

WV S.A.F.E.
TRAINING & COLLABORATION



A project of the

**West Virginia Sexual Assault Free Environment
(WV S.A.F.E.) Partnership**

WV S.A.F.E. Partners:

West Virginia Foundation for Rape Information and Services (WVFRIS)

West Virginia Department of Health and Human Resources (WVDHHR)

Northern West Virginia Center for Independent Living (NWWCIL)

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A. Collaboration 101

- vii. *Forward, Acknowledgements and Toolkit User's Guide*
- A1. Forming a Collaboration Among Service Providers:
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Forward

Service providers are finally recognizing the intersection of two issues: the prevalence of persons with disabilities who are sexually victimized and the prevalence of sexual violence victims who have disabilities. Although one in the same, the response to sexual violence victims who have disabilities may differ depending on their point of entry into the service delivery system. Sexual violence service providers have not been adequately trained in serving victims with disabilities. Disability service providers have not been trained in responding to sexual violence. There has been a lack of recognition that a coordinated community response is needed to ensure that the social service system (collectively comprised of the local, regional and state agencies that serve victims on the local level) effectively and equally meets the needs of these individuals. In West Virginia, through this project, we are bringing together service providers who aid sexual violence victims with those who serve persons with disabilities. Our goal is to increase the access victims with disabilities have to services. It is important to acknowledge that “getting to this place” did not happen overnight; rather, it required consciousness-raising and community organizing by dedicated activists. In essence, “getting to this place” is the story of two social movements—the anti-sexual violence movement and the disability rights movement—maturing into a “second wave” of activism and joining together to address needs of previously underserved populations.

The beginnings for both movements grew from the 1950s to the 1970s when minority groups—most notably African Americans, gays and lesbians, women and people with disabilities—began ardently fighting to secure their civil rights. Early in the women’s rights movement, women began to speak out about their personal experiences of sexual violence. In the decades to follow, tremendous progress was made toward supporting sexual violence victims. Rape crisis programs were established in counties throughout the United States to offer crisis intervention, support and advocacy for victims, as well as community awareness and prevention. A significant body of literature and research emerged that increased public concern about sexual violence. Legislative changes—including the enactment of state laws to ensure victim rights and federal laws such as the Rape Control Act in 1975 and the Violence Against Women Act of 1994—were enacted that have increased the efficacy of the criminal justice and medical community responses to sexual violence.¹

Encouraged particularly by the civil rights and women’s rights movements, large-scale cross-disability rights activism began in the late 1960s with the goal of ending social oppression. That oppression kept children with disabilities out of the public schools and sanctioned discrimination against adults with disabilities in employment, housing and public accommodations. As part of this movement, the independent living movement emerged to support the choice of living in the community for people with even the most severe disabilities. The first independent living center opened in 1972; by the beginning of 2000, there were hundreds of such centers across the country and the world. In the meantime, a series of landmark court decisions and legislative changes—including the enactment of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of 1975 and the Americans with Disabilities Act of 1990—secured for individuals with disabilities unprecedented access to their civil rights.²

These victories for the two movements, as critical as they were, have not ended sexual violence or discrimination against persons with disabilities.³ There is still a great need for continued activism. By coming together in localities across the country, as we are beginning to do in West Virginia, these movements are able to take the important next steps of educating one another and combining their resources to create positive systems change for sexual assault victims with disabilities. We hope you find the *West Virginia S.A.F.E. Training and Collaboration Toolkit: Serving Sexual Violence Victims with Disabilities* to be a useful resource to facilitate this cross-training and improve the response and partnerships across agencies and movements in your community.

Acknowledgements

The work of creating a toolkit involves the expertise and assistance of numerous individuals. The WV S.A.F.E. partnership is grateful to the individuals listed below for their contributions in the creation of this toolkit.

Project Partners and Primary Authors

Each of the three project partners coordinated the writing of the modules (in conjunction with the Project Consultant) within the sections pertinent to their disciplines. Each partner reviewed all of the modules during the development and pilot phases of the project. After each module was piloted and then reviewed and approved by the Office on Violence Against Women, the modules were then edited by the Toolkit Project Coordinator and Project Consultant.

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- Russell Nesbitt Services
- Sexual Assault Help Center
- Task Force on Domestic Violence, “HOPE”, Inc.
- Rape and Domestic Violence Information Center
- Northern West Virginia Center for Independent Living
- West Virginia Department of Health and Human Resources (Marion, Ohio and Preston counties)

Special thanks go to *Amy Loder* (Office on Violence Against Women); *Michelle Wakeley*, *Nikki Godfrey*, *Betty Irvin*, *Whitney Boutelle*, and *Emma Wright* (contributing authors); *Susie Layne*, *Wade Samples*, *Marion Vessels*, *Mark Derry*, *Teresa Tarr* and *Suzanne Messenger* (technical assistance with legal and policy components), West Virginia Foundation for Rape Information and Services staff and *Kathy Littel* (proofreading); *Carol Grimes* of Grimes Grafix (graphic designer) and to all of the survivors of sexual violence and women with disabilities who helped guide this work—both through this project and in creating the professional history of the individuals cited on this page. This toolkit is dedicated to ensuring that your shared experiences will help make for a better service delivery system for others.

WV S.A.F.E. Training and Collaboration Toolkit— Serving Sexual Violence Victims with Disabilities⁴

This toolkit offers guidance for service providers on working collaboratively to integrate accessible services for sexual violence victims with disabilities into the existing social service delivery system. *The purpose is to provide the information and resources needed to begin the process of collaborating and cross-training among relevant agencies. Using the tools in the toolkit, agencies can build their capacity to offer responsive, accessible services to sexual violence victims with disabilities.* The toolkit's focus is on adult and adolescent victims with disabilities.

The concept for and contents of this toolkit evolved over a four-year period from the work of a project coordinated by several West Virginia statewide/regional agencies and piloted by local agencies from three counties. Although the toolkit is written for a West Virginia audience, other states and communities are welcome to adapt the materials to meet their needs.

This *User's Guide* explains the toolkit's features and organization as well as the pilot project.

Toolkit Features

The toolkit's main feature is a collection of educational modules intended to:

- **Facilitate dialogue and collaboration among partnering agencies** to improve the accessibility and appropriateness of services across systems for sexual violence victims with disabilities (see the *Collaboration 101* modules);
- **Build individual providers' knowledge** related to fundamental issues in providing accessible and responsive services to sexual violence victims with disabilities (see *Disabilities 101* and *Sexual Violence 101* modules); and
- **Provide tools to facilitate assessment and planning by individual agencies** to improve the accessibility and appropriateness of their services for sexual violence victims with disabilities (see the *Tools to Increase Access* modules).

The toolkit was developed with the recognition that both individual and partnering agencies will adapt the toolkit materials to assist them in providing accessible and appropriate services to sexual violence victims with disabilities.

NOTE:

- Individuals and agencies can use all of the modules and materials or select only the modules and materials that address their specific needs.
- Individuals and agencies can decide the sequencing of the modules that meets their needs, depending on factors such as the types of services each agency provides, who will be trained (designated or all staff, volunteers, students, board members), etc.
- Collaborative groups can decide the selection and sequencing of the modules to utilize based on the partnering service providers, strengths and gaps in the current response, level of existing collaboration among service agencies, issues that need to be addressed, etc.
- Individual agencies and partnerships may wish to add information and discussions on other pertinent issues not addressed through the modules.

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Because the toolkit is available online, those using it can benefit from new material that may periodically be added. The toolkit can be accessed at <http://www.fris.org/> to check for updates.

Background: Toolkit Development

In 2006, the West Virginia Foundation for Rape Information and Services (FRIS) received a grant from the U.S. Department of Justice, Office on Violence Against Women (OVW) to examine and implement changes to local and state systems that respond to women with disabilities and deaf women who are victims of sexual assault. Entitled *West Virginia Sexual Assault Free Environment (WV S.A.F.E.)*, the resulting collaboration consists of three core team partner agencies: FRIS, the West Virginia Department of Health and Human Resources (DHHR) and the Northern West Virginia Center for Independent Living (NWVCIL).⁵

This collaborative's broad mission is to identify and address state and local gaps and barriers in services and policies that impede the provision of effective, accessible and seamless services to survivors of sexual assault among women with disabilities and deaf women. The shared vision is:

".. [C]reating permanent systems change at all levels of the sexual assault and disability systems and state policy in which effective services for women with disabilities and deaf women are fully integrated into the existing structure of victim services and advocacy."

The statewide partnership, and subsequent participation of their counterparts in three counties (Marion, Ohio and Preston counties), conducted needs assessments and developed a strategic plan. The plan included the following short-term goals and objectives:

1. Foster collaboration among local service providers who interact with survivors with disabilities (to overcome fragmentation of services). Objectives: Coordinate and implement on-going partnership meetings and formalize collaborative processes among pilot site partners.
2. Build a sustainable common knowledge base among local service providers and among statewide partnering agencies. Objectives: Develop and implement a capacity building plan to strengthen the knowledge base and sustainable practices.
3. Ensure services and supports are accessible and responsive to the needs of women with disabilities and deaf women. Objectives: Assess accessibility with pilot site and state partners and implement prioritized components of accessibility transition plans.

The toolkit is the result of the sustainable cross-training component of this four-year project. Note that the materials are applicable to serving all adult/adolescent victims of sexual violence (recognizing the vast majority are women) and that the term "persons with disabilities" became inclusive of deaf persons, unless otherwise indicated.

Note also that while a limited number of agencies officially partnered in this pilot project, the benefit to victims can increase when the partnership is welcoming of any agency that might provide services to victims with disabilities. To that end, longer-term goals include: expanding local pilot site partnerships to include all points of entry into the service delivery system for victims with disabilities; improving the accessibility of those points of entry; providing ongoing capacity building opportunities; and replicating this systems-change model in additional counties in West Virginia.

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Toolkit Organization

Toolkit Components. The toolkit offers a set of four separate components: *A. Collaboration 101*, *B. Sexual Violence 101*, *C. Disabilities 101* and *D. Tools to Increase Access*. Each component is comprised of a series of informational modules.

Structure of the modules within each component. The individual modules within these components are primarily organized into two main sections: *Core Knowledge* and *Discussion*. Some modules include both sections while others include only the *Core Knowledge* or the *Discussion* section. Several of the *Tools to Increase Access* use a checklist, rather than a narrative format. All of the remaining modules include a cover page featuring a brief overview and the key points. Each also includes an introduction describing the purpose, objectives and any preparation needed.

- **Core Knowledge:** Depending on the content, the *Core Knowledge* section provides basic information on the topic. It may also include *Test Your Knowledge* questions to evaluate what was learned. These can be useful both for the reader and for supervisors who may choose to use the questions to gauge the knowledge of staff and volunteers.

The *Core Knowledge* section is intended for individual use—e.g., for self-paced learning, one-on-one training of employees such as agency orientation or continuing education, volunteer trainings, review prior to an agency or multi-agency discussion, etc.

- **Discussion:** The *Discussion* section is designed for use in a group setting, either within an agency or with outside partnerships. Each *Discussion* section indicates the estimated time frame for the dialogue and the preparation needed, if any; describes suggested activities and questions (targeted to create a common knowledge base, improve agency response and build collaboration); and ends with a closing assessment of what was learned during the discussion and changes providers/agencies plan to make as a result of the discussion.
- **Resources:** Some modules also include related forms and/or other sample materials.

