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MS. ROSEN: ...with domestic violence since 1981, and I've worked in two different shelters, both in the Lansing area. When I was at the Council Against Domestic Assaults in 1981 through 1985, there were a lot of people that would come to us and request to do research, because we're so close to the university. A lot of graduates would be wanting to do research or to work on a dissertation or sometimes students just working on a paper would want to interview people and maybe meet with two or three survivors. So there was quite a range with the type of research requests that we got.

I have a history with -- I got my bachelor's in social work at the time that I started at CADA and I knew nothing about research. I learned a little bit of methodology courses and stuff, but nothing really, and then later I got my masters, but when I first worked at CADA, I knew nothing about research, and so I was in no position really, to assess what type of research we should take on or not, and really none of the staff were, and we didn't have any protocol there in terms of how to handle it. The way it worked is somebody would call on the crisis line or would contact a volunteer or staff member at CADA and say hey, I want to do research, can I come and do it at your shelter. What we basically did very informally is whoever was asked
would bring it to the staff meeting and the staff would usually delegate one or two staff to meet with the person and then come back to the staff and decide whether to take it on or not. We're really service providers. We don't really know a lot about all the details about how one conducts research and all the issues, so for us to review that without really thinking about it, it was really quite dangerous in the 80's and 90's, but we did it, and I'll give you --

As I said, I'm not much of a researcher, but I'll give you a couple examples of damaging research that some of you might be familiar with. In the 80's, of course, there was Gallison Stress that showed through the studies that women battered as high a rate as men, if not higher, depending on the study, and they used the conflict tactics scale, and they didn't really look at the intent of the violence and they didn't really look at how one's self reports or reports one's partners violence. We don't really know -- I don't know if there's a study that talks about -- if anybody knows -- the difference in gender in how one reports violence for yourself or your partner, but we certainly know that there's a difference in when one is victimized with violence, how much you report it versus if you're a perpetrator of violence. When you're a perpetrator, the denial level and the blaming other level is real high, and so when you're
dealing with interviewing perpetrators and victims, right there that sets up real inaccurate information. So that’s a real damaging study for us service providers and for battered women and for researchers, because people are convinced that men are battered at as high a rate if not more than women, so that’s one example.

Another one that I remember that -- this was in the 90’s, when the issues of domestic violence in the lesbian and gay communities started to be discussed. There was an article I read not too long ago, and I’m sorry I can’t quote who it was, that talked about a student who was just at a university and she did a paper and she interviewed lesbians who were battered, and she documented within her paper the rate of battering that occurred within the population that she interviewed. Another researcher took her study, somehow got hands on her paper and quoted that and compared it to rates of women who were battered by men and made the claim and published it, that lesbians batter at a higher rate than the battering that occurs in a heterosexual relationships. Then somebody went and discussed that to the student who wrote the paper and she was like no, that’s not even where I went with my research and that’s not even accurate, so that’s another example of how those of us who aren’t researchers can take a fact and assume it’s correct, and there’s some real damage to that when you’re talking about
domestic violence, because as we know, people don't understand the dynamics of domestic violence and there's already enough victim blaming that occurs when you get research to back up statements that demonstrate that women, whatever, batter at a higher rate than men for instance. That can be very damaging to service providers.

Just so I have a sense -- How many of you in this room are domestic violence service providers? Okay. How many of you think of yourself as researchers? Okay. That's helpful. When I was at CADA, we got research requests a lot and I'll give you three examples of how we handled it at that time. With one example, we really didn't take part in the research. In another example, we took part very minimally, and in the other example, we took on a collaborative relationship with Dr. Chris Sullivan, and I'll briefly explain the different examples.

With the one research where we didn't really -- We decided as a staff to not take it on. It was somebody that was doing research and her premise when she was doing the study, was that women who were battered are more depressed and have a lower self esteem than women who were not battered. I wasn't really clear if her premise was that that's why they were battered, or if battered women are more depressed and have a lower self esteem. She wasn't really clear either, but the staff didn't feel like we could take
part in research like that, because she didn’t have any real understanding about what domestic violence was, and it felt like the type of research she was going to do, could put the survivors of people who came to our shelter in danger. Now, at that time, we just said sorry, we can’t help you.

Now, there are things we could have done, and we’ll talk about that after Dr. Sullivan talks a little bit about the collaborative research we’ve done. I’ll talk about recommendations we have for you, for those who are domestic violence providers, and researchers, in terms of looking at how you can do research safely, but at that time we just said sorry, we can’t help you out. There were some other options where we could have done the research.

Another example is somebody who wanted to do research on dreams and she believed that all battered women have flashbacks and bad dreams because of the domestic violence. That wasn’t my experience with working with survivors, but I didn’t know. I mean we didn’t always talk about that. Basically, what she wanted to do was interview women and she did have a payment that she could pay them, $10 or $15 for the interview. We didn’t feel at the time that we wanted to take part in allowing her to have access to all the files and to call people up and have contact with our residents, but we didn’t want to discourage. There might have been some interest there for people who are survivors to take...
part in that kind of research, so we posted a flyer. I mean
that was an option that we decided to do. It was in our
shelter and in the counseling room. We just said if you are
interested in taking part in this study, this is the person
to contact.

Now, I don’t know, because we never had follow up from
that researcher, where that led. She may not have gotten
any calls, she might have gotten tons of calls. We did not
talk about come back to us in six months, come back to us in
a year, share what you’ve found and we’ll keep working on
that, which is part of the recommendations we’ll talk about
after Dr. Sullivan talks. That’s another example.

The third example is -- When did you approach CADA?

DR. SULLIVAN: In 1982.

MS. ROSEN: In 1982, and I started there in 1981, so it was
soon after I had started with CADA. Chris Sullivan
contacted CADA and was actually involved, and she’ll talk a
little bit about that. She was very involved in CADA. She
decided she wanted to approach the staff and talk to us
about doing an advocacy project, very in depth. I mean
we’re not talking about just interviewing a few people.
We’re talking about real in depth survey, and it has led to
wonderful things and a wonderful, collaborative relationship
over the years, which has continued since I’ve moved on to a
different shelter within the same area, MSC Safe Place.
I’ve continued to be effected by the different research that she’s been involved in, in terms of having the clients at my shelter now, have contact and be interviewed and stuff. So with that, I’ll turn it over to Chris Sullivan.

