tracking Law Enforcement Response
- Number of dispatch 911/other calls for LE services
- Proportion of arrests/unfounded, etc.
- Reasons given for not arresting
- Alcohol or drugs involved?
Tracking Prosecution Response
- Number of cases referred
- Charges of cases referred
- Cases prosecuted with uncooperative victim
- Types & number of plea agreements
- No. days from case referral to sentencing
- Final charges
- No. days from case referral to charging decision

Tracking Sentencing/Case disposition
- Final charges
- Types of sentences
- Enhanced sentences for repeat offenders?
- Impact on children (child custody, placement, compared with juvenile cases)
- No. plea agreements, deferred prosecutions, deferred prosecution of guilt, etc.
- No. days from case filing to disposition

Questions that we should be able to answer…
- How many are repeat offenders?
- What areas of training or resources are needed?
- Are we increasing victim safety?
- Are we holding sex offenders accountable?
- Does sentence fit seriousness of the offense?
- How quickly do cases move through the system? How long is a victim-survivor expected to endure?

Tracking Offender Follow-up
- What is the final sentence?
- Are offenders completing their sentence?
- Are victims safer?
- No. referred for sex offender treatment
- No. referred that complete treatment
- No. and severity of repeat offenses among those who have a) been referred; b) successfully completed treatment

Page 2 of 2
Tracking Domestic Violence Cases throughout the Legal System

Key goal of tracking is to reduce the following proportions through improving system response to domestic violence:

- % dual arrests
- % female arrests
- % law enforcement responses that result in no arrest
- % repeat offenders
- escalation of injury
- % cases where charges are reduced, dismissed, unfounded
- % cases with reduced or no sentence

Questions that we should be able to answer...

- How many are repeat offenders? Repeat callers for intervention?
- What areas of training or resources needed (probable cause, primary aggressor, values & attitudes)
- Which cases are at high risk of serious injury or homicide/suicide?
- How can we get services to victims earlier in cycle and improve their safety?
- How effective are our intervention strategies?
- How do the numbers of victims compare between LE & VS? Same, different, mix? Why?
- What proportion of RO’s are being dropped during the first six months? Why is this?

Tracking Victim Services
- Repeat victimizations
- Children involved
- Extent of abuse, fear or threats
- Arrest(s) --- Dual, victim arrested
- RO violations
- Stalking
- No. of TRO’S applied for
- No. of RO’s received
- No. RO’s dropped within first 6 months

Tracking Law Enforcement Response
- Number of dispatch 911/other calls for LE services
- Proportion of arrests/unfounded, etc.
- Proportion of dual arrests
- Proportion male/female offenders
- Children involved/observing violence
- Reasons given for not arresting
- Alcohol involved
**Tracking Prosecution Response**
- Number of cases referred
- Charges of cases referred
- Cases prosecuted with uncooperative victim
- Male/female comparisons
- Types & number of plea agreements
- No. days from case referral to sentencing
- Final charges
- No. days from case referral to charging decision

**Tracking Sentencing/Case disposition**
- Final charges
- Types of sentences
- Enhanced sentences for repeat offenders?
- Impact on children (child custody, placement, compared with juvenile cases)
- No. plea agreements, deferred prosecutions, deferred prosecution of guilt, etc.
- No. days from case filing to disposition

**Questions that we should be able to answer…**
- How many are repeat offenders?
- What areas of training or resources are needed?
- Are we increasing victim safety?
- Which cases are at high risk of serious injury or homicide/suicide?
- Are we holding offenders accountable?
- Does sentence fit seriousness of the offense?
- Does the sentence change offender behavior?
- Are we reducing our rate of homicide, serious injury, and DV exposure to children?
- How quickly do cases move through the system?

**Tracking Offender Follow-up**
- What is the final sentence?
- Are offenders completing their sentence?
- Are victims/children safer?
- No. referred to batterers’ treatment or education
- No. referred that complete treatment or education program
- No. and severity of repeat offenses among those who have a) been referred; b) successfully completed treatment
IV. Resources

A. WCADV CCR Directory – 2008
   www.wcadv.org/?go=whatwedo/community/resources

B. Montana Coalition Against Domestic and Sexual Violence
   Resources on Coordinated Community Response

C. WCASA 2008 CCR Report (emphasis on sexual assault)
   www.wcasas.org

D. Sexual Assault CCR Bibliography
   www.wcasas.org

E. Sexual Assault Response, Best Practice Guidelines of Brown
   County (copies available by request)

F. Tribal Resources – coming soon!

G. Upcoming Trainings – coming soon!
   www.wcadv.org/?go=whatwedo/community