The modules were developed to maximize agencies' finite resources for in-house and multi-agency training. To that end, an effort was made to offer *Core Knowledge* sections that simplified complex topics as much as possible. It is a delicate balance to find a format in which the information provided can be easily understood but that provides enough detail to assist the reader in offering responsive assistance to victims with disabilities. As appropriate in each *Core Knowledge* and *Discussion* section, guided probes and case scenarios are included to assist service providers in applying the information to impact service delivery changes both within their own agencies and their communities.

Cross-referencing of modules. The modules were generally developed so they can be used independently of one another; however, a few make reference to other modules as prerequisites. Reference to other modules is also made throughout the modules so the reader can easily gain further knowledge on a particular topic.

Terminology used. Across all modules, the following should be noted:

- Agencies that interact with sexual violence victims and persons with disabilities typically refer to the individuals they serve as “clients,” “consumers” and/or “victims.” For convenience, “victims” and “clients” are primarily used.
- The terms “sexual violence” and “sexual assault” generally will be used to encompass sexual assault, sexual abuse and other forms of sexual violence.

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- In recognition that the vast majority of victims of sexual violence are female and the vast majority of offenders are male,⁶ individual victims are often referred to using female pronouns and individual offenders are often referred to using male pronouns. This use of pronouns in no way implies that males are not victims of sexual violence or that females are not offenders; it is written in this format solely for the ease of reading the material.

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¹This paragraph was drawn primarily from California Coalition Against Sexual Assault, *A vision to end sexual assault—The CALCASA strategic forum report* (2001), as well as J. Meyers, *History of sexual assault prevention efforts* (Colorado Coalition Against Sexual Assault, 2000) and P. Poskins, *History of the anti-rape movement in Illinois*. All can be accessed through http://new.vawnet.org/category/index_pages.php?category_id=576.

²This paragraph was drawn from University of California Berkley, *Introduction: The disability rights and independent living movement* (last updated 2010), through <http://bancroft.berkeley.edu/collections/drilm/index.html>.

³Adapted from University of California Berkley.

⁴Note that the format used in this *User's Guide* was in part modeled after the Office for Victims of Crime's *Sexual assault advocate/counselor training, trainer's manual* (Office of Justice Programs, U.S. Department of Justice), <https://www.ovcttac.gov/saact/index.cfm>.

⁵An additional partner, the West Virginia University Center for Excellence in Disabilities, participated in the first two years of the project.

⁶Although males and females are both victimized by sexual violence, most reported and unreported cases are females (C. Rennison, *Rape and sexual assault: Reporting to police and medical attention, 1992–2000* (Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2002), 1, <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=92>; and P. Tjaden & N. Thoennes, *Prevalence, incidence and consequences of violence against women: Findings from the National Violence Against Women Survey* (Washington, DC: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, 1998), 2–4, <http://www.ojp.usdoj.gov/nij/publications/welcome.htm>. Regarding sex offenders, males make up the vast majority, but females also

commit sexual crimes. In 1994, less than 1 percent of all incarcerated rape and sexual assault offenders were female (L. Greenfeld, *Sex offenses and offenders: An analysis of data on rape and sexual assault, U.S. Department of Justice, Bureau of Justice Statistics* (Washington, DC: 1997). As cited in R. Freeman-Longo, *Myths and facts about sex offenders* (Center for Sex Offender Management, 2000), <http://www.csom.org/pubs>.

Forming a Collaboration Among Service Providers: An Initial Meeting Activity

After identifying the agencies that should be involved in collaborating to improve access to services for sexual violence victims with disabilities and completing the preparations to bring a group together, the content of the first meeting of the collaboration must be considered.¹ This module offers a starting point for dialogue for these agencies. It is designed to help service providers from partnering agencies do the following: (1) build a shared knowledge about each of their agencies; (2) learn about each agency's history in this work and in their current roles; and (3) lay the foundation for a local collaboration.

Key Points

- A collaboration is a well-defined relationship entered into by two or more organizations to achieve common goals.² Collaboration involves agencies coming together to accomplish something that they cannot do alone.³
- Collaboration is critical to providing a seamless, service-delivery system for all victims of sexual violence. Victims have many potential points of entry into the service delivery system: advocacy organizations, the criminal justice system, health care organizations and school systems, just to name a few. It is important that these systems are accessible and work together to meet all of the needs of all victims of sexual violence.
- When forming this collaboration to improve access to services for sexual violence victims with disabilities, planners should bring together agencies in their communities that represent the various points of entry for victims seeking services. They should also consider when and how to include the voices of consumers, as appropriate to the established goals of the collaborative.

AI. Forming a Collaboration Among Service Providers: An Initial Meeting Activity

Purpose

This module focuses on planning for the first meeting of a newly forming collaboration. By this time, service providers have identified a need or purpose for the group and identified potential partners. It is important that the organizers who are convening the meeting critically consider if they have identified and included all potential stakeholders. Potential stakeholders should include both those who will be impacted by the work of the group and those who will be needed to successfully carry out the work. Potential stakeholders could include service providers, policy makers, funders and consumers—depending on the goals of the collaboration.

After identifying stakeholders to involve and completing the preparations for bringing a group together (e.g., date, time, place and invitations to individuals and organizations), the structure and intended outcomes of the first meeting need to be considered. This meeting offers a starting point for dialogue for agencies interested in collaborating to improve services. For clarity, agencies should understand that a collaboration is a well-defined relationship entered into by two or more organizations to achieve common goals.⁴ These organizations come together to accomplish something that they cannot do alone.⁵ Collaborations can be short-term to focus on time-limited projects or long-term to address more in-depth challenges.

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Collaboration is critical to providing a seamless, service-delivery system for victims of sexual violence. In West Virginia, an estimated one in six women will be the victim of an attempted or completed sexual assault.⁶ These victims have many potential points of entry into the service delivery system: advocacy organizations, the criminal justice system, health care organizations and school systems, just to name a few. It is important that these agencies and systems are accessible and work together to meet all of the needs of all sexual violence victims.

This module's purpose is to help service providers from partnering agencies do the following: (1) build a shared knowledge about each of their organizations; (2) learn about each agency's history in this work and in their current roles; and (3) lay the foundation for a local collaboration.

Objectives

Those who complete this module will be able to:

- Describe their agency's services and the services of partnering agencies;
- Discuss the status of the existing service system for sexual violence victims with disabilities; and
- Come to agreement about basic components of the local collaboration process.

Note that this module, along with other modules in *Collaboration 101*, is intended to be used by two or more agencies to facilitate collaboration rather than for individual agency training purposes.

DISCUSSION

Projected Time for Discussion

2 to 3 hours

Preparation

Note that **this discussion section is intended to serve as an outline for organizers to plan the initial meeting of a collaboration. The purposes of collaborations will differ, so the questions that will be asked of the participants will differ.** For illustration purposes, the examples given are for planning the first meeting of a sexual assault response team (SART).

Also note that preparation for this initial meeting discussion is more involved than most other discussions in the toolkit.

- Prior to the meeting, carefully consider whether all key stakeholders have been invited to participate. The composition of any collaboration should be reflective of the local community and representative of those being impacted by the decisions that will be made. Therefore, each collaboration will be unique. For example, in creating a SART, it would be logical to include representatives of all first responders to sexual assault and others who may eventually be in contact with the victim throughout the criminal justice or healing processes. However, the composition of this team will differ based on the community. In a large city, key members of a SART might be the law enforcement officer from the special sex crimes unit, sexual assault nurse examiners, the rape crisis center's advocate, the prosecutor from the Violence Against Women unit, a disability service provider and the sexual violence prevention/services coordinator on the local college campus. In a rural community, none of those entities may even exist. Emergency medical services may be a first responder and, with no hospital, the local health department may be a resource for victims. In rural areas, victims may enter the service delivery system in different ways, such as through the faith-based community or by contacting the one law enforcement officer for the municipality. For a collaboration's work to be effective, the participants have to be knowledgeable about and committed to the issue (e.g., improving the coordinated response to sexual assault victims).

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- The initial collaboration meeting may be the first time that participants discuss the issue of sexual violence outside of their work setting and it is possible that a participant could disclose victimization. Therefore, take steps to ensure that the group environment is safe and responsive to its members. Prior to the meeting, identify and arrange for the necessary supports in the event that a member should require self-care. (For example, have a private office or room available or access to an advocate.) Plan at the beginning of the meeting to do the following: (1) acknowledge the sensitive nature of discussing sexual violence; (2) stress the importance of self-care for survivors; and (3) advise the group of the supports that are available.
- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations, and if so, work with them to secure those accommodations.
 - Encourage participants to review a resource developed by the National Association of State Directors of Developmental Disabilities Services, *The Guide: NASDDDS Handbook on Inclusive Meetings and Presentations* (through <http://www.nasddds.org/Publications/special.pubs.shtml>). Since the collaboration will be working to improve the accessibility of services, a starting point is to ensure that the meetings themselves are accessible to all potential participants.
- Prior to the discussion, request that participants from within an agency work together to prepare a *10 to 15 minute* informal presentation on the following:
 - Agency philosophy and mission;
 - Agency services (including types of services, area served, staff size, service hours, brief history and definition of terms/acronyms used); and
 - Services specific to the issue the collaboration is going to address. (For this example, a description of these services might include the number of victims served, the training the staff receives and how referrals are made.)

If the participants are volunteers or consumers who do not represent an agency, they might be asked to share their personal work and/or interest in this field. If participants are invited to attend the meeting as consumers, they should not be identified as such without their permission.

NOTE: The information discussed should be pertinent to the purpose of the collaboration. In forming a SART, it would be important to know the roles and services of existing partners. If the purpose of the collaboration were to exclusively examine services for sexual violence victims with disabilities, some information the participants might share could include how victims with disabilities currently access services, screening processes that are in place, and how staff members are trained on this issue. It is anticipated that in the course of discussing existing services, gaps will be identified. Participants should be encouraged to engage in an open discussion of service and training limitations within their agencies.

- Encourage participants to bring any printed materials (e.g., agency brochures and business cards) to the meeting to share with other participants.
- Select a discussion facilitator and note taker.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Since this is the first meeting, it would be helpful to have name badges or table tents.