DR. SULLIVAN: I’d like to just talk a little bit about the research that Holly was just mentioning. I have to come out here and walk a little bit, because I am an academic and we can’t talk without walking back and forth. When I first approached CADA, I was a graduate student at Michigan State in community psychology, and some of the tenants of community psychology are that we believe in doing social action research. Not research just to gain information, but to really try to make a difference, to create positive, social change. We also believe that research should be collaborative, that the people most effected by any social problem are really the experts on that social problem, not necessarily someone who simply received training in various methodologies and how to do data analysis. We really do believe that you get better research if you collaborate and that you don’t want to just care about the research process, but that when you’re done you want to know that you have tried to make social change and hopefully have been effective at that.

We also believe in what we call the competent community, in that we look at people’s strengths and we look
at community's strengths and we try to build on those strengths, instead of the more traditional psychology which is looking for deficits and trying to change those deficits. That was the framework that I had, and I knew that I was interested in trying to work in the area of ending violence against women, so that's why I approached the Council Against Domestic Assault and talked to the staff there about can I volunteer and start talking with women and see where this leads. I went through the training program, I volunteered a lot, I ended up facilitating support groups, and all the while I was talking with the women and the staff and the volunteers to really educate myself about the issue, because I knew I wanted to use research to create social change, but that was all I knew at that time. At the same time, I was reading the academic literature, which in the early 80's, there wasn't that much of it. I probably read the fifteen things that were out there, and of course, they were all talking about these rather pathetic women with low self esteem who simply needed to change their cognitive sets to learn to leave this abusive relationship. Then I would go and meet with women in the evening and realize that these were some of the strongest, most courageous women I had ever met in my life, and I couldn't figure out who these researchers were doing their studies on, because it certainly wasn't any of the women that I had had the
pleasure of talking with.

In talking with women over time, it became clear, as it became clear to all of you, that there were a lot of commonalities, and that what a lot of women were facing was that their communities were not supporting them. They were calling the police and the police weren’t responding, prosecutors weren’t responding, there was insufficient, affordable, low income housing, no child care, no transportation. You know. I don’t have to tell you.

That’s where we decided to focus. Women were telling me while I’m here at CADA, I have all these services and all this support, but when I leave, I feel like I’m sort of dropped in this void. Of course, this was the early 80’s, and we didn’t have a lot of the non-residential and ex-residential services that we now have. So that’s also a historical change.

At that time, I was familiar with the project through Michigan State, where we were training under graduate students to go out in the communities and work with adolescents who had gotten in trouble with the court system. So I was familiar with a way that you can train under graduate students to be social change agents, and I talked to the women about that and said what would you think about when you leave the shelter if you worked with a student for a certain period of time helping you get all of those things
from the community that you might need. The women that I was talking with -- I ended up with sort of a small group that we would meet every week and try to iron out all these details. They really liked that idea, but together we had to iron out all the details. We had to decide together how long would the intervention last, how many hours a week would they meet with the student, what kind of training would I have to give this student, because what the women were really most afraid of was that I was going to send some pip squeak in to tell them how to run their lives, or someone who thought that they knew better than they did, what they needed. We really talked about let's make sure that's in the training and in the supervision, that the woman would run the intervention.

My job was to train students, train under graduate students at Michigan State University in learning about domestic violence, replacing all the myths they had with facts, learning about how they could be effective advocates in the community to make the community more responsive to women. We believed that the women didn't need to change. It was my perception that the women were doing absolutely everything under the sun that everybody could expect, so there was nothing else they needed to do differently, but they still needed someone to go with them, to be supportive, to call different community members on their issues when
they weren't giving women what they needed and because all the women's situations were unique, I wanted to make sure that the training involved, being able to advocate in any number of ways for women, because I didn't want them to just be legal advocates, because not all women use the legal system. I didn't want them to just be medical advocates, because not all women need medical advocates.

The training had to involve transportation issues, child care, health care, employment, education, social support, legal issues, all of those kinds of things so that whatever came up, the advocate would be able to deal with. We decided together how long the intervention would last. We decided on ten weeks, because it seemed long enough to make change happen, but short enough to minimize the risk of dependency on either part, or people just thinking well, we don't have to do it this week because we have plenty of time. We came up with four to six hours a week that they would meet with an advocate, because that seemed a long enough period of time during the week to actually get some things done, but it was also a reasonable amount of hours to expect a student to be able to put in.

The point is we really worked out everything together because they knew what would be realistic, what they wanted, and I knew from working at Michigan State what kind of training I could provide students and what was realistic.
from the student’s prospective.

I’m not going to get into all of the results of this research, but I did bring a report on it for those of you who are interested in the results. The other thing is as the researcher, I wanted to know if this intervention would work. If women received advocates, I wanted to know was that effective in helping them get the resources they needed, in improving their overall quality of life, how they felt about things, and hopefully that it would decrease their risk of abuse because the thought was if women had the resources they needed, meaning they had the personal protection order if they wanted it, they had the divorce if they wanted it, they had access to housing, that that might protect them from the assailant’s abuse.

The only way as a researcher that I could think of to do that would be to have a control group, which means half the women don’t get the services. Now, this is often where there’s a conflict between researchers and service providers because the service providers always go that’s unethical, we can’t have half the population not getting something, and I agree with that if the service is already available to everybody. In this situation, we knew that we’d never have as many advocates as there were women leaving the shelter anyway, so we knew not all women would get the services and it seemed to be the fairest way to decide who would get them.
and who wouldn't, would be randomly instead of anybody saying you deserve it, you don't. It was kind of a nice set up to have a control group and that worked out well.

I also wanted to interview women over time. I wanted to talk to them every six months for two years, because no one had done that yet. No one had really asked women themselves what was going on in their lives. We were making a lot of assumptions, but we didn't know for sure, and the researchers at that time were saying you can't do that, this is -- because it was a shelter population, they're low income women, and it's like you're never going to be able to find them over time, because they're going to move a lot. They're low income, so they move a lot. They're escaping a batterer, so they'll move a lot and no one will help you in their family or friends find them because they're protecting them and they don't have phones, etc. Again, I sat down with the women and said how could I find you over time, because I think it's really important to hear from you over the next couple of years what's going on so that we can decide how to help the community become more responsive to your needs.

