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**Coordinated Community Services for Victims of Violence**

Patricia Yancey Martin

If the police do their job, the hospital does its job, the rape crisis center or shelter functions properly, what do coordinated community services add to victims' well-being? The answer from scholars and policy makers alike is, "if done appropriately, a great deal." Coordinated services are better for victims of violence, according to Petersen, Gazmararian, and Clark (2001), Campbell (1998), Allen (2005), and Martin (2005). Furthermore, failing to coordinate can harm victims, sometimes fatally (Pence 1999). This chapter reviews research on such claims and, in the process, acknowledges that *community coordination* is not a singular practice or condition nor is evidence of its effectiveness definitive (Gamache and Asmas 1999).

On the surface, the notion of coordinated community services seems straightforward. Common sense suggests that coordination trumps fragmentation. But is coordination a benefit and, either way, do we know what it entails? Campbell and Ahrens (1998:537) say that "coordinated programs reflect an understanding of the multiple contexts of service delivery and embody that knowledge in services that are consistent with victims' needs." For rape victims, Campbell (1998:371) asserts: "[W]omen who . . . lived in communities where there was more coordination of . . . services had relatively positive experiences across all three systems"--meaning legal, medical, and mental

health.<sup>1</sup> Her conception of coordination resembles my concept of network integration concerning organizations' interactions in order to do *rape work*.<sup>2</sup> My research indicates that coordinated services are positive signs about a community for victims of rape (Martin 2005). There is every reason to assume that a similar pattern holds for other violence victims as well.

What are coordinated community services?

The concept of coordinated community services generally means that staff in multiple organizations work together for the benefit of service recipients. Meeting face-to-face, planning, developing policies and protocols, cross-training of staff, appearing on educational panels, and communicating about victims are typical coordinating dynamics (Campbell, Wasco, Ahrens, Sefl, and Barnes 2001; Allen 2005; Martin 2005). Police, prosecutors, health and mental health workers, victim advocates, rape crisis and shelter staff, and so forth, who meet face-to-face to plan, learn from each other, identify common goals, and develop practices to accommodate each other and maximize victims' welfare *are coordinating* (Martin 2005). An example is *Sexual Assault Response Teams* (SARTs) that bring law enforcement and rape advocates to the hospital to assist rape victims (Ahrens, Campbell, Wasco, Aponte, Grubstein, and Davidson 2000). Meeting face-to-face helps people get to know, trust and learn from each other and it helps victims receive services, have their sworn statement interview conducted, and obtain support and information from crisis workers at a single site, among other benefits (Campbell 1998). Helping victims in this way can be empowering, depending on whether they are given choices and allowed to make decisions that affect their lives.

In contrast to this felicitous scenario, failing to coordinate can deprive victims of services and, in the extreme, place them at risk. A deadly outcome associated with one such failure is described by Pence (1999). A police department failed to provide full information to a judge about a violent husband's prior record and the judge gave the batterer a light sentence. As a result, the batterer went free and subsequently killed his wife. Had the judge known all the facts about the batterer's record of violence, he would have incarcerated him; but, the police failed to fully investigate and report. While most instances of failed coordination are less dramatic, they may nevertheless deprive victims of needed services and support.

Community coordination takes varying forms. According to Allen (2006), following Gamache and Asmus (1999), three are typical: (a) a separate organization takes responsibility for coordinating, e.g., the Duluth Domestic Abuse Intervention Project (see Pence and Shepard 1999); (b) a staff member in each organization volunteers or is assigned to coordinate with staff in other organizations; and (c) a separate council, task force, or other similar group coordinates services and providers. The first and third structures often have personnel paid expressly to coordinate workers in multiple organizations by arranging meetings, sending memos, arranging staff training, developing protocols, and drafting policies.

Relative to rape services, Campbell says coordination entails cooperation by service providers in at least "two systems," e.g., medical, mental health, legal, advocacy, and/or rape crisis (Campbell and Bybee 1997; Campbell and Ahrens 1998). "[W]hen a hospital has a standing relationship with a rape crisis center to have advocates come to the ER to provide support during the exam process, I count this as coordinated

community services. . . The earliest elements of coordination for rape victims entailed an alliance between rape crisis and hospital that expanded to include law enforcement” (Campbell 2006). According to Campbell and associates, “[C]oordinated care comes from some type of planning effort on the part of service providers to work together” with a task force, individual, or other structure charged to keep the process going (Campbell 2006; Campbell, Sefl, Barnes, Ahrens, Wasco and Zaaragoza-Diesfeld 1999; Campbell et al. 2001; Ahrens et al. 2001).