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Activities and Questions

1. **Briefly explain that this meeting is meant to be a starting point for a dialogue** for agencies and individuals interested in collaborating on your selected purpose area (e.g., to develop a SART or to improve services for victims of sexual violence with disabilities). *(5 minutes)*

Then ask participants to introduce themselves and share their work and/or personal journey that brought them to their current role. *(Up to 5 minutes for each participant)*

2. **Invite participants to identify discussion ground rules to promote open communication.** Utilize the following principles: *(10 minutes)*
 - An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.
 - Acknowledge the sensitive nature of discussing sexual violence and stress the importance of self-care for survivors. Advise the group of the supports that are available during the meeting and in the community.
3. **Ask a representative from each partnering agency to spend 10 to 15 minutes providing an agency overview**, as described in the *Preparation* section.
4. **Ask participants to discuss the questions below.** *(10 minutes for a. and b.)*
 - a. What did you learn about existing services that you did not know?
 - b. What gaps and challenges exist (e.g., for victims in general or for victims with disabilities in accessing the services of the partnering agencies)? Record in the meeting minutes any gaps and challenges identified so that partnering agencies can address them at future meetings.
 - c. Is there information or insight gained from the discussion that you will take back to your agency that will impact the agency's service delivery system? *(10 minutes)*
5. **Ask participants to come to an agreement on the following:** *(20 minutes)*
 - a. What do you see as the initial purpose of this collaboration? What are some of the outcomes that can be achieved? (NOTE: These are important questions and enough time should be allotted for a thorough conversation. If time does not permit such a discussion, at a minimum develop a consensus on when the goals of the group will be established.)
 - b. How do you want to structure these meetings (e.g., whether to have a chairperson, if the role of meeting facilitator will be rotated, etc.)?
 - c. How do you want to record the notes from these meetings (e.g., format and level of detail of the notes, rotation of note takers, etc.)?
 - d. What are the expectations regarding confidentiality of what is shared at these meetings?
 - e. What decision-making process should be used (e.g., to vote, come to agreement on issues, etc.)?

f. How will agencies communicate with each other between meetings?

6. **Schedule meetings and meeting sites** through the next quarter and establish an agenda for the next meeting. (10 minutes)

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, the terms “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²P. Mattessich, Can this collaboration be saved? 20 factors that can make or break any group effort, *Shelterforce Online*, #129, May/June 2003, National Housing Institute, at <http://www.nhi.org/online/issues/129/savecollab.html>. Note that all online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³Mattessich.

⁴Mattessich.

⁵Mattessich.

⁶West Virginia Bureau for Public Health, Health Statistics Center, 2008 *Behavioral Risk Factor Surveillance System Survey*.

Examining Your Collaboration

This module is designed to support the process of developing and sustaining a joint initiative among partnering agencies to improve access to services for sexual violence victims with disabilities. It encourages representatives from these agencies to do the following: (1) learn more about collaboration in general; (2) examine their current collaboration, identifying strengths and areas where changes are needed; and (3) begin to develop a plan to strengthen the collaboration.¹

Key Points

- “Collaboration goes beyond informal cooperation or the occasional coordination of efforts. It is a long-term, well-defined relationship entered into by two or more organizations to achieve common goals. It involves the genuine sharing of authority, accountability, resources and rewards. There is [always either] a need, a crisis or an opportunity. Partners come together to accomplish something that they cannot do alone.”²
- Communities use different approaches to facilitate collaboration—their approaches often build upon related efforts already underway.
- When agencies successfully collaborate to improve access to local services for sexual violence victims with disabilities, it can benefit victims (e.g., better and more accessible services), partnering agencies (e.g., more networking and coordination to meet the needs of victims) and the community (e.g., increased knowledge of services and more confidence in service providers).
- To begin to develop a clearer sense of factors that influence partnering agencies’ efforts to collaborate, this module encourages agencies to think about and jointly discuss questions and considerations related to the following:
 - Which agencies are/should be involved in this effort;
 - The history of collaboration among the partnering agencies;
 - Relationships among the partnering agencies;
 - The collaborative’s vision and a work plan to incrementally implement the vision;
 - Whether the collaboration is guided by the self-identified needs of victims;
 - The level of support for the collaboration from agency administrators, the community and community leaders;
 - Resources available to facilitate the collaboration;
 - Leadership and staffing for the collaborative;
 - Operating procedures of the collaborative; and
 - Methods used to evaluate the effort.

COLLABORATION 101

A2. Examining Your Collaboration

Purpose

Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity, suggested activities for an initial meeting to begin a dialogue among the partnering agencies on improving local services for sexual violence victims with disabilities. The next step, as discussed in this module, is for staff at these agencies to learn more about collaboration and examine their current collaboration. Examining their collaboration involves identifying strengths in their joint efforts to serve sexual violence victims with disabilities, as well as areas where changes are needed. Such an exploration can help build relationships and increase communication among the partnering agencies—outcomes which not only benefit these agencies, but also the clients they serve.

Objectives

This module seeks to:

- Facilitate a dialogue on how agencies can collaborate to improve access to services for sexual violence victims with disabilities;
- Develop a basis for understanding how each participating agency perceives the collaboration in general;
- Identify potential barriers to effective collaboration; and
- Develop a prioritized plan for strengthening the collaboration.

Also note that other modules in this toolkit focus more on assessing the agency-specific and community-wide accessibility issues related to serving sexual violence victims with disabilities (as opposed to general collaboration issues).

Part I: CORE KNOWLEDGE What is collaboration?

The definition of collaboration was discussed briefly in *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity*. In review:

*“Collaboration goes beyond informal cooperation or the occasional coordination of efforts. It is a **long-term, well-defined relationship** entered into by two or more organizations to achieve common goals. It involves the genuine **sharing of authority, accountability, resources and rewards**. There is [always either] a need, a crisis or an opportunity. **Partners come together to accomplish something that they cannot do alone.**”³*

For partnering agencies that seek to increase the accessibility of local services for sexual violence victims with disabilities, collaboration is a tool they can use to facilitate this common goal. While each agency can strive to make internal improvements, it is only by working together that they can offer a streamlined and coordinated response to victims with disabilities.

Are there different approaches to facilitate collaboration?

Communities use different approaches to facilitate collaboration—their approaches often build upon related efforts already underway. For example, there may be a local council on violence against women that includes representation from agencies that serve sexual violence victims and persons with disabilities. A subcommittee could be formed to address the issue of increasing access to services for sexual violence victims with disabilities. An existing coordinating team, such as a sexual assault response team (SART), might be willing to explore how to better respond to victims with disabilities. Agencies may already engage in informal partnering on this or other

areas that could pave the way for more formal efforts to strengthen accessibility to services for sexual violence victims with disabilities. For instance, they may form a task force with subcommittees or a less formal working group to accomplish the tasks of the collaboration. Agencies may collectively seek funding to support their collaboration.

What are the benefits of collaboration?

When collaboration is successful, it can benefit victims with disabilities, the partnering agencies and the community. For victims, for example, collaboration can increase their options for protection, healing and justice; facilitate prompt referrals and connections to services; and lead to services that accommodate their needs. For partnering agencies, collaboration can increase the effectiveness of their staff in assisting clients in addressing their full range of needs and heighten the awareness of their staff of community resources. For the community, collaboration among partnering agencies can lead to a greater public knowledge of services available to sexual violence victims with disabilities and increased confidence in those agencies' abilities to collectively provide assistance. Collaborations should publicize the potential benefits so everyone who is involved or affected understands how their self-interests are served by supporting the collective efforts.

What factors might impact the success of your collaboration?

Many factors could impact the success of collaboration among partnering agencies to improve access to services for sexual violence victims with disabilities. For example, in *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity*, we discussed how understanding each other's agency-specific roles in working with victims with disabilities is a first step for providers to be able to assist one another in connecting victims with the comprehensive services they need. We also began to explore the gaps and challenges for victims with disabilities in accessing the services of the partnering agencies. This knowledge can help service providers to determine what is needed to improve accessibility.

To begin to develop a clear sense of the factors that influence your collaboration, think about the questions and considerations below.⁴ These questions and considerations are the focus of *Part 2: Discussion* of this module. Exploring these questions and considerations, first on your own or in conjunction with other staff from your agency and then with representatives from partnering agencies, can help promote a common understanding of how individual partners perceive the collaboration, areas of agreement/disagreement, and what issues need to be addressed to strengthen it.

 Answers to these questions will likely be different if partnering agencies are just beginning to collaborate to improve access to local services for sexual violence victims with disabilities versus if they already have some history of collaborating on this issue. If the collaboration is just starting, these questions can be reference points for guiding the development of the collaboration.

Directions: Each themed section below begins with a “rated” question, meant to encourage respondent objectivity and subsequently facilitate equal input and participation across agencies during discussions. Use the following rating scale for those questions:

1=Strongly Disagree **2**=Disagree **3**=Not Sure/Need More Information **4**=Agree **5**=Strongly Agree

The remaining questions in each themed section ask respondents to further describe how the collaborative addresses the theme.

COLLABORATION 101

1. Participating Agencies

Rate the following statement on the above scale of 1 to 5 and explain your rating:

All relevant agencies (that interact with sexual violence victims with disabilities in the community) are participating in this collaboration. Score: _____

- What agencies should be part of the collaborative, but are not yet involved?
- What current barriers might prevent a particular agency from being active in this collaborative (e.g., agency X has lost significant funding and lacks the resources to participate)?
- Describe whether each partnering agency (1) has a representative who participates in the collaborative who has the authority to make decisions for her/his agency when needed; and (2) has representatives who participate who provide services as well as develop and implement policies.

2. History of Collaboration

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Partnering agencies already work together on other initiatives. Score: _____

- Describe how they have worked together in the past.
- What factors have contributed to the success/failure of these initiatives?
- What would you have changed to enhance these collaborative efforts?

3. Relationship Among Agencies

Rate the following statement on the above scale of 1 to 5 and explain your rating:

There is respect and trust among partnering agencies. Score: _____

- What are the existing strengths that support mutual respect and trust, as well as barriers that detract from mutual respect and trust?

(One key to mutual respect and trust is building awareness among those involved in the collaborative of each agency's general mission, services and role in serving victims with disabilities. See *Collaboration 101. Forming a Collaboration among Service Providers: An Initial Meeting Activity.*)

4. Vision of the Collaborative

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Partnering agencies have a shared vision of what they wish to accomplish through this collaborative.

Score: _____

- What is that shared vision? (See *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity.*)
- Are agencies equally invested in achieving that vision? Why or why not?

5. Work Plan for Collaboration

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Our collaborative's vision is achievable in increments over a defined time period. Score: _____

- a. Has/will a written work plan been developed and agreed upon by the partnering agencies to implement this vision?
- b. Is the work plan to be reviewed periodically to evaluate whether circumstances or goals have changed, and if so, then revised? (See *Tools to Increase Access. Developing a Transition Plan.*)

6. Collaboration Guided by Self-Identified Needs of Victims

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Partnering agencies collectively make a sufficient effort to ensure that the voices of sexual violence victims and persons with disabilities guide the collaboration. Score: _____

- a. What strategies are/will be used to ensure that the self-identified needs of sexual violence victims and persons with disabilities guide the collaboration? What additional strategies may be useful?

7. Support for Collaboration

Rate the following statement on the above scale of 1 to 5 and explain your rating:

The current level of support from agency administrators and the community for this collaborative initiative is sufficient. Score: _____

- a. Describe if and how leadership of each agency supports the collaboration.
- b. Describe if and how the community/community leaders support the collaboration.
- c. Describe strategies that are being/will be used to gain additional support.

8. Resources to Facilitate Collaboration

Rate the following statement on the above scale of 1 to 5 and explain your rating:

There are sufficient resources available across partnering agencies to support the work of this collaborative. Score: _____

- a. Describe the resources that partnering agencies are willing to share/make available to support this effort—personnel time, expertise, training, money, meeting space, etc. (See *Collaboration 101. Creating a Community Resource List.*)

COLLABORATION 101

9. Leadership

Rate the following statement on the above scale of 1 to 5 and explain your rating:

There is an individual(s) designated as responsible for leading and/or coordinating our collaborative effort.