They helped me design the protocol to find women over time. They helped me realize that you've got to go out into the community, you can't sit in an office and use the phone. We talked about release of information forms, having an 800
number, all kinds of things that are very extensive protocol. Paying women out of respect for their time and finding them. Because of that protocol that they developed -- They really gave me all of these insights. I ended up getting the money to do the study and interviewed women every six months for two years and we found and interviewed 94% of them or more at any given time period. That was because they came up with that protocol.

Collaboration works for everybody. It works for the researcher because the study is better. I wouldn’t have come up with this intervention on my own, especially if I had just been paying attention to the professional literature at the time. I wouldn’t have come up with something that worked. Let me back up and tell you that we did find out that it worked. That’s the good news too. We interviewed women over time and found that even two years after getting this very short term intervention, women who had worked with advocates were experiencing less abuse, higher quality of life, higher social support and had an easier time getting what they needed from their communities.

It’s very exciting partly because we know a lot of shelter programs, a lot of domestic violence programs are doing advocacy and everyone always wants to know is this working. Now at least there’s some evidence that this particular program did work. That kind of collaboration was
helpful for me as a researcher, because I was able to have a strong study. I was able to find women over time, to make sure that I could trust the results I was getting. Of course, if you can only find 60% of your sample, you can't really trust what those data tell you, because the 60% you found is going to look real different from the 40% of the women you didn't find. That's why it's very important if you do research over time that you talk to everybody.

It was good for the women because we were able to come up with a program that women found effective. Now we're in the process of trying to disseminate that program in various areas. It was also helpful for CADA, because one, they wanted to expand services for women, so they were excited to support something that was giving women more services, but also a couple years into the research, I was able to sit down with CADA staff and write a grant proposal for a new position at CADA for a full-time advocacy coordinator, because we had reason to believe that this was helpful to women and they did get money for that position, which is now an institutionalized position at the program.

Collaboration works for everybody when it works. It just makes sense. It's not just the ethical and right thing to do, but it really does pay off for everybody. I want to give you one example. When we talk about collaboration, there's two different things that can occur. One is when a
researcher approaches the domestic violence program and wants to do their own thing. The other thing is when the program is looking for an evaluator. There's a little bit more out there on that and we're not going to talk as much about that today, but our belief is you still have to really check out that person.

Just to give you an example of some collaboration I did a couple of years ago, where I was approached to be an evaluator was the Pennsylvania Coalition Against Domestic Violence. They were looking for someone to help their programs figure out how to look at outcome, outcome evaluation. That's the big thing now. Everybody's freaking out about outcomes. Somebody at PCADV had heard about my work, so they brought me in and they kind of checked me out, read some of my work, talked to people and then decided that yes, they wanted to collaborate with me, for me to help them develop outcomes for programs throughout the state. What that meant -- It took us about nine months to do this, because we went across the state and met with all the domestic violence service providers, got their input. Then I would go away and come up with a draft and share it with everybody again, get their input, keep sharing it. It had to go back and forth to come up with some outcomes and an outcome manual that we knew people would like, that they would use. Part of that collaboration is now they want me
to shamelessly hock this manual that they have for sale, that people have found helpful doing outcomes. One of the chapters in here is on when do you need an external evaluator and how do you find that person, how do you get that.

We’re going to talk more today about the other situation, which is when researchers approach you, because that’s one of the downfalls, I think, of all this money being available. We do have some researchers who never were interested in this area before, never did anything in this before because there wasn’t money in it and now there is, and they’re coming out of the woodwork. At least with some of the granting agencies, Violence Against Women Office, and National Institute of Justice, those folks are saying it’s got to be collaborative research, you’ve got to get out there and collaborate, as opposed to when they used to at the last minute say could you sign this support letter. It’s happening more and more and a lot of people are having negative experiences.

As Holly was saying, a lot of service providers don’t know how to recognize really bad research. Holly and I and the Michigan Coalition Against Domestic and Sexual Violence, have been working to create a protocol that some programs might be able to use when they’re approached by researchers to really have their own internal review process to decide
whether they want to work with this researcher or not. We’re basing that in part on a wonderful theme that Susan McGee wrote that we made copies of for everybody, that also talks about she has some guidelines of what she makes researchers go through who want to work with her at her program at Ann Arbor.

I’m going to turn it back to Holly, who is going to talk a little bit about where we’re at with this current protocol.

MS. ROSEN: There are two documents that we’re going to hand out related to that. One is this green flyer from Susan McGee and also this packet here that is our draft protocol. It’s in draft, because we’ve just been working on it for the last few months.

I just want to say that we were very lucky with Chris Sullivan. She went through our training and we trusted her. We said go ahead, do this support group. We felt that she understood the dynamics of domestic violence and was not victim blaming and was very aware of the community in terms of it having an important role, of whether they’re supportive or not for battered women.

Those of us who are advocates, or who are domestic violence providers, I know that if you’ve done it for more than two years probably, you kind of look at people as either getting it or not getting it. Like if you’re
involved in -- I mean when you start out with volunteers at the beginning of your training, maybe this many of them kind of understand the dynamics in domestic violence and the victim blaming. A lot of people just don’t understand. I didn’t before I started this work. By the end of the training, hopefully everybody gets it and if they don’t, they’ll get it before long.

When you are involved in community work, in terms of collaborative community coalitions or responses -- whatever you are doing with your prosecutors and police and all the people that you’re working with, there are people who get it and people who don’t, and then there’s people who get it sometimes and then they say these victim blaming or whatever responses and you’re like they don’t get it, I thought they did. Your trust in them drops a little bit. That’s the way we are when we work with domestic violence survivors, because all it takes is a few victim blaming comments or responses from the community to shut a door for that woman, and the same thing is true for researchers.