Allen (2005:53) says formal coordinating councils (concerned with domestic violence) require participation by at least two or more service sectors (for example, criminal justice and domestic violence) and staff from three or more types of organizations (e.g., domestic violence shelter, courts/judge, and police). Coordinating councils have three aims: Improve policies and practices in the institutional response to domestic violence, increase cooperation and communication across “systems” (criminal justice, human services), and increase public awareness and responsiveness (Allen 2005:51, citing Allen 2001). While Allen makes no mention of empowering violence victims, the aim of increasing responsiveness implies that it may occur.

According to Gamache and Asmus (1999), “victim safety” *must be* the overarching goal of domestic violence coordinating councils (cf. Allen 2006). Rather than “the solution to coordination problems,” coordinating councils are a means to an end. Bringing everyone to the table will help domestic violence victims only if “the cooperating agencies are willing to hold themselves accountable ... to each other [and] ultimately to the victims in their communities” (Gamache and Asmus 1999: 86-87).

*Common understandings, goals, and practices.*

Effective coordination requires common understanding, goals and practices (Gamache and Asmus 1999). My research on organizations for two decades has shown that feelings of suspicion are common across organizational boundaries and that work overload, poor communication, and competing beliefs hamper coordination. I worked on a research team in the 1980s that evaluated a Florida law intended to improve coordination and reduce duplication, turf-guarding, and waste in social welfare services (Martin, Chackerian, Imershein, and Frumkin 1983). We found minimal agreement on the meaning or goals of coordination, much less the practices it entailed. Even the meaning of “referral” was not commonly understood. For instance, staff in division A thought referral meant sending a pink slip about a client to division B while staff in division B thought it meant bringing a client to division A or making an appointment by telephone. Staff were unaware of how those in other divisions defined “referral” and many other practices, a condition that prompted misunderstanding, prevented coordination, and harmed clients.

#### *Specially designated staff.*

Since coordination takes time, energy, and skill, workers given this duty on top of a “regular job” often resist. Expecting staff to take on the extra duty of coordinating is a mistake, according to Gamache and Asmus (1999:84), who advise hiring staff specifically to coordinate. (Alternately, existing positions can be redefined so coordinating is an official obligation.) After the murder noted above occurred, the Duluth police department hired a coordinator to compile complete information and communicate with judges about alleged batterers’ violent behavior, before their cases went forward.<sup>3</sup>

#### *Effectiveness*

Middle level management and/or frontline workers must be “maximized in problem-solving discussions” (Gamache and Asmus 1999; Martin et al. 1992) so council members will have access to victims’ lives and experiences. A council needs members who work directly with victims--*not* police chiefs, hospital administrators, or elected prosecutors—and/or they need victims themselves. For sure, councils need victim advocate members (Gamache and Asmus 1999). Only if victims participate, or some members have regular contact with them, will their needs, concerns and experiences be represented. If included, victims must be treated as full members, capable of reporting knowledgeably on their own lives.

Campbell and Ahrens (1998:567-69) say coordination helps rape victims in three ways. One, coordinated communities have better "understanding of the context of social service delivery from the perspective of the providers." Two, coordinated communities are better able to take the "perspective of the victim" into account and rape workers are more aware of how rape affects victims’ lives. Three, coordinated communities are better at representing the larger social context of rape as only one form of violence against women, educating the community about rape as violence, and linking rape to women’s systematic oppression.

Allen’s (2005) study of “community coordinating council” effectiveness (using data from 522 board members on 43 domestic violence community coordinating councils in Michigan) is helpful. She finds that, “Councils that fostered an inclusive climate (e.g. characterized by effective leadership, shared power in decision making, and shared mission) and active participation from a broad array of stakeholders were rated as more effective by members and leaders” (2005:49).<sup>4</sup> Different conditions were correlated with

positive changes in the criminal-justice system versus other arenas. For example, “Shared power in decision making was more strongly related to the degree to which they were accomplishing their goals to create changes within the criminal justice system, while having a shared mission was more related to the degree to which goals were accomplished in community sectors beyond the criminal justice system” (2005:62). “[S]trong leadership and a representative group of active members” were positively associated with (perceived) positive reforms in “the human service, social service, and community education arenas” (p. 58).

#### Evaluation

Gamache and Asmus (1999: 80) say coordinating councils can be effective only if they evaluate. Staff must be hired from the outset to collect, organize, interpret, report, and assess so the council can have feedback on its achievements. A willingness to expose internal organizational practices to other council members is required so problems, in both process and practice, can be identified. Trust is necessary. How things are going must be available for “scrutiny of [the] partners” who must “participate fully in the discussion of how problems can be resolved” (Gamache and Asmus 1999:85). Gamache and Asmus (1999: 85) say that “The coordination role is assumed by persons who possess exceptional negotiation skills and who are able to devote the time and resources necessary to adequately fulfill these responsibilities.” An effective coordinator must be a good negotiator with problem-solving and interpersonal skills and a good community organizer who understands how things are done, how to work with people, and how to facilitate discussion and consensus.