Score: _____

- a. Is this person(s) a paid administrator hired for this purpose or employed by one of the partnering agencies, with this role incorporated into her/his existing work?
- b. Do you think the collaboration would continue without that person(s)? Why or why not? If not, is there a way to structure the collaboration to ensure sustainability?

10. Staffing

Rate the following statement on the above scale of 1 to 5 and explain your rating:

The work of the collaboration is shared appropriately across agencies. Score: _____

- a. What are the roles of each of the partnering agencies in carrying out the work of the collaboration?
- b. Describe if there are different ways/levels that agencies can be involved or contribute to the collaborative.

11. Operating Procedures

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Partnering agencies have agreed upon the operating procedures that aid them in carrying out the collaborative's vision. Score: _____

- a. Describe if your collaborative has formal or informal operating procedures. Have there been purposeful discussions to develop operating procedures or did they just evolve over time? How would someone new to the collaborative learn about its operating procedures? (See *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity*.)
 1. Do participating agencies *meet regularly* to discuss expectations, plan for activities and problem-solve? Are collaborative meetings held often enough, not enough or too often? Are meetings sufficiently productive given the time invested? Why or why not?
 2. How are *decisions* facilitated and *consensus* reached among agencies?
 3. How does your collaborative *deal with conflicts* that arise among agencies?
 4. How do agencies *communicate* with one another regarding the collaborative, outside of regular meetings?
 5. What strategies are used, if any, during meetings and other communications to (1) facilitate an *environment of mutual respect and trust*; and (2) support all collaborative members in *feeling comfortable* to express their opinions and feelings on the various topics?
 6. Describe the expectations for *confidentiality* related to information shared during meetings and in other communications. Describe if and how consensus about these expectations was reached.

I2. Evaluation of Efforts

Rate the following statement on the above scale of 1 to 5 and explain your rating:

Our collaborative has an effective plan to evaluate our incremental successes in achieving our shared vision.

Score: _____

- How does/will your collaborative evaluate the effectiveness of its efforts?
- How often does the evaluation occur?
- What is done with the evaluation findings?



Test Your Knowledge

Refer to the pages in this module as indicated to find the answer to each question.

- Define collaboration. See page A2.2.
- What are some examples of how communities might use different approaches to facilitate collaboration to improve access to services for sexual violence victims with disabilities? See pages A2.2–A2.3.
- What are examples of potential benefits of effective collaboration for victims, partnering agencies and communities? See page A2.3.
- What factors might influence and impact the effectiveness of partnering agencies' efforts to collaborate to improve access to services for sexual violence victims with disabilities? See pages A2.3–A2.7.

Part 2: DISCUSSION

Projected Time for Discussion

Up to 2.75 hours

Planning

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- Select a facilitator. It would be useful for the facilitator to have expertise and/or experience in building community partnerships, particularly for the specific purpose of serving sexual violence victims with disabilities. Also, consider looking outside of your circle of collaborating agencies for a facilitator. Use of a neutral facilitator may help promote more open dialogue among participants.
- Select a note taker to record potential steps to strengthen the collaboration. A flip chart(s) and markers will also be needed.
- Participants and the facilitator should review *Part 1: Core Knowledge* of this module before the discussion.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions

I. Invite participants to identify the discussion ground rules to promote open communication.

Utilize the following principles: (5 minutes)

COLLABORATION 101

- An environment of mutual respect and trust is optimal. Everyone should feel comfortable to express their opinions and feelings on the various topics. There are no right or wrong answers, only different perspectives.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among the participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and the expectations for confidentiality in the context of this partnership.
2. **Ask participants to work either individually or with other staff from their agencies to review/discuss the questions/considerations posed in Part 1: Core Knowledge of this module and to write down their answers/comments for each themed section.** Encourage them to answer the questions honestly and be prepared to discuss the reasoning for their responses. *(Allow up to 45 minutes. Note that some or all of this activity could be completed prior to this discussion.)*
 3. **Ask participants to share with the large group the highlights of the individual and agency-specific answers/comments as discussed above.** Record the highlights on flipcharts. *(Up to 60 minutes)*
 4. **Facilitate a large group conversation about common themes,** based on the questions below. Record themes on flipcharts. *(20 minutes)*
 - a. Did the discussion of the questions identify common or obvious areas of strength and/or weakness that exist within the collaboration?
 - b. In what areas, if any, did partners agree?
 - c. In what areas, if any, was there disagreement or incongruence?
 5. Based on the conversation above, **develop a written list in priority order of potential steps to strengthen the collaboration.** Record the list on flipcharts. Ask for participant feedback on the following: *(20 minutes)*
 - a. What specific steps should be taken for each identified area of need?
 - b. What resources, information and/or training are needed to implement these steps?
 - c. What existing community resources are available to help address each area of need?
 - d. Are there areas where we will need to seek out additional resources or technical assistance?
 6. **Closing.** Ask each participant to write down how the information gained from this discussion will promote change in their agency's policies, practices or training programs. Then facilitate a large group discussion on this topic. *(15 minutes)*

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this toolkit be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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²Excerpted from P. Mattessich, Can this collaboration be saved? 20 factors that can make or break any group effort, Shelterforce Online, #129, May/June 2003, National Housing Institute, at <http://www.nhi.org/online/issues/129/savecollab.html>. Note that all online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³Excerpted from Mattessich.

⁴The questions build upon the authors’ experiences doing collaborative work, as well as concepts from P. Mattessich, M. Murray-Close & B. Monsey, *Collaboration: What Makes It Work*, as cited in C. Lucas & R. Andrews, *Four Keys to Collaborative Success*, http://www.fieldstonealliance.org/articles/Article-4_Key-Collab-Success.cfm; and M. Carter with M. Griffin & K. Littel, *The Collaborative Approach to Sex Offender Management*, Center for Sex Offender Management, 2000, through <http://www.csom.org>. If agencies wish to delve more into assessing their capacity and planning for collaborative community work, two online resources include the publications of the Fieldstone Alliance (in particular, see link for free tools), through <http://www.fieldstonealliance.org/index.cfm>; and the University of Kansas, *The Community Tool Box: Do the Work* (2010), through <http://ctb.ku.edu>.

Changing Social Systems

This module helps to increase service providers' understanding of social systems in general and encourages them to consider how they can create social change in their local social service delivery systems.¹

Key Points

- A social system is “the people in a society considered as a system organized by a characteristic pattern of relationships.”² In the social service field, a social system could be comprised of individuals and agencies that are either formally or informally networked because of the varying needs of the clients they serve.
- For the purposes of this module, social change will focus on how the acts of an individual or group of individuals can result in a sustainable change in the social service delivery system for sexual violence victims with disabilities.
- Social systems can change on a variety of levels. Some individuals' efforts to create social change will have broad impact, while others' efforts will have a more targeted impact. Below are some concrete ways to work toward social change:
 - Examine the vision and mission statements of your organization, especially as they apply to serving sexual violence victims with disabilities.
 - Provide an honest critique of your agency's progress in meeting that vision and mission.
 - Identify action steps that you and your agency need to take to improve the agency's service delivery system.
 - Assess how collaborative efforts can assist your organization in achieving its vision and mission.

A3. Changing Social Systems

Purpose

Service providers can have a major impact on the recovery of sexual violence victims with disabilities when they assist them in identifying and addressing their needs and wishes. To have this impact, service providers must not only provide services, but “go the extra mile” on behalf of victims when advocating within their own agencies and when accessing services from other community agencies.

However, social service providers often are so overwhelmed with maintaining services that they do not look outside of their own agencies to view how their services interface with other organizations to address their clients' needs in the larger, more complex service delivery system. This module is designed to do the following: (1) develop service providers' understanding of social systems in general; and (2) encourage service providers to consider how they can create social change in their local social service delivery systems to improve services to sexual violence victims with disabilities.

NOTE: Ideally, service providers engage in two kinds of advocacy: advocacy to promote positive systems change for their clients, as discussed in this module; and advocacy with individual clients to empower them to have their self-identified needs met. For a discussion on promoting client self-advocacy, see *Disabilities 101. Self-Advocacy and Victims with Disabilities*.

COLLABORATION 101

Objectives

Those who complete this module will be able to:

- Define a social system;
- Define social change;
- Identify their agency's role and vision for creating social change; and
- Identify ways they can impact social change, both individually and collaboratively.

Preparation

- If your agency has conducted an accessibility assessment of its services for sexual violence victims with disabilities using *Tools to Increase Access. Programmatic and Policy Accessibility Checklist* and *Tools to Increase Access. Physical Accessibility Checklist for Existing Facilities*, review a copy of the findings.
- If your agency and other community agencies have begun to draft a transition plan to address the barriers identified in their assessments, review a copy of that plan. (See *Tools to Increase Access. Developing a Transition Plan.*)

Part I: CORE KNOWLEDGE **What is a social system?**

A social system is “the people in a society considered as a system organized by a characteristic pattern of relationships.”³ In the social service field, a social system could be comprised of individuals and agencies that are either formally or informally networked because of the varying needs of the clients they serve. (In this module, this social system is also referred to as a social service delivery system.)

A social service delivery system for serving sexual violence victims will vary depending on the resources within a given community. However, it will most likely include advocacy organizations (rape crisis centers, disability services, etc.), the criminal justice system (including law enforcement agencies, prosecutors' offices and the courts), medical care providers and any other points of entry that victims might use to access services. In some communities, that system could include a college campus; in others, it might include emergency medical services and yet in others it could include the faith-based community. (See *Collaboration 101. Creating a Community Resource List.*)

The overarching system includes practices and protocols—both written and unwritten—for serving sexual assault victims as well as policies that may facilitate or impede the service delivery process. Each of these components could impact victims' experiences after a sexual assault.

What is social change?

Social systems are continuously evolving. Changes to those systems can benefit many members of society and can be caused by different sources. Some changes have a very obvious, far-reaching impact that affects most members of society. For example, the invention of electricity changed how people live and interact; the automobile helped change where people work and how they access goods and services. Other changes impact fewer people, but can be equally as dramatic—such as policies affecting immigration, voting privileges and basic civil rights.

Social change is a general term which refers to:⁴

- Change in social structure—the culture, social institutions, social behavior or social relations of a society, community of people, etc.
- A change in the behavioral pattern of large numbers of people that is visible and sustained. Once there is a deviance from culturally-inherited values, rebellion against the established system may result, causing a change in the social order. Historical examples range from African Americans boycotting buses to protest segregation in the southern United States in the 1950s and early 1960s to the current trend of healthier eating habits in some cities, resulting in restaurants changing menus and posting nutrition values.
- An event or action that affects a large group of individuals who have shared values or characteristics and causes a united, sustained result.
- Acts designed to change in ways that are viewed as positive.

For the purposes of this module, social change will focus on how the acts of an individual or group of individuals can result in a sustainable change in the social service delivery system for sexual violence victims with disabilities.

Why me?

The famous American anthropologist Margaret Meade once said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”⁵ You are reading this module because your agency is part of a community team—the “small group of thoughtful, committed citizens”—that is working to collectively improve access to local services for sexual violence victims with disabilities.