It’s really important for those of you who are researchers to try to get it. Some of you may already get it and that would be because maybe you grew up with it or you knew somebody, but even that doesn’t guarantee you get it. Maybe you’ve worked with it or been trained in it or volunteered in it at a shelter or whatever. It’s real
important for researchers if you’re going to approach
domestic violence programs, to show and demonstrate that you
understand it. We probably trusted Chris Sullivan more than
we should have, now that I know more about it than I did.
Chris would, while she was doing research with us, she’d
sometimes hear about the graduate student who was
approaching us and she’d say let’s look at the implications
of that one, and she’d help us process as a researcher, kind
of how to respond to other researchers that came to us with
a request and it was very fortunate, because it really -- we
took a big risk and it could have backfired big time on us.

I think it’s important as those who are working with
victimless prosecution, they look at safety first before
prosecution. I think for the research, we need to look at
safety first and then research outcomes. I think it’s
really important for us to look at that. This handout here
kind of has some step by steps to think about if you’re the
researcher or the provider, to consider. In some
communities, it will be easier to implement this than
others. This is just a draft and things to think about.
One thing to think about is if you are aware of any
researchers within your region, and that could be like Chris
Sullivan in Lansing, Michigan, that could be part of this
region -- If you know people who have done research or you
trust people because of the papers they’ve written and they
know about research, that’s somebody to contact and talk about whether they would be willing to be on our review panel. If there’s any way that you could have a review panel in place, especially if you’re in a shelter or program near a university that approaches you a lot, it’s probably in your best interest to come up with a plan before you’re approached and think about how would we handle it.

Sometimes when you have a research request, they really pressure you and it’s hard to pull together something.

DR. SULLIVAN: You must collaborate quickly.

MS. ROSEN: To think back, how many researchers would do what Chris did, in terms of going through our 40 hour training, working in the shelter, going to support groups, talking to women, taking back some ideas and then talking to women again. I mean that’s really, really good excellent collaborative work, and not all researchers are not able to do that. A recommendation in Susan McGee’s and it might be in ours is that any researchers go through your training, if not all of it, some of it. The domestic violence 101 pieces, they should at least go through that at a minimum. Then if they’re able to volunteer a few times, it makes a difference. To do that or to do ride alongs. Those are the kind of experiences that really change your prospective, so that you get closer to getting it and maybe you get it right away.
Getting back to the review panel. While we were talking, Chris Sullivan and myself and the representative from the Michigan Coalition Against Domestic and Sexual Violence, we were trying to think who would be on this review panel, what's a good idea, and having a researcher is probably a good idea, because those of us who are service providers just don't always get it in terms of the research part. It doesn't have to be someone in your community. With the type of communication we have now, with teleconferencing, e-mail, whatever, you can communicate and have some kind of review panel that doesn't have to meet face to face. A researcher on there is a good idea.

Having someone from the service providers in the area or region is a good idea. If you have an active state wide coalition, domestic violence and sexual assault coalition, having a representative perhaps who would be willing to be on a review panel would be wise, and then having people from your program and having women who are formerly battered or who are going through your program, if any of them are interested in being on a review panel when it's needed, so that when research comes to you, you can sit down, get the information from the researcher, go to the review panel, get some ideas, get back to the researcher and go from there.

We also included a sample application that the researcher could fill out. Now, I didn't know what human
subject approval was before all this, but any researcher knows that you have to get human subject approval when you’re doing this type of research. Any university or research institute or place that would oversee the research would have a human subject’s approval board or group and you as the advocates or domestic violence providers should see the written documentation that there has been human subject approval. I mean I certainly wouldn’t have thought of that. That’s in there too. Having them go through things that they would agree on. For instance, Chris Sullivan has always been very open with our staff when I was at CADA to say this is what we have found in our research and in practicing with us on the conclusions before publication and then as it goes to publication making sure that we get copies and that we get that feedback. I think that’s really important to have researchers agree that if you are going to do research at our program, you’re going to have access to our files, you’re going to have access to our clients, that when you get the results, that we can have input as to how we’re going to conclude those results.

If you know about research, you know that you can draw thousands of different conclusions from it. It really depends on your prospective and how you analyze the data. For instance, the study that showed that women batter at a higher rate than men. If you really look at the dynamics of
the behavior within the violence, you could draw a totally different conclusion. It's really important to have providers be involved in the conclusion drawing and to have the researcher agree that if you disagree with the conclusions that the researcher comes up with, that they would put that in writing within the research outcome. That this is the conclusions that we came up with, those who are involved, we acknowledge that MSC Safe Place and the Council Against Domestic Assault provided us with access to clients and they disagree with our findings. At least then when people are reading it they can see that okay, not everybody agrees with it and it gives a different prospective on it. That's another thing.

Safety is really important. This is what you get in the training. When you first start volunteering at a shelter and you have to return a call to somebody who has been coming to the services, you're just going to pick up the phone and dial them and ask if Chris there, even if some guy answers the phone. Who is this. Okay. You might have just put Chris in danger, because the assailant might have answered the phone. When you're in training you understand that there are certain safety issues to consider when you're calling a woman who is being battered at her home or at her place of employment. For me, I learned 15, 18 years ago if I call a woman and a man answers or even a woman that I know
isn’t her voice, I’ll say is Holly there and they’ll immediately, no suspicion, they’ll say sorry you have the wrong number and they’ll hang up, and I don’t have to think of the name because it’s my name, and that way I don’t even -- It’s not even hi, is Chris there, no, who is this, I’ll call back later. Then he’s like who just called you, some woman called you, and then there’s suspicions and accusations and stuff. That’s a dynamic that those who do advocacy for women who are battered know. It’s a given.

If you’re a researcher and you aren’t trained in that, how are you going to know that. That’s just one example. Caller ID puts a whole other technical -- When caller ID came out, we had to have a lot of staff training, some say what’s the implications of this, blocking if you’re calling from home, because you don’t want people to know what your home number is, that kind of thing. So there’s a lot of implications that you have to look at.

I think that’s it since I’m running out of time. After your presentation, we’ll open it up for questions.