#### Community power dynamics

To succeed, a coordinating body must take “account of the existing power dynamics in the justice system and community when developing decision-making procedures and strategies for resolving problems and conflicts” (Gamache and Asmus 1999:80). This requires attention to politics with a small *p* and a capital *P*. The capital *P* refers to elected officials who must be convinced to support coordination. Florida’s sheriffs and prosecutors are elected and any request for their staff to participate will require their approval. Concerned about their standing with the public, they will oppose any activity that places them at risk (Martin 2005). I saw this in Florida when a prosecutor opposed a Domestic Violence Task Force. He thought the task force was being critical of his office and encouraging someone to oppose him at the ballot box, thus he refused to participate. When the election was over and his re-election was assured, he allowed his staff to join, although he never did, and progress was finally made.

Politics with a small *p* concern the delicacy of convincing *peer* organizations to coordinate. A case study in Florida showed how the president of a rape crisis center used “honey rather than vinegar” to convince processors in the community to form a “working task force” on rape and to view it as their “own” rather than the rape crisis center’s project (Martin et al. 1992). Additionally, conflicts must be handled in private, out of sight of the public, or else relationships may be harmed (Byington, Martin, DiNitto, and Maxwell 1991; Martin, DiNitto, Byington and Maxwell 1992; Schmitt and Martin 1999; Martin 2005). The director of a California rape crisis center said her organization pays a price for working with the establishment “behind the scenes” but that going public would deny them access to victims and to law enforcement recruits, whom she wants to train (Schmitt and Martin 1999). Thus, her organization compromises for the greater good.

Are some organizations & communities better than others?

Yes they are. Organizations and communities vary in terms of their *responsiveness* on rape (responsiveness is defined below). The better ones *own rape*, which means they place rape cases and victims on a par with other concerns such as efficiency, avoiding negative publicity, and doing things correctly (Martin 2005). They do not try to rid themselves of the pesky crime of rape and its victims by procrastinating, refusing to be trained, or downplaying its prevalence or importance.

Which organizations and communities *own rape*? Rape crisis centers most certainly do. Their specialization in rape and lack of a legal obligation for rape cases leaves them relatively free to focus on helping victims and pressuring other organizations to be more responsive. As products of second wave feminism, they work to prevent rape, help victims, and improve the quality of the community's response to victims (Martin 1990; Matthews 1994; Ferree and Martin 1995; Campbell 1998; Campbell et al. 1999; Schmitt and Martin 1999, 2007; Bevacqua 2000; Campbell and Martin 2001; Martin 2005). Police departments, prosecution offices, and the courts address rape as only one among many problems and hospitals, similarly, prioritize “real patients”—physically ill or injured—over collecting physical evidence from rape victims' bodies.<sup>5</sup> As a result, many mainstream organizations see rape as an aggravation rather than an opportunity for doing good. And, yet, despite the odds, some mainstream organizations do own rape. [I use the term “mainstream” for organizations funded by tax revenue that are legally or otherwise obligated (e.g., by local protocol) to process rape cases. See Martin and Powell (1994) and Martin (1997) on rape processing.]

Most mainstream organizations that own rape are located in responsive communities:

Responsive communities [are those that] make victims' interests a high priority . . . . Organizations in responsive communities orient their staffs to place rape victims' interests on par with the organizations', express support, say they are sorry and avoid acting confrontational. They adopt multi-agency protocols to coordinate workers so everyone knows what to do and what others will do. They train each others' staffs and cooperate to educate the public and prevent rape (Martin 2005:139-140).

So what fosters responsiveness? The short answer is: Owning rape, as indicated by *extensive interaction and coordination* among organizations in a community. Face-to-face interaction and coordination led by the rape crisis center, rape crisis center plus police, or elected prosecutor fostered responsiveness in Florida (Martin 2005).<sup>6</sup> Communities where most rape processors interacted face-to-face and coordinated efforts with each other also treated victims more responsively and undertook other activities to promote positive change.

Coordination of some form is required to process a rape victim.<sup>7</sup> At a minimum, law enforcement and hospital must interact when a victim reports and, often, the rape crisis center becomes involved. The prosecutor participates if the case moves forward. Yet organizations coordinate around issues other than victims. In my study of 105 organizations in 22 Florida communities, four issues were identified: (a) processing victims, (b) training staff, (c) developing protocols and policies, and (d) educating outsiders (Martin 2005). Responsive communities were those where all organizations interacted extensively to train each others' staff, develop protocols, and prevent rapes.

Furthermore, communities were more responsive when rape crisis centers or “rape crisis center plus police” coordinated victim processing networks or prosecutors coordinated prevention networks. In contrast, communities where a hospital coordinated victim networks or the sheriff coordinated training networks were less responsive. This research suggests that hospitals may coordinate by default in communities that lack a rape crisis center, but I have no idea why training coordination led by a sheriff diminishes responsiveness. I hope future researchers will explore this and related questions.