If your agency has conducted a programmatic accessibility assessment of its services for sexual violence victims with disabilities using *Tools to Increase Access. Programmatic and Policy Accessibility Checklist*, it has already identified existing access barriers. With this knowledge, you and your agency are uniquely positioned to address those barriers and ultimately improve access for all who need your services. You and your agency can also work with partnering agencies to address barriers in coordination and communication across agencies.

Some agency and system changes will require approval from the agency’s administrators. Depending on your role in the agency, you may be limited in your ability to influence policy change. But agency/system change also entails changing how a policy is interpreted and implemented at a local level. While you may feel you do not have the ability to change policy, realize that you can influence how that policy is implemented locally. Policies should always be implemented for their intended purposes; this module is not suggesting that rules be bent or violated. Sometimes, however, the interpretation of a policy can have unintended consequences that create barriers for persons with disabilities, and the practices for implementing a policy could be modified or expanded.

Consider the following scenario: It is your agency’s policy that all those seeking services must independently complete an application form prior to accessing services. You walk through the waiting room and see someone struggling to read the form because it appears the print is too small. You could do nothing or you could ask if you could be of assistance, providing the form in larger print if available or taking the time to read the form to the person. The policy is in place to ensure that applicants’ answers are indeed in their own words. As long as you read the questions as written and do not influence the answers, you are still following the policy. In this scenario, although you may not have the authority to re-write that policy to specify that all forms be available in an alternate format, it is within the scope of your role to interpret agency policy in a way that allows equal access to services for all clients. (See *Disabilities 101. Accommodating Persons with Disabilities* and *Tools to Increase Access. Readiness to Serve Victims with Disabilities: A Review of Intake Practices*.)

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How do you change social systems?

Social systems can change on a variety of levels. Some individuals will witness the broad impact of their advocacy work, such as the creation of the Americans with Disabilities Act and the Violence Against Women Act. Others will have a more targeted impact, such as ensuring that the Americans with Disabilities Act has created accessible services in a specific community or that sexual violence victims are not polygraphed as outlined in the Violence Against Women Act. Below are some concrete ways to work toward social change:

- **Examine the vision and mission statements of your organization, especially as they apply to sexual assault victims with disabilities.**

How specific are these statements? Most tend to be rather lofty, with few targeted action steps for achieving them. Do they accurately reflect the work of your organization? Does your agency have a plan for achieving them?

- **Provide an honest critique of your agency's progress in meeting that vision and mission.**

Is your agency falling short in achieving its goals? Who is not being served effectively? How do your current services for sexual violence victims with disabilities measure up to your vision for those services? (NOTE: Utilize *Tools to Increase Access. Programmatic and Policy Accessibility Checklist* as a component of measuring your agency's capability to effectively serve victims with disabilities.)

- **Identify action steps that you as an individual and as an agency need to take to improve your agency's service delivery system.**

Changing the service delivery system in a sustainable way creates systems change. There are many opportunities to facilitate change. For example, you can be a role model for co-workers by using person first language and assisting others in learning how to better communicate with people with disabilities. (See *Disabilities 101. Person First Language* and *Disabilities 101. Tips for Communicating with Persons with Disabilities*.) Perhaps your agency does not have a method of training new staff on communicating with sexual assault victims with disabilities. If not, you could suggest that *Disabilities 101. Tips for Communicating with Persons with Disabilities* become a mandatory part of staff orientation. Maybe your agency does not routinely ask clients if they need accommodations or if they are safe. If not, then *Disabilities 101. Accommodating Persons with Disabilities*, *Sexual Violence 101. Safety Planning* and *Tools to Increase Access. Readiness to Serve Victims with Disabilities: A Review of Intake Practices* could be presented/discussed and intake forms changed. If your agency is developing a transition plan for improving access for sexual assault victims with disabilities, you could volunteer to serve on the transition planning team. (See *Tools to Increase Access. Developing a Transition Plan*.) You can help increase awareness of the barriers facing sexual assault victims with disabilities by sharing your concerns and ideas with your co-workers and supervisor. Engaging colleagues in your agency who are interested in an issue is also a way of heightening your capacity to impact change.

These seemingly small actions can enable services to reach more victims and potentially save lives. The key is in taking the time to identify what needs to be changed, determining what realistically can be changed in the short and long-term, and then taking the initiative to make the changes happen. (See the modules in *Tools to Increase Access*.)

FYI When planning changes, you should always consider the history of existing policies and practices. That history can influence your co-workers' responses to your concerns. Long-term employees have reasons for doing things the way they do and making changes can be threatening to some, or may be seen as devaluing their experiences with the agency. Understanding the underlying reasons for a policy can be critical to gaining support for changing a policy or practice that no longer meets the mission or vision of the agency.

4. Assess how collaborative efforts can assist your organization in achieving its vision and mission.

Changing the question changes the focus. Move past “What is wrong?” to “What can we do about it?” Broader social change occurs when agencies move beyond their own doors and engage colleagues in their efforts.

The discussion section of this module is designed to encourage collaborative efforts among organizations toward social change.



Test Your Knowledge

Refer to the pages in this module as indicated to find the answer for each question.

1. What is a social system? See page A3.2.
2. What individuals and agencies comprise the social service delivery system for victims with disabilities in your community? See page A3.2.
3. What is social change (specifically in regard to this module)? See pages A3.2–A3.3.
4. What are some specific ways that service providers can work towards social change? See pages A3.4–A3.5.

Part 2: DISCUSSION

Projected Time for Discussion

2 hours (may vary depending on group members' experiences with social change)

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in *Part I: Core Knowledge* of this module to their collaborative work with sexual violence victims with disabilities. The discussion could be incorporated into forums such as agency staff meetings, meetings of an agency's board of directors, as well as multi-agency meetings or trainings. Anticipated discussion outcomes include an increased understanding of the barriers and challenges experienced by victims with disabilities in accessing the current service delivery system; identification of ways to enhance accessible and victim-centered services through responsive agency policies, procedures and resources; and a plan to create changes in the current service delivery system through collaborative efforts.

Refer to the learning objectives at the beginning of this module for specific outcomes for this module on changing social systems.

Key Points for the Group to Consider

Social change efforts can seem overwhelming to staff with already large workloads. It is important for the group involved in this discussion to understand that systems change is a process and can occur on many levels. Seemingly small changes can have a major impact on services. Changing intake procedures, improving training content and creating a list of interpreters—these types of activities can, with minimal efforts, drastically improve the service delivery system for victims with disabilities. Other projects, such as challenging the accessibility of transportation or the court system in a community, may take a larger work group and an extended period of time to achieve. It is important for members of a collaboration to take on work that they have the capacity to handle. For larger projects, it is essential that the workload and time frames established be completed in doable increments. Small

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steps still achieve the same end results, just over longer periods of time. A group should not avoid addressing major service barriers in its community solely because it cannot resolve the issues quickly.

Planning

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- Select a facilitator. The facilitator should be familiar with social and systems change and be able to assist the group in thinking through the potential unintended consequences when considering social/systems change. Vigilante efforts to force changes versus planned, thoughtful efforts that work within systems can yield different results. The facilitator may need to research the concepts of social and systems change to provide more foundational information to the group, depending on her/his expertise.
- Select a note taker.
- Participants and the facilitator should review *Part 1: Core Knowledge* of this module prior to the discussion.
- Each participant should bring to the meeting:
 - A copy of vision and mission statements for their agency;
 - A copy of any strategic plan that their agency may have related to working toward achieving their agency's vision; and
 - If completed, a copy of findings from their agency assessment using *Tools to Increase Access. Programmatic and Policy Accessibility Checklist* and any transition plans related to addressing identified barriers.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions

1. **Invite participants to identify discussion ground rules to promote open communication.** Utilize the following principles: (5 minutes)
 - An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.
2. **Ask a representative from each partnering agency to share their vision and mission statements and their agency's plans for addressing that vision as it pertains to serving sexual violence victims with disabilities.** They could also share the summary of their accessibility assessments and transition plans. (10 minutes)
3. As a large group, **discuss the following questions:** (1.5 hours)

- a. What common themes are shared among the vision and mission statements of the agencies present? List the themes on a flipchart.
- b. What challenges are agencies presently facing in achieving their vision as it pertains to serving sexual violence victims with disabilities? (If *Tools to Increase Access. Programmatic and Policy Accessibility Checklist* was completed, it may have identified these challenges.) List the challenges on the flipchart.
- c. What, from the list, are some common challenges that the group is experiencing? Highlight those from the chart.
- d. Which of those challenges can be met by changing policies and practices from within the individual organizations? List those on a separate page.
- e. Which of those challenges must be met by changing policies and practices outside of the individual organizations? List those on a separate page.
- f. How will input from persons with disabilities be sought to ensure that any challenges identified are in fact actual barriers to services? How will their suggestions for solutions be sought?
- g. As a group, answer the following questions for each item on the two lists (i.e., showing the common challenges that can be met by changing policies and practices inside *and* outside the individual organizations).
 1. Is this change achievable?
 2. What specific steps need to be taken to facilitate this change?
 3. Who must be involved in that process?
 4. Do we have the resources and capacity to make this change? If not, is there a way to access those resources?
 5. Can we commit the time and resources for initiating this change? If so, create a time frame and plan for meeting again to begin the process.
4. **Closing.** Ask each participant to write down how the information gained from this module discussion will promote change in their agency's policies, practices or training programs and their next steps in the process of initiating that change. Then facilitate a large group discussion on this topic. (15 minutes)

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” generally are used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²WordWeb Online (international dictionary and word finder) (accessed 7/12/09), <http://www.wordwebonline.com/>. This and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³WordWebOnline.

⁴Adapted from *The Psychology Wiki* (accessed 7/12/09), http://psychology.wikia.com/wiki/Social_change.

⁵Well-known quote attributed to M. Meade (1910-1978), although when and where it was said is unknown.

Creating a Community Resource List

This module helps service providers to do the following: (1) develop an understanding of the benefits of having a community resource list for sexual violence victims with disabilities; (2) understand the process for creating a list of local resources;¹ and (3) gain insight into the process of resource mapping.

Key Points

- Identifying community resources, also known as resource mapping, is a strategy for improving services to communities. It can be achieved by compiling a list of resources and/or by mapping out the resources, their physical locations, contact information and linkages with other resources.
- To help guide the work of identifying community resources and assets, the following questions should be addressed: What is the purpose of the asset assessment and how will the results be used? What is the size/scope of the community being assessed? What people are available to do the work? How much time do you have for the task or how much time can you allow? How much money and other resources are available for incidental expenses?
- There are two basic complementary approaches to identifying resources, with one approach focusing on the resources of groups that offer services in the community for sexual violence victims with disabilities and the other focusing on the resources offered by individuals in the community.
- Once you have collected resource information, it can be helpful to put it on a map. Maps are good visual aids—when data creates a picture, understanding and insight often increase. There are several possible approaches to creating a map: Mark the resources on a large community street map, use a computer program to create a more flexible and sophisticated map, or even diagram resources on a chart, rather than an actual map, to show linkages among the different categories of resources.