MS. CHINO: I’m going to talk a little about collaborative research, but I’m going to come from my experience in Indian country. We have done a lot of research with tribes. I am a tribal member. I’m also a researcher, I’m also on the IRB, so I’ve seen research from many different perspectives. I wanted to share some of the things that we’ve learned
along the way, because right now there's a big push among tribes to really limit research and restrict research and to develop tribal research protocols, which is a really good thing because a lot of damage has been done. Because we're at this end of the continuum now working on restricting research and developing research relationships, I think we can really share some of what we've learned along the way with people who are still kind of on that journey. I call this lessons from Indian country.

I thought I'd start with a couple definitions of collaboration. This one is a really good one. Collaboration is a mutually beneficial and well defined relationship entered into by two or more entities to achieve results they are more likely to achieve together than alone. I liked it because they talked about mutually beneficial and relationships and achieving things more than they could achieve individually.

I also found this definition which I like a lot and I think is probably a lot more descriptive. Collaboration is an unnatural act among unconsenting adults. No matter how we choose to define collaboration, I think everybody will agree that it's not easy, it's very difficult as one very astute focus group person said.

If collaboration is so difficult, why do we need to do it? Why are we bothering? Other than the fact that federal
funding agencies are now saying let’s collaborate, there are other really important reasons to collaborate. For one reason with domestic violence, there are multiple manifestations of domestic violence. It’s not a simple cause and effect relationship like it is with some other research issues and research questions. It’s very complex where there are causes of domestic violence we don’t even understand yet, and the manifestations go beyond physical causes and injury to emotional issues, social implications, political implications. Not only are we talking about an issue that results in injury and death, but it’s also a criminal issue. So as researchers, we really need to keep all this in mind.

It’s also a sensitive issue as everybody in this room knows. I mean it effects us emotionally and it effects us physically and it effects us in many other ways and we have to acknowledge and understand the fear, the guilt and the confusion that may surround this issue for both participants and for researchers.

Domestic violence is also a multi disciplinary issue. Again, I’m probably preaching to the choir here, but every time you begin to address the issue, you have to include health and justice and social services and education and employment. It effects every facet of our community and almost every facet of our lives. The impact goes far beyond
just the individual. It effects the individuals, couples, families and entire communities. There are really important reasons to get everybody to work together on it.

A couple of reasons why it's so difficult is for one thing we're bringing a whole group of people together who have very different perspectives and very different perceptions. We all may have that same common goal to build healthier communities, but we have different ideas about how to get there and different ways of understanding situations, no matter how much we know about the issue. We also have opposing self interests. Many of us do this work for very personal reasons. I mean I'm one of those people who does this work for very personal reasons, and my reasons lead me to look at maybe this piece of the issue and somebody else wants to look at that piece of the issue. Participants have their own reasons for participating in research and we have to honor and acknowledge those differences.

Researchers and researching collaboration is also about power and control, which is interesting, because domestic violence is also about power and control. Any time you get human beings together there's going to be some struggle over power and control issues and we have to acknowledge that within the research setting and within the collaborative.

What have we learned about collaborative research in Indian country, and we're still learning. We're still on
our journey, believe me. Many tribes have come together now, because we've had to. We've seen the devastation of domestic violence in our community and we don't have always the expertise within our communities to address this issue effectively. We also have a history of turfism between agencies that are funded from several different sources that don't want to give up scarce resources to work together. There's a fear of coming together. There's a history of disagreement that have gone on for generations. It really forced us to kind of rethink the issue. We also, as Indian people, had to call in researchers from the outside and believe me that's really scary, because these people have done so much damage to us in the past, how do we rebuild those relationships.

I'm going to talk about three of the main lessons that we've learned. One is that we need to recognize the different needs that exist between the community, the research community, the providers and the participants. We need to learn from our past experiences and we need to build collaborative relationships between communities and researchers. We've learned that yes, we have to do this. We cannot do it ourselves. We cannot allow researchers to come in and do it without us. We have to have that collaborative relationship.

When we're talking about different needs -- I just
really took a leap here and tried to sum up what researchers want and what communities really want. I think maybe this is okay, because on one hand researchers, we really want to understand the big picture. We have feelings, we have ideas, we have things we want to test and we want to be able to generalize to other populations. Communities want to know what's happening within their communities. Providers want to know what's happening with the women in my community, what's going on here. They really don't care about things as much that are going on in other parts of the country, so there's a difference right there. Researchers want participation. We need that sample size. The more the merrier. I mean it's really important. We really want that powerful end. Communities, they want respect for the people who are going to participate in the research and I'll talk a little bit more about what respect really means, and researchers want publications. I'm not trying to be flip here, but we really want to share what we've learned and we want feedback from the academic and the scientific community and we want to know -- this is what we've learned, let's ask the next question. Communities want solutions. They want to know how to solve problems and they want strategies for solving them. Right up front, we have very different needs, and if we can acknowledge them and understand them, then we can maybe begin to address some of the issues together.
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Briefly, the history of research in Indian country has been, like I said, devastating, but it’s helped us to define kind of where we’ve been to where we want to go, and I think this probably holds true for a lot of communities where research has come in. At the very bottom is what we call safari helicopter run research, where the researcher comes in without asking, takes what they want, goes off, publishes and nobody ever hears from them again. I think fortunately, we’re getting past that a lot. The next level up in acceptability is the research reports back results. Unfortunately, this doesn’t always happen and we still have to remind them can we please hear back what you found. The next level is the community and the researcher negotiate what we call quick pro quos. It’s like well, I as the researcher, will come in and do this for you and in turn, can you help me increase participation, can you help me understand some of the issues, define the context, things like that.

This is kind of where we’re at right now, but we really want to progress even further. We really want to get to these next three steps if possible. One where the community and the researcher both build capacity. We don’t just do things for each other, we learn from each other. The community gains skills, research skills and information, and the researcher gains skills about the people that they’re
working with, and they gain skills about the issue. Like Chris and Holly said, make the researcher attend the training. They should learn as much as they learn from the community. Even going beyond that, ideally, the community and the researcher should be partners. They should come together and develop the ideas together, but ultimately what we’re trying to reach for in the Indian country is where the community determines and initiates the research and then solicits the researcher. Ideally, for tribes that will work best, but this is -- we’re working in that direction and that’s not always true, but if we could at least try to get to this point, then we could probably get a lot more effective research done.