#### Rape crisis centers, feminism, and victims

Early rape crisis centers, founded in accord with the anti-rape arm of second wave feminism, favored political consciousness-raising to empower victims over ameliorative psychological treatment. They also favored avoidance of the mainstream to prevent co-optation (Bevacqua 2000; Schmitt and Martin 2007). Their early strategy of “standing outside and allocating blame” brought injustices to the public’s attention and often stimulated positive changes but it also provoked hostility and boycotts (Martin 2005). In the years since then, rape crisis centers promoted less radical versions of feminist ideology and practice and accepted that victims need support and counseling as well as political education. Refusing to work with the mainstream denied them access to victims and diminished the odds of producing community reforms, they found (Matthews 1994; Schmitt and Martin 1999; Campbell and Martin 2001).

This review of coordinated community services prompts two conclusions. One, most scholars and policy-makers agree that coordinated community services are a benefit to victims of violence. No research says coordinated communities are harmful, although some of my findings suggest that some forms of coordination are better than others

(Martin 2005; cf. Glisson and Himmelgarn 1997 who say communities where one organization dominates relations among others provide less effective services to children). Two, we need more research to document how coordination is done and its effects on victims, organizations, and communities. When we know more about particular conditions and practices that produce coordination, and that coordination produces, our ability to provide guidance to activists, policy-makers, and professionals interested in helping violence victims in their communities will improve (DiNitto, Martin, Maxwell and Norton 1989; Byington et al. 1991; Martin 1993; O’Sullivan and Carlton 2001; Konradi 2003; Allen 2005, 2006).

Although imperfect (Martin 1990; Scott 2006), rape crisis centers are vital--and rare--outposts of feminist activism. They promote feminist conceptions of rape and they work for change, using an “occupy and indoctrinate” strategy (Martin 2005; Lord and Rassel 2000; Campbell 1998; Schmitt and Martin 1999; Bevacqua 2000). Instead of standing outside, most now work from within (Schmitt and Martin 1999). Does this strategy co-opt them? To a degree, yes. And yet, they do much more political work about, and promote more feminist understandings of, rape than their mainstream associates do (Martin 2005). Mainstream processors may also embrace feminist conceptions of rape more than previously, due to associating with rape crisis centers (Byington et al. 1991; Martin 2005). In any case, rape victims are treated more responsibly than previously and rape crisis centers are largely responsible for this result.

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<sup>1</sup> Campbell (1998) found that 32 percent of victims had relatively positive experiences with all three aspects of the processing systems--legal, medical, and mental health—whereas about 39 percent had beneficial outcomes only with the medical system and a final group, 29%, had difficulty with all three. Campbell et al. (2001) compare rape crisis

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centers with medical, mental health and religious organizations in terms of victims' "healing" versus "hurtful" experiences with them after a rape.

<sup>2</sup> Rape work consists of:

. . helping victims, examining victims (their statements, accuracy, behavior), testing victims, collecting evidence (physical and verbal), . . moving victims through a community's legal, health and social service systems . . delving into the backgrounds of the accused rapist and, as a rule, the victim, . . investigating and prosecuting rape crimes, presiding over legal proceedings, cooperating with other organizations, developing protocols, training staff, teaching outsiders about rape, and preventing rape. (Martin 2005:13).

<sup>3</sup> Police departments can obtain funds from the federal Violence Against Women Act (VAWA) and/or Victims of Crime Act (VOCA) to hire a coordinator for such tasks.

<sup>4</sup> Allen (2005) lacked data on "external" (community) outcomes but she calls for attention to both "internal" and "external" effectiveness. Internal refers to the issues she studied—leadership, climate, composition--and external refers to material improvements in the community. I concur. Whether coordination is beneficial should be assessed relative to internal (council) conditions and dynamics and the impact of coordinating efforts on victims of violence (e.g., did internal conditions and external practices empower battered wives to leave their partners?).

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<sup>5</sup> These conditions prompted me to label hospitals as a “reluctant partner” in rape processing work (Martin 2005).

<sup>6</sup> *Direct interaction* refers to one-on-one transactions, such as meeting face-to-face or talking by telephone or writing letters; *indirect interaction* refers to connecting through a third (or higher) party. For example, when police interact with hospital and prosecutor, they create a direct linkage but if the hospital and prosecutor do not interact with each other, they can still be indirectly linked through their relations with the police.

<sup>7</sup> Coordination is *not* domination. Coordination is a linking function whereas domination means all relations among organizations in a community run through a single organization, e.g., as spokes of a wheel must go through the hub to reach each other. Similar to my results on rape, Glisson and Himmelgarn (1997) found that community services for children are less effective when one organization dominates relations among others. I explain how domination (or centralization) and coordination differ in my book (Martin 2005).