A4. Creating a Community Resource List²

Purpose

Resources available to sexual violence victims with disabilities are not always readily identifiable. For example, some services may not be widely advertised and instead be provided by an agency only upon request. Therefore, service providers must be aware of all of the available resources that sexual violence victims with disabilities might potentially need. Compiling a list of those available resources creates a tool to help provide victims with efficient, seamless service delivery, regardless of their point of entry into the system.

This module is designed to help service providers to do the following: (1) develop an understanding of the benefits of having a community resource list for sexual violence victims with disabilities; (2) understand the process for creating a list of local resources; and (3) gain insight into the process of resource mapping.

Objectives

Those completing this module will be able to:

- Define resource mapping and identify the benefits of creating a community resource list;

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- Understand the basic issues to consider when creating a resource list;
- Identify the different approaches for creating a resource list; and
- Convene a work group and create a resource list.

NOTE: Agencies may be concerned about the time required to create and maintain a comprehensive resource list for sexual violence victims with disabilities. Keep in mind that this resource list can first be created on a small scale and incrementally expanded in scope. *Part 2. Discussion* in this module provides participants with an opportunity to begin working collaboratively to create such a list. Also, you most likely are not starting from scratch—not only does your agency probably have a general resource list, but in the process of completing other modules in this toolkit, you may have already begun to gather information about resources for victims with disabilities and have initiated relationships with agencies that provide relevant services.

Part 1: CORE KNOWLEDGE What is resource mapping?

Identifying community resources, also known as *resource mapping*, is a strategy for improving services to communities. It can be achieved by compiling a list of resources and/or by mapping out the resources, their physical locations, contact information and linkages with other resources (see below for more on different kinds of maps). The resulting “map” can be an excellent visual of what resources are available to the community and how to connect victims with those resources.

To help guide the work of identifying resources, the following questions should be addressed:

- What is the *purpose* of resource mapping and *how will the results be used*? Consider whether the list/map will be shared with other agencies and professionals or be available for in-office use only. Will it be used to initiate some type of action, and if so, what and how? Will it be used to improve services? Do you want to narrow the scope of the resource list to a specific group of victims (e.g., victims with cognitive disabilities) or establish criteria for including a resource on the list (e.g., only affordable housing options rather than all housing options in a community)? The answers to these questions will provide structure and direction for the mapping process.
- What is the *size/scope of the community to be assessed for resources*? It might be a specific housing development, a local neighborhood, a town or city, a region or the state. It might be necessary to identify resources outside of a particular community if victims living there seek services in a neighboring county or state due to the lack of local services and programs. The answer to this question can not only provide focus to your information-gathering efforts, but also help you estimate the time commitment involved in the process. Obviously, with a larger size/scope, more work will be involved.
- What *people* are available to do the work? Is this a project achievable by one staff person or a collaborative project involving multiple agencies? Is it possible to engage local government support or a college class for such a project, since knowing the community's resources is in the entire community's interest?
- How much *time* is available and allowable for the task?
- How much *money*, if any, and other supports are needed/available for incidental expenses?

Additional time and money to do resource mapping may enable you to increase the scope and depth. However, even with limited time and funds, much can be accomplished in identifying resources that will be helpful to victims with disabilities in the community.

What are the potential benefits of resource mapping?

The benefits of the resource mapping process to you and your agency can potentially include:

- Faster identification of relevant programs and services for victims;
- Increased interagency collaboration to serve victims;
- More networking and streamlined resources to allow better support for victims;
- Greater awareness of the community's strengths and gaps in serving sexual violence victims with disabilities, allowing agencies to work together to increase the frequency, duration, intensity and quality of existing services and supports in the community; and
- Ultimately, more flexibility and choice for victims, more victim support in navigating the system, and a more accessible and welcoming environment for victims.

Are there different approaches to identifying resources?

Two basic approaches to identifying resources complement each other, with one approach focusing on the resources of groups and the other focusing on individuals.

1. **Identify the resources of key GROUPS within a community.** The central task here is to take an inventory of the groups (agencies, organizations and institutions) that offer services in the community for the targeted group: sexual violence victims with disabilities. This process begins with creating a work group and generating a list.

- Organize a brainstorming session to develop an initial list of community resources. First, *identify and involve key people*, including consumers, who have knowledge of the relevant systems and the community. For the identified target population, input should be sought from persons with disabilities, agencies providing services to sexual violence victims, disability service providers and key community organizations that serve either victims or persons with disabilities in other capacities, such as health care providers and the criminal justice system. Other possible points of entry into the service delivery system should be considered and input sought from those entities, such as the faith-based community or schools. Next, *establish a time and place for a meeting* (it might be face-to-face or via a phone conference call). Allow for at least an hour, depending on the scope of the information-gathering needs, the scope of the community being served and the momentum of the group. Determine if accommodations are needed to make the meeting accessible to all participants (e.g., a physically accessible building, large print written materials, an American Sign Language interpreter). Be sure to *clearly define the objective(s) for the discussion, the information being sought and how it will be used.*

NOTE: See *Part 2: Discussion* of this module for a process to follow to conduct the first meeting of the work group.

- Use other sources of information to add to the list. For example:
 - o The *Internet* contains information about a variety of resources. Try using different key words to search for information (the name of the community or state, “disabilities services” and “sexual assault victim services,” etc.) or go to the websites of state level organizations as they often include links to additional resources.
 - o The *yellow pages* are free, comprehensive and often excellent sources.
 - o *Town directories*, published specifically for your community.
 - o Lists of *businesses*, available from the local chamber of commerce.

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- o *Existing lists of organizations.* Check with your library, ministerial association, Family Resource Network, Senior and Community Services, rape crisis centers, etc. Also see West Virginia 211, a general information and referral resource for community services (call 304-376-3102 or go to <http://www.wv211.org>).
- o *Lists of organizations that are not generally published.* For example, the local United Way may have a list of non-profit agencies.
- o The *local newspaper* may contain information, or provide a contact for other media outlets that may have an otherwise unpublished list of resources.
- o *Bulletin boards and other community-calendar type listings* that might be found on the local cable television.
- o *Friends and colleagues* may know of resources that are not on other lists.
- Think about how to categorize the list: alphabetically, geographically, type of services, size, free/fee for services, or other possible categories.
- Consider increasing the usefulness of the list by including a brief summary of the types of services provided and the process for accessing the services. A summary will enable anyone using the list to quickly determine the appropriateness of each resource for the specific victim being served.
- Periodically refine and revise the list.

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The following are **examples of community resources as they might be listed** in the local yellow pages or by city/county planning departments, the chamber of commerce and volunteer placement agencies. The resources are organized by sector.³

- **Community-based organizations**

- o Community service providers, including victim service agencies and agencies serving persons with disabilities
- o Advocacy groups for victims, persons with disabilities, drug abuse reduction, etc.
- o Food kitchens and distribution centers
- o Housing organizations
- o Emergency housing shelters, halfway houses, substance abuse homes, domestic violence shelters, transitional housing, etc.
- o Residential/day programs for persons with disabilities
- o Churches offering community services
- o Mental health treatment/counseling centers
- o Transportation services
- o Legal services

- **Grassroots or citizens' associations**

- o Local neighborhood organizations
- o Coalitions

- o Community centers
- o Groups for seniors
- o Advocacy groups
- o Political and leadership organizations
- **Institutions**
 - o Educational institutions
 - o Hospitals and health clinics
 - o Short- and long-term care facilities
 - o State or federal agencies
 - o Medical facilities
 - o Law enforcement agencies and other agencies providing emergency services
- **Private sector**
 - o Chamber of commerce
 - o Business associations
 - o Local businesses
- **Specific populations**
 - o Persons with disabilities
 - o Victims of sexual assault
 - o Senior citizens
 - o Ethnic/racial groups
 - o Recipients of public assistance, food stamps, Medicaid or Medicare or MR-DD Waivers
 - o Youth
 - o College students

The following are **sample questions you might ask when gathering information to create a list of organizational resources**. The extent of information you choose to gather on each organization may depend on factors such as the purpose of the resource list, the size/scope of the community being assessed, and the time and resources you have to conduct this inventory.⁴

- What is your contact information? Seek the name of the person being interviewed, occupation, address, phone number/e-mail and organizational name, brief description and website.
- How many people make up your organization (e.g., staff, volunteers, members or contributors, board members and clients)?

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- Is your organization non-profit or for profit?
- What services, products and supports does your agency provide? What are the hours of operation? How do clients access your services (e.g., drop in, call, etc.)?
- How does your organization make its services, products and support known to the public?
- What written media materials/newsletters does your organization publish? How does your organization keep its members/clients up to date on organizational activities and changes?
- What type of equipment and adaptive technology does your organization use for information dissemination/exchange or client support (e.g., computer, audio, audio-visual or video, mechanical and other)? (See *Disabilities 101. Accommodating Persons with Disabilities.*)
- What costs are associated with your services and products for clients/community members?
- Are there eligibility criteria for becoming a client/using your organization's services, products and supports?
- What other organizations do you work with/are you associated with? What other organizations does your group sponsor events with, share information with or share resources or equipment with?
- What other projects does your organization participate in that involve persons with disabilities and/or victims of sexual violence?
- What new projects would your organization be interested in taking on, directly or indirectly, related to your mission?
- What changes would you like to see in the community in the next five years related to serving victims of sexual violence with disabilities? How would you affect these changes?

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2. Identify the **INDIVIDUALS** within a community who could be considered resources.

Another approach to identifying community resources is to compile a list of individuals who are resources. Particularly in rural communities, individuals (in addition to organizations) may be viewed as assets. Identifying these individuals might be challenging because there are many more people than groups in a community and surveying them all is time intensive. Talking directly to persons representing specific populations can also take a great deal of time and energy. For example, you would need to talk with people who are deaf in your community to find out if they might contact specific individuals within their community (such as a sexual assault survivor who is a therapist and is deaf) as a resource for support.

Because of these challenges, identifying individual resources often (but not always) takes place in smaller areas within a community—a neighborhood, for example, where the task is more manageable. But regardless of the size of the targeted area, the information gained from individuals can be valuable. Below is a process for identifying individual community resources.

- Answer the five questions in the “What is Resource Mapping?” section on page A4.2 of this module. (Purpose? Size? People? Time? Money?)
- Determine how many people you want to gather input from in the community. Everyone? A specific sub-population? A few representatives that can speak to a specific population's needs rather than the entire population?

- Draft questions that elicit the information you need. Are you interested in skills or roles within the community? If it is skills, which ones? If it is roles, what specific roles are you looking for? These too come in many and varied types.
- Design a method by which these questions can be asked. For example:
 - o Will you use a survey? How will the survey be administered (mailed paper or electronic survey, face-to-face or telephone interview, etc.)?
 - o Will you use interviews of key community leaders and/or community members?
 - o Will you meet people in groups (e.g., by creating focus groups, attending a parents' meeting of the local Special Olympics organization, etc.)?
 - o Will you use a combination of the above?
- Test your questions on a sample group to make sure they actually obtain the data being sought. Based on the sample group's answers and suggestions, revise your questions accordingly.
- Add the information gathered about individual resources to the information from the inventory of group resources to create a comprehensive resource list.

How do you visually map community resources?