When we collaborate on research, who benefits? I think everybody benefits. The participants benefit, because they have a chance to learn something about themselves, their communities. They have a chance to be altruistic ultrasitic and participate in something. Researchers benefit. The quality of all our research when we collaborate with a community goes up enormously. I mean what we learn, it may be more difficult, it may cost more, but we learn more, and the communities ultimately benefit, because the participants have learned something, the researchers have learned something and the community should hopefully benefit from our results.
Basically, collaborative relationships should promote mutual achievement. We all gain from it. It should minimize harms. Here, I'm talking about risks from research, and I'll talk about that in just a second. It should also maximize the benefits. I mean it shouldn't just benefit the researcher, it should benefit everybody, and it should increase scientific validity, acceptability and feasibility. When we put out a publication as a researcher, it should -- we should know the context in which we conducted the research. We should know our community. The community should have had involvement in interpreting the results and in helping us write the paper.

Collaborative relationships should educate the communities about the value of research. This is really important to me as a native person and as a researcher. I really get hurt when my other Indian people say to me no more research, we've been researched to death, and it's like but wait, give me a chance. Also too, this is a chance to educate researchers about communities and about the value of community participation and what people can add other than just being another number.

What are the essential components of collaborative research? I think these are the basic building blocks. First you've got to trust each other, and this isn't easy. You can't just walk in and say I trust you. This is a
process and I’ll talk about that in a minute. We also have to define the common framework. Chances are --

(END SIDE A, TAPE ONE)

MS. CHINO: ...and asking the community to participate and respond. I think the researcher really has to be as up front as possible and share as much information as possible to make sure the community knows they are being responsible and they are being accountable. Participants in communities can also take responsibility in making sure that everybody is included, that everybody’s differences are honored, that the community has input. The communities can be a lot more proactive in making sure that the research is useful, not only to the researcher and to the community as well. There really needs to be a balance between the self interests and the health interests.

We have our personal reasons for doing what we do, but there are also the larger health issues, and we really need to honor both. I can’t just go and do a piece of research and feel good about it unless I address some personal issues maybe along the way, and we have to realize that a lot of people may have that. People who participate may participate because they’re personally touched by the issue and we have to honor that as well as the fact that they want a healthier community as well.

I could go on for days about research ethics and
sometimes I do, but I won’t here. Holly and Chris mentioned the IRB process and human subjects protection. The key element of that is informed consent. Informed consent too often, you hear researchers say well, I’m going to consent them and then we’ll do the research stuff. Informed consent must be a relationship. This is such a wonderful opportunity to get to know your participant. This is not just the participant saying okay, I agree to participate in the research. This is where you explain what you’re doing, why and how it will benefit them, potential risks, potential -- things that could go wrong, things that they should be aware of. This is your chance to hear from the participants as well to see do they really feel comfortable doing this and honor them if they say no, and if people say no, maybe you need to rethink your research design. This is a chance for dialogue. I really push an effective and informed consent process. Yes, we have federal requirements, but let’s think of it in terms of a relationship. It’s not just a negotiation. We’re really building a relationship here, whether you’re going to be together for five minutes or it’s a long term study and you’ll be together for years.

Another ethical issue is that as researchers particularly with domestic laws, we’re going to have access to very sensitive information, and no matter how many waivers of confidentiality we find, no matter how many
promises we make, there's always that risk to participants and especially to communities that there will be some negative results back from the research, that something will harm somebody along the way, because the information is so sensitive. That also links to confidentiality and anonymity. How do we protect the people that we're working with. An issue is protecting the community as well, because we've had incidents where researchers go and public some horrific data about name the tribe and so everybody in the world gets this misinformed opinion about what this tribe is all about, and what these people are all about, and it does not honor the people who live there and it is not helpful. We really have to understand how do we get the information we need and give it back in a good way and not harm people along the way.

Another key ethical issue is the perception of risks and benefits. As a researcher I may think this is harmless, I'm just going to ask you a few questions about your relationships, but to a participant, this could be devastating. It could bring on flashbacks. It's more obvious, I think, with medical research. A blood draw may not be anything to the researcher, but when you line up a bunch of six month old babies and want to do a blood draw on them, you're going to have a lot of screaming and crying and upset parents and maybe they don't see the risks and the
benefits the same way you do. This is a matter certainly for negotiation and something that really needs to be spent a lot of time on. This is also the piece that will build trust. If you want to build trust between the researcher and the community, take a lot of time working on these ethical issues. Really sit down and pay attention to them.

There are also contextual issues that researchers need. Again, I think the burden is on the researcher, but the community here can be very helpful, and the participants can be very helpful in defining what the social, political and cultural context of the community is, because otherwise you remove the research from the context in which it occurs. You’re looking at behaviors and things that happen, but you’re taking away half of what’s going on if you don’t acknowledge the social context and if you don’t respect the social context, and certainly, particularly with tribes, if you don’t acknowledge the political context of what’s going on and don’t respect it.

Another contextual issue is definitions interpretations. Even if everybody speaks the same language, we are all going to interpret things differently. We are all going to have different ways of defining things. So take some time. Sit down and talk about what the definitions are. Talk about what the interpretations of the data and the results mean. As researchers, you will learn
more from your communities than you probably will from your colleagues about how things can be interpreted and the community will also learn from you as researchers different ways to interpret things.

Another contextual issue is support for the researcher. Here, I mean who's funding the research, who's driving, because this can impact your research. If the Department of Justice is driving your research, then you're going to have a justice focus. If the CDC is funding it, you're going to have maybe more of a health focus. The community needs to understand this and together make sure you honor your funding agency, honor the community and honor the research.

Another contextual issue is what are the risks for stigmatization. I mean how sensitive an issue are you dealing with, how much depth are you going to get into and what is the potential. Not just researchers to participant. Even if I take no identifying information from this person, will my results stigmatize this family. Will my results stigmatize this community. These are really challenging questions for researchers and sometimes we have to give up a piece of the research to protect those who have contributed to it.

There are also participatory issues, and again this is another -- This will address that common framework, that second building block. If you sit down and work together on
these, you will have a common framework for --

Another key piece is the participatory issue and here’s where the actual collaboration comes in. If you’ve built the trust, you have a common framework, how do you work together. This means talking about who is going to be included, not just the participants, but what other agencies are going to be included, who from the community, who from the local government, how are people going to be included and at what point in the research. Does everybody just come in for the data collection or is everybody part of the process from day one through the publication and beyond. Who is responsible for clarifying those roles and responsibilities. That’s what a collaboration is all about, everybody has something to do, everybody knows their role, everybody contributes and everybody benefits. Who makes the decisions? If the researcher is making all the decisions it’s not a collaboration. If the community is making all the decisions, it may not be a collaboration either. How do you work together to decide that.

Just for you non-researchers, data management really matters. Information sharing is really important. How do we communicate as researchers and as community people what we need, how we need it and how can we get it in a respectful way. How can we do this? It sounds really good. It sounds like well, we just sit down and talk. How can we
do it? I don’t have an easy answer, but what I thought I’d share with you is a process that we’ve been using that I personally learned about a few years ago and I’ve incorporated it into almost everything I do because it’s just so darn youthful and I thought I’d share it as a framework for beginning to think about building collaborative relationships.

There are four basic steps and they have to go in this order or it probably won’t work. The first thing you need to do is you need to build relationships. If you go in and say we’re going to do research now, you’re not going to get anywhere. You have to go in thinking I’m going to build a relationship with this community. Communities reach out to researchers. We want to build a relationship with this research community. After that you have to build skills. We all know a lot, but we all don’t know everything we need to work together effectively. We may need to work on things as basic as communication skills. How are we going to share information, how are we going to talk to each other, how can we better understand what we need.

We can also build practical skills. We can build skills in the communities. If you need people to help with data collection, teach community people how to do it. I know graduate students are nice and cheap. Let’s teach community people some skills. Let’s help them become good
researchers.

The third step is to promote interdependence. This is the actual working together piece. How do we maintain effective working together? We come in and everybody contributes, everybody benefits. We honor and respect the individual things that each of us bring to the process. We all bring different skills and we have to recognize and acknowledge that. The fourth step is to promote a commitment to it, and that comes from paying attention to the first three steps. If we have a commitment to the research, to the process, to the issue, we encourage that and we promote that, and that will then lead around to building new relationships as we grow as researchers in communities.

Building relationships is about inclusion. It’s about trust, it’s about open communication and a respectful environment. We don’t even talk about the research right away. We talk about who we are as human beings, how do we want to come together, how do we want to be together, how do we want to respect each other, do we respect each other, why are we there. That’s what building relationships is about. It’s creating a safe place to do effective research. It’s creating a place where everybody feels comfortable, community, participant and researcher.

Building skills is about interpersonal communication
skills. It’s about how we talk together, how we share information, everything from data management to talking to participants and making sure our informed consent process is -- I’ll talk about that -- is working the way we need it to. Building skills is also honoring the differences and maximizing the abilities and contributions of everybody.

Interdependence is recognizing the mutual reliance we have on each other, valuing all the contributions, solving problems and making decisions together and promoting responsibility and accountability. The commitment piece means reciprocity, that back and forth. We all have to give and we all get to receive. It means even after the research is over, continued advocacy and support, and it means focusing on both short term and long term results.

A successful collaboration builds on self interest and health interests, it bridges research communities and regular communities. It honors the differences from both sides. It focuses on the process and it insures adequate long term support to the community. That way we don’t do that dropping in, helicoptering out.

I brought a couple of slides about some of the research we’ve been doing, mostly to show why research is really important. This is just one slide from one study that we’ve done at the university that looked at the domestic violence homicide rate. One thing we found out that we didn’t know
before this study was that the legality of domestic violence is horrific for native women. We are really at high risk for dying. Our injury rates are higher and our death rates are much higher. This really raises the red flags for why isn't there a more concerted effort from the state and from other agencies to address this. So there is a value to research. I'll skip the other slides that are basically the same kind of thing.

What I wanted to do in the last seconds is one of the most effective collaborations that the School of Medicine has done in the past couple of years is the intimate partner violence death review team. What we did was we used the child fatality review model and we brought in -- We brought in participants on the fatality review from all aspects of the community. This was a true collaboration. We had the police, we had the Indian health service, we had Pueblo legal services, district attorneys, Morning Star House which was the native American advocacy and shelter service for Indian women, we had Coalition Against Domestic Violence & Sexual Assault, their local shelters, the Department of Health. We had many people coming together to do these death reviews.

What we did was we had case scenarios and everybody would bring their information about the case, because these were deaths, we had public information. We had the social
worker who may have worked with the women bring her information. The police officer who worked with the woman brought in his information. What we did was we learned one, about all the different things that went on before the death, at the time of the death and the results of what happened to the perpetrator. We also identified the gaps in the system and could make recommendations specifically. In this case, law enforcement, if they had done this, we may have prevented that. If social services had been able to do this, we may have prevented it. If the health care community had done this, we might have been able to prevent this.

It was very helpful to us not only in identifying the risk factors, but also in identifying the gaps and figuring out what can we do better next time to prevent this. This was our famous collaboration. I brought only about 25 of these, but if somebody wants one and there isn’t one left, I’ll mail you one. This talks about the collaborative effort and the results of the death review committee, and I’ll stop there. (applause)

MS. ROSEN: We have a lot to talk about. If you have questions or discussion, if you have case examples that you’ve been dealing with, or if you have potential strategies that you might have used to solve them or perhaps not solved them.
I have a question for Chris. Are you finding at all that your research is attacked or subjected to criticism because of the collaborative nature that you've used to develop it. I'm thinking specifically of the fact that when one departs from the status quo, people begin to accuse of bias, etc., forgetting that working actively to maintain the status quo is bias as well.

DR. SULLIVAN: Yes. That's a really good question. If you collaborate as a researcher, do you end up being basically denigrated by your peers and does your research get trashed. I've been fortunate with my research, because I have an experimental design and it's longitudinal and it's a large end. Researchers can't say anything about it. They have to like it. That's a really good point, because that's true and that's something to think about as far as why some researchers don't want to do this. It doesn't enhance their career for the most part. There's still a lot of fields where the belief is research needs to be objective, value free, and I certainly just believe that that's not true, that there's never value free research. My perception is that if anybody comes to you and says I'd like to look at this, but I need to be objective and value free, I wouldn't work with that person personally, but that's certainly something that does come up, yes.