Once you have collected resource information, it can be helpful to put it on a map. Maps are good visual aids—when data creates a picture, understanding and insight often increase. There are several possible approaches to creating a resource map.

- **Use a large community street map with few other markings**—sometimes available from your city or county planner. Mark with a dot/tag/push-pin (maybe color-coded by type of resource) the geographic locations of the services and resources you have found. The patterns that emerge may surprise you. You may see, for example, that certain locations have varying numbers or types of resources. Those areas where few assets exist may require additional research to learn where community members go for help. (For example, are clients accessing resources outside of the community or perhaps do individual resources exist?)
- **Use a computer program to create a more flexible and sophisticated map.** This process enables the creation of “overlays”—visually placing one category of map over another, and changing the visual patterns. This type of mapping can visually show areas where different services may be clustered in a community and clearly identify where few resources exist.
- **It is also possible to diagram your resources on a chart,** rather than an actual map, to clearly show the linkages among different categories of resources.

FYI To stay focused when developing your resource list and map, ask yourself the following questions: Why am I collecting this information and what am I going to use it for? What might be some of the specific needs of a sexual assault victim with disabilities (accessible transportation, an interpreter, forensic medical care, crisis intervention, etc.) that will cause me to broaden my search for resources?

FYI Once an extensive community resource list for service providers is developed, it can be transformed into resource material for victims. However, consider the scope of information to include on such material as too much data may overwhelm some victims and lead them to feel that getting help is too complicated or difficult.

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Test Your Knowledge

Refer to the pages in this module as indicated to find the answer for each question.

1. What is another phrase for identifying community resources as a strategy for improving services to communities? See page A4.2.
2. What are important questions to ask to help guide the work of identifying resources? See page A4.2.
3. What are the potential benefits to service agencies of creating a community resource list? See pages A4.2–A4.3.
4. What are the two basic complementary approaches to identifying resources? How do these approaches differ from one another? See pages A4.3–A4.7.
5. What are some approaches to creating a map of community resources? See page A4.7.

Part 2: DISCUSSION

Projected Time for Discussion

2 hours

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in the *Part 1: Core Knowledge* of this module to their collaborative work with sexual violence victims with disabilities. Specifically, it facilitates the first meeting of a work group tasked with developing a list of community resources for victims with disabilities. The anticipated discussion outcomes include an increased understanding of the benefits to agencies of creating a resource list for sexual violence victims with disabilities, a commitment to creating such a list, and a first draft of a community resource list.

Refer to the learning objectives at the beginning of this module for specific outcomes for this module.

Preparation

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- Select a facilitator. The facilitator should be familiar with resources in the community and any existing resource lists.
- Select a note taker.
- Make sure that the work group includes plans for obtaining input from consumers, either through representation on the work group or through focus groups, interviews or surveys. Persons with disabilities and victims of sexual violence are the true experts in identifying effective local resources.
- Participants and the facilitator should review *Part 1: Core Knowledge* of this module before the discussion.
- Participants should review and bring to the meeting copies of any resource list(s) their agencies utilize in providing services in the community.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions

These activities and questions are designed to guide participants (the work group) in creating a resource list. The product can be further developed through a series of work group meetings and activities. Participants' responses to the questions and suggestions should provide the foundation for creating a work plan to complete the resource list.

1. **Using a flipchart to record the responses, have the group answer the following questions.** See *Part I: Core Knowledge* for an explanation of each question. (20 minutes)
 - a. What is the purpose of the asset assessment and how will the results be used?
 - b. What is the size/scope of the community being assessed?
 - c. What people are available to do the work?
 - d. How much time do you have for the task or how much time can you allow?
 - e. How much money and other resources are available for incidental expenses?
2. **Determine the types of resources that will be included:** groups/agencies, individuals or both. Discuss the types of resources that are most commonly accessed by sexual violence victims with disabilities in your community and the benefits of including them on your list. See *Part I: Core Knowledge* for a discussion of the types of resources and specific considerations when gathering the information for each type. (20 minutes)
3. **Identify the process that will be used to create the resource list.** Consider the following options: (20 minutes)
 - a. Will the work group provide the only input for the list?
 - b. Will surveys be used to gather information from other agencies and individuals?
 - c. Will focus groups be conducted with consumers?
 - d. Will work group members individually generate lists, collaboratively review and add to those lists, and then compile them into one master resource list? Or will one member be identified to compile a master list, review for duplications and then send the compiled list out to the group?
 - e. Does the group want to create a visual resource map? See *Part I: Core Knowledge* for a discussion of different types of maps.
4. **Identify pertinent existing lists of community resources,** such as the Internet, phone book, chamber of commerce listings, Family Resource Network directories, lists already developed by the rape crisis center and disability service providers, United Way agency listings, and statewide resources serving the target population. *Note that many agencies actually offer their services statewide through outreach efforts but do not have local offices, particularly in the disability field.* See the examples provided in *Part I: Core Knowledge* for categories of community resources as they might be listed in the yellow pages and other published listings and for sample questions to ask each organization. (20 minutes)
5. **Determine how the resource list will be distributed and regularly updated.** (10 minutes)
6. **Identify someone to serve as the coordinator of the project. Establish a timeline and identify the next steps in the process.** (20 minutes)

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- 7. Taking the extra step:** Through this process you probably identified areas of need that sexual violence victims with disabilities have that are unmet by your community's current service delivery system. As a group, discuss the impact each of these unmet needs has on a victim's ability to access services and heal from the trauma of sexual violence. Examine the possibility of partnering to meet those needs. (See *Collaboration 101. Creating Social Change.*) (10 minutes)

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²This module was adapted from the following resources: University of Kansas, *Community tool box: Identifying community assets and resources*, <http://ctb.ku.edu>; K. Crane & B. Skinner, *Community resource mapping: A strategy for promoting successful transition for youth with disabilities*, *National Center on Secondary Education and Transition Information Brief*, 2(1) (2003), through <http://www.ncset.org/default.asp>; and National Center on Secondary Education and Transition, *Essential tools: Improving secondary education and transition for youth with disabilities* (3rd edition) (Institute on Community Integration, University of Minnesota, 2005), through <http://www.ncset.org/default.asp>. These and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³Adapted from University of Kansas.

⁴Adapted from University of Kansas.

Formalizing a Collaboration

This module discusses taking the step of formalizing your collaboration and institutionalizing changes across partnering agencies that will facilitate increased access to services for sexual violence victims with disabilities.¹ One useful tool in this process is a formalized agreement among the partnering agencies. Crafting such an agreement is the focus of this module.

A document that formalizes an agreement among agencies might be called a memorandum of understanding, memorandum of agreement, an interagency agreement, a working relationship agreement or another term altogether. These documents may differ in areas such as level of detail, whether they are open-ended or time specific, etc. It is up to each collaborative to determine which type of formalized agreement best meets its purpose.

Key Points

- For the purpose of this module, a formalized agreement is a written document that identifies the common purposes and goals of two or more organizations.² It spells out the partnering organizations' understanding of their working relationship.³ A formalized agreement can:
 - State what resources and services will be shared between/among the partnering organizations to meet their common goals;
 - Define each agency's roles and limitations in service provision and in the collaboration; and
 - Identify agency-specific and cross-agency policies, procedures and training that will be utilized to assist victims with disabilities.
- Formalized agreements are jointly developed, agreed upon by a partnership and subsequently signed by agency administrators.⁴
- Periodically, formalized agreements can be evaluated for usefulness in carrying out the goals of the collaborative. They can be revised and re-signed as needed to ensure that all of the professionals and agencies involved are aware of related policies and practices and committed to carrying out the agreement.

A5. Formalizing a Collaboration

Purpose

The *Collaboration 101* series of modules offers information and guidance on how to create the foundation for a successful collaboration among agencies in order to increase access to services for sexual violence victims with disabilities. Module topics include forming a collaboration, examining current partnerships and developing a plan to enhance collaboration, identifying the community resources available to victims with disabilities, and facilitating the necessary social change that a collaboration can create. This module discusses taking the next step of formalizing a collaboration and institutionalizing changes that facilitate increased access to services for victims. One useful tool in this process is a formalized agreement among the partnering agencies. Crafting such an agreement is the focus of this module.

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A document that formalizes an agreement among agencies might be called a memorandum of understanding, memorandum of agreement, an interagency agreement, a working relationship agreement or another term altogether. These documents may differ in areas such as level of detail, whether they are open-ended or time specific, etc. It is up to each collaborative to determine which type of formalized agreement best meets its purpose.

For the purpose of this module, a formalized agreement among agencies is a written document that identifies common purposes and goals of two or more organizations.⁶ It spells out the partnering organizations' understanding of their working relationship.⁴ A formalized agreement can:

- State what resources and services will be shared among the partnering organizations to meet their common goals;
- Define each agency's roles and limitations in service provision and in the collaboration; and
- Identify agency-specific and cross-agency policies, procedures and training that will be utilized to increase access to services for victims with disabilities.

A formalized agreement is jointly developed and agreed upon by the partnering agencies and, subsequently, signed by agency administrators.⁸ While the development of such an agreement takes time, many of the details can be decided upon at earlier stages in the collaboration process and then reaffirmed when the agreement is being drafted. Periodically, a formalized agreement can be evaluated for usefulness in carrying out the goals of the collaborative, then revised and re-signed as needed. Periodic revision and re-signing can help ensure that all of the professionals and agencies involved are aware of related policies and practices and committed to carrying out their agreements.⁹

Objectives

Those who complete this module will be able to:

- Develop a draft of a formalized agreement among partnering agencies to increase access to services for sexual assault victims with disabilities in their communities; and
- Identify steps to finalize the agreement and implement it across agencies.

DISCUSSION Projected Time for Discussion

Allow two (2) hours

Developing a formalized agreement among agencies is a process and may involve a series of meetings and/or follow-up activities (e.g., seeking authorization from the administrators of the participating agencies to support the details proposed in the agreement). This discussion is designed to provide the framework for developing a draft agreement and the planning process necessary to finalize and implement it.

Preparation

NOTE: This discussion includes questions that partnering agencies can consider to generate the content for a formalized agreement. Because each community and each collaborative is different, discussion facilitators should consider whether additional questions need to be asked and additional issues need to be addressed when establishing their agreement.

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.

- Select a facilitator. The facilitator should be familiar with how to develop a formalized agreement among agencies.
- Select a note taker.
- Prior to the discussion, participants and the facilitator should review the sample formalized agreement provided at the end of this module. This review will provide context for the discussion and the creation of a collaborative-specific agreement.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

Suggested Activities and Questions¹⁰

1. Invite participants to identify discussion ground rules to promote open communication.

Utilize the following principles: (5 minutes)

- An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics. There are no right or wrong answers, only different perspectives.
- Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
- Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality.

2. Identify who will develop the written draft of the formalized agreement and be responsible for coordinating with other agency representatives in finalizing it.

This discussion will provide the text to insert into the agreement; the next step will be to bring it all together into one document. It is helpful to identify the drafter prior to the remainder of the discussion, so that person can be particularly focused on making sure the draft accurately reflects decisions made during the discussion.

For Suggested Activities and Questions 3-7, utilize both discussion activities/questions and the Sample Formalized Agreement at the end of the module to aid participants in developing the content for their own agreement.

3. Develop the introduction of the agreement.¹¹

The introduction section provides the reader with an overview of the agreement. It describes the need, the agencies involved, why it is necessary to work together, etc. It is optional to include details about past efforts or to discuss how the agencies reached this level of agreement. To develop this section, ask participants to consider the following:

- a. What agencies are involved in this collaboration?
- b. What are the purposes of this collaboration?
- c. What led them to come together to collaborate for this intent?
- d. What are the goals of this collaboration?
- e. What are the desired outcomes of this collaboration?
- f. Why is it necessary to work together to achieve these goals and outcomes?
- g. Why is this agreement necessary?

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- h. What agreements are set forth in this document?
- i. What level of detail, if any, is desired in this section on the collaborative's background (e.g., the guiding principles for the partnership itself, its service approach to victims with disabilities, etc.)?

After encouraging participants to brainstorm responses to each question, request that they develop concise statements regarding each question that can be inserted into the draft formalized agreement. (Note that some of these questions were discussed in *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity* and *Collaboration 101. Examining Your Collaboration*.)

4. **Develop the agency description section of the agreement.** This section lists the agencies to be included and provides a brief, general description of their services. It may also include a statement describing any specific services that agencies provide to sexual assault victims with disabilities. Invite participants from each agency to develop concise statements that include this information that can be added to the draft agreement.

If an organization has multiple departments or programs, consider including a brief overall description of the agency, as well as a description of the specific department involved in the collaboration (e.g., the West Virginia Department of Health and Human Resources and Adult Protective Services). Also, be sure to define any agency- or discipline-specific acronyms and operational or technical terms included. (Note that agency descriptions were discussed to some extent in *Collaboration 101. Forming a Collaboration Among Service Providers: An Initial Meeting Activity* and *Collaboration 101. Examining Your Collaboration*.)

5. **Develop the section that defines the activities of the collaborative and the related roles and responsibilities of the partnering agencies.** This section covers (1) agency roles and responsibilities in maintaining the collaborative itself and (2) roles and responsibilities of specific agencies in carrying out the goals of the collaborative. To develop this section, ask participants to consider the following:

- a. **What activities have been established to maintain the collaborative itself?** (E.g., regular meetings and trainings; ongoing development of work plans; identification of how each agency can provide leadership; staff and resources to support the collaborative; sharing of information; periodic community assessments and evaluations of the collaborative; etc.) **What are the related roles and responsibilities of all of the partnering agencies?**
- b. **What agency-specific activities have been identified to carry out the goals of the collaborative?** (E.g., coordination of cross-training; self-assessment of the accessibility of agency services for victims with disabilities; coordination with other agencies to serve victims with disabilities; creation/revision of policies, procedures or agency materials; coordination of the initial response to victims with disabilities; coordination of referrals; coordination of public education efforts, etc.) **What are the related roles and responsibilities of each agency?**

After encouraging participants to brainstorm responses to each question, request that they develop concise statements regarding activities and agency roles and responsibilities that can be inserted into the draft formalized agreement. (Note that these questions are discussed to some extent in the other *Collaboration 101* modules, particularly *Collaboration 101. Examining Your Collaboration*.)

6. **Develop the time frame section of the formalized agreement.** This section can identify the dates that the agreement is effective, as well as how it will be reviewed and renewed. If the agreement will be time-specific, ask participants to come to agreement on:

- For what time period should the agreement be effective?
- When should the agreement be reviewed, revised if needed and renewed?

Give your collaborative adequate time to implement its activities before reviewing the formalized agreement and judging its success.¹² Also, keep in mind that revising and renewing the agreement is another time intensive project and is not practical to do too often.

As an alternative to a time-specific agreement, partnering agencies may want to consider having an agreement that has no specified ending date (i.e., it automatically renews), but that can be modified upon the request of any participating agency. There are some benefits to using this strategy: It would prevent the activities identified in the agreement from expiring if the formal collaborative body becomes less active over time or if an activity is a key service to the community. For example, what begins at some point as a new practice may become the standard protocol after a period of years (e.g., law enforcement officers transporting victims to a shelter). A new chief of police, with little background information or history on the protocol, is asked to sign the 18th annual renewal of the agreement—just as gas prices have increased and his department’s funds have been cut. By being asked to sign the renewal agreement he has the opportunity to easily opt out of the collaboration and terminate a practice to which he may not have given any consideration up to this point. In this case, the unintended consequence of the process of re-signing the agreement was the termination of the law enforcement practice of transporting victims to a shelter!

Given that abrupt changes in working relationships could significantly impact victim services, the collaborative should consider the importance of continuity when developing agreements. While allowing for the periodic review of roles and responsibilities, consideration should be given to the continuity of any practices created by the partnership and how such practices might be incorporated into each individual agency’s policies.

7. Get the appropriate signatures to “seal” the agreement. This section includes the signature of a representative from each participating agency. That representative must have decision-making authority. Having agency administrators sign the agreement is a way to hold agencies accountable for upholding their responsibilities as members of the collaborative. Ask participants to consider the following:

- a. Who is the most appropriate administrator from each agency to sign the agreement? Should more than one representative sign?
- b. What is the likelihood that each of the administrators identified will support this initiative and be willing to sign the agreement? Are there suggestions on increasing the likelihood that they will be supportive?
- c. Who will request the signature from each agency administrator?
- d. What is the timeframe for obtaining the signatures?
- e. What process should be used for getting original signatures on one copy of the agreement? Who will coordinate this process?

A key factor to consider in formalizing a partnership is having agency “buy-in” into the collaboration versus having the support of one individual representing that agency. Having the agency versus an individual invest in the project safeguards the continuity of the relationship should there be changes in staff. It guarantees that the collaborative work is supported by the entire agency. Such a commitment by the agency provides more sustainability for the collaborative efforts.

If an agency has numerous departments and/or staff, consider having the agreement signed by the agency administrator and the coordinator of the specific program that will be working directly with the collaborative.

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For example, an agreement might be signed by the hospital administrator *and* the emergency department's nurse manager.

- 8. Ask participants to review/identify steps to take to develop the agreement, finalize it, obtain the necessary signatures and provide a signed copy to all of the partnering agencies.** Make sure everyone involved in developing the agreement is aware of and agrees to their roles and deadlines for completing their tasks. Ask the participants to identify the specific actions that need to be taken and the parties responsible for each step and then create a time line for completing each step. (Consider recording this information on a simple chart with headings such as the one below. To customize the chart, copy it, then edit the headings if desired and add as many rows as needed.)

Action Step	Responsible Party	Time Line

Also, ask participants to consider activities that can mark the accomplishment of producing the agreement and jumpstart the collaborative's activities. For example, partnering agencies might hold a celebration to publicize the formalization of the collaboration and follow it up with a joint training program. If participants identify and agree upon such an activity, ask them to incorporate coordination of this activity into the above planning process.

- 9. Schedule follow-up meetings as necessary** to facilitate the development of the agreement and the completion of the above steps. Identify meeting sites. (10 minutes)

<<name of the collaborative >>

Sample Formalized Agreement Among Agencies¹³

Introduction

<<Insert names of the partnering agencies>> have come together to collaborate for the purposes of <<insert purposes, e.g., increasing access to services for sexual assault victims with disabilities>>. These partnering agencies herein desire to enter into a formalized agreement, setting forth the purposes and goals of the collaborative, as well as its activities.

This collaborative developed as a result of <<insert description of why the collaborative was developed, e.g., a survey of local agencies revealed service/policy gaps and barriers that impeded the provision of effective, accessible and seamless services to sexual assault victims with disabilities>>.

The goals of the collaborative are <<insert goals, e.g., collectively build the capacity of partnering agencies to offer appropriate, accessible services to victims with disabilities>>. Ultimately, the desired outcomes are to <<insert desired outcomes, e.g., create permanent change at all levels of the sexual assault and disability systems in which effective services for persons with disabilities are fully integrated into the existing structure of victim services and advocacy>>.

Description of Partnering Agencies

Partnering agencies involved in <<insert name of the collaborative>> offer the following services, in general and specifically to sexual assault victims with disabilities:

- <<Insert a brief agency description of each partnering agency and its work regarding sexual assault victims with disabilities.>>

Roles and Responsibilities

Each partnering agency in the <<insert the name of the collaborative>> agrees to do the following:

- Actively participate as a member of the <<insert the name of the collaborative>>, participate in scheduled collaborative meetings and trainings, share information and resources related to its agency's role in the collaborative, work to implement and monitor the provisions of this agreement, share in/support the leadership, evaluate the effectiveness of collaborative efforts and recommend revisions as needed over time. <<Edit the above or add in any additional roles or responsibilities of all members of the collaborative.>>
- <<Add roles and responsibilities specific to each partnering agency in the collaborative.>>

Time Frame

We, the undersigned, commit to participate in the <<insert the name of the collaborative>> and the roles and responsibilities as described in this agreement. This agreement becomes effective on _____ and will be reviewed and renewed by _____. <<If the agreement will not be time-specific, this section can merely indicate that the agreement can be reviewed at the request of any partnering agency and revised as needed.>>

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Signatures

<<Insert signature, typed name, title, agency of each signer and date signed. Ensure each signer has the authority to sign for their agency.>>

Signed: _____
Name:
Title:
Agency:
Date signed:

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this toolkit be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, the terms “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²D. King Akers, *Balancing the power: Creating a crisis center accessible to people with disabilities* (Austin, TX: SafePlace), 115.

³King Akers.

⁴U.S. Department of Justice, 126.

⁵The following resources were useful in the development of this module: A. Duke (Ed.), *Creating a memorandum of understanding: A know your rights guide for public housing tenants in Massachusetts* (Massachusetts Law Reform Institute, 2005), based on a booklet originally prepared by the Massachusetts Union of Public Housing Tenants, *How to create memos of understanding: Training materials for public housing tenant organizations in Massachusetts*; King Akers, 97-132; SAFECOM, *Writing guide for a memorandum of understanding* (Department of Homeland Security, Office for Interoperability and Compatibility), <http://www.safecomprogram.gov/NR/rdonlyres/70169F1E-F2E9-4835-BCC4-31F9B4685C8C/0/MOU.pdf>; U.S. Department of Justice, *A national protocol for sexual assault medical forensic examination, adult/adolescent* (Washington, D.C., 2004), 30–2, through <http://samfe.dna.gov>; and *Sample memorandum of understanding* (for applicants of grant programs of the Office on Violence Against Women, U.S. Department of Justice), <http://www.ovv.usdoj.gov/docs/sample-mou.pdf>. The online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

⁶King Akers, 115.

⁷King Akers, 115.

⁸U.S. Department of Justice, 126.

⁹Drawn from U.S. Department of Justice, 126.

¹⁰Activities 3 through 7 in this section are loosely drawn from SAFECOM, 3-8.

¹¹Paragraph drawn from SAFECOM, 3.

¹²Drawn from King Akers, 113.

¹³Adapted from Red Wind Consulting, Inc., *Sample memorandum of agreement, Drafting a protocol for sexual assault medical forensic examinations in American Indian and Alaskan Native communities: Recommendations and tools for tribes and federal, state and local agencies* (draft, February 2010).