...: ________ at the university where I obtained a Ph.D.
and I'm finding that they're not actually, in my opinion, tough enough in criticizing research ______ I actually think it has implications for anybody to go in ______ that they're not thinking about the payment issue, when we talk about doing _______ they're not thinking enough about the kinds of risk losses that we should be providing to women and not thinking about _______ follow up. I'm wondering if you know of any IRB's that are working to educate themselves on the issue or anybody _______ the goal.

MS. CHINO: The Indian health service IRB is -- At the national level, we have really worked very hard and we've managed to really annoy a lot of researchers along the way, but we think ultimately it's for the benefit of everybody. We make sure that we have community members on our IRB at all meetings. We don't have a quorum unless we have a community member. We have non-medical people. We have a full array of people and we take all perspectives into account. We still have a long way to go, but I like our IRB, because we're over cautious and too many IRB's are not cautious enough. I would be unhappy if I was in another IRB, but I know we're kind of one of the few that are really working hard on protecting people.

...: I was thinking of that and I think it's important that it be in your protocol or community's programs. I know my
experience is they ________ in my research.

MS. CHINO: The university IRB isn’t as concerned as the Indian health service IRB, so what do we do.

DR. SULLIVAN: We think that you should see the person’s human subjects approval, but you shouldn’t assume that that means much. I think that’s an excellent point, because universities don’t understand. A lot of universities will say you’re just going to call women, great. Even some funders, I’ve seen that with National Student of Mental Health, National Student of Justice, some researchers there reviewers there don’t get it either. It’s something, but it’s not enough, and the IRB is an institutional review board for those of you who don’t know what an IRB is.

...: ________ but the National Crime Victimization Survey is ________ right. ________ talk about a way to gather data and this is the way ________ I’m a researcher and we’ve been part of doing focus groups around the country with practitioners about their relationship with researchers. Practitioners with domestic violence and sexual assault, criminal justice, public health. One of the -- We’re also trying to find out when has the collaboration been good, whether it’s been negative and how the practitioners use research in their work and we found that there’s plenty of examples of these drive by researchers. A lot of people will call up, particularly graduate students
and _______ and want access to your clients or let me do this and people have been _______ out. What we found from the practitioners side, and we’ve done 15 focus groups around the country, is that a lot of practitioners for example, wanted help from researchers about how to evaluate the fact sheets that you have to send out when the state legislature calls you or the _______ have to respond to legislation. I wondered if you all had found the positive dimension other than what you said working with Chris, where you have interacted with researchers where it’s been valuable or where you would want _______ where you think research could enhance some of the work that you do.

MS. ROSEN: Yeah, the fact sheets you have to update every year or every few years and use outdated research dates and try to figure out where it came from and all that stuff. It gets complicated. Personally, the shelters I’ve worked with have not utilized a lot of local research to gather those kind of statistics, but there is a value to having access to good research to support the work that we do. It’s just hard to find the research even that does that. I mean it’s really hard to find. I don’t know if that’s what you were getting at. If more of us had relationships with researchers, we could probably have access to more -- Like, you know more of the research that’s out there than I do, and create more research that’s more valuable. There is a
potential to have more value, valuable relationships. The reality is -- I don’t know with those 15 focus groups if you did DV focus groups, sexual assault, health or if you just did 15 mixed, but I would be interested -- I would think the domestic violence and sexual assault programs trusted researchers a lot less than medical for instance, because you’re dealing with a lot of history of mistrust and reinforcement of a lot of myths that we’re trying to combat just on our daily jobs. So researchers have to do a lot more to get our trust than if you were a doctor where you’re doing research constantly with new drugs and -- I mean that’s part of what you do in the medical field. Research is a part of your daily reporting to patients and you have to stay up to date with it. Domestic violence workers don’t, and we don’t trust you guys, researchers. You have to prove to us that we can trust you. There is a value in that relationship definitely.

...: There was nobody medical on the research. Just personally some of the ones that I did, the ones in Massachusetts where I live, there’s a saturation of universities. Those folks are like bombarded by requests to open up their files, their meetings and everything else. In Florida, it was like being in a different country, because they would clamor for participation with researchers, because most of the sexual assault programs had never had a
relationship with researchers except University of Miami Medical School. It was really like being in two different countries talking to the same folks who work in sexual assault programs. I think we have to take into account what it's like to be in a university town where the state is saturated with academic institutions versus places where there's not.

MS. ROSEN: That's a good point.

...: I have a question about when you're doing your research -- I feel really uncomfortable with ________ to go to the files. I think that's really ________ that's probably my most ________ about women and the confidentiality ________ that they allow that to happen. I think that one of the things that happened the last couple of years is that ________ critical analysis of advocates to ________ never allowing people to go to a woman's file. I really feel uncomfortable with that and find that to ________ That's what happens when you go to a program and it's very ________ was she raped, did she call in time, did she call the police, what were her injuries like, how many times was she in the shelter ________ That is so intrusive in her life and we're here as advocates trying to restore that dignity back to that woman and then on the side you've got somebody doing research and he says let's look up her file and let's figure out what's going on in that
woman’s life, and I think there’s something wrong with that picture.

MS. ROSEN: I agree, and I think that’s why we’re doing this, so that we can say providers beware, be careful. We opened up files to this advocacy research program because there was guaranteed confidentiality procedures that we trusted that her folks were going through and looking and getting information and a lot of the file stuff actually was follow up. I mean you had already made contact with people and that was just trying to locate the woman. I don’t know of many programs that do open up their files to researchers. I’m hoping that isn’t happening. I agree.

... I think that’s happening and one of the trends that I see that _______ because of the money involved _______ clear and simple. One of the things I see because of the money is _______ is that there is just a rampant of therapists who are going to communities and praying on _______ because there’s so much money floating around. That’s the _______ issue. One of the issues is the impact, not money. It’s what it’s like. I think that’s one of the key ones. I think that’s happening. I think that part of that is that we’re not -- because of this money _______ don’t benefit women. One of the things in the program is -- I was so frustrated because _______ $300 for a woman to get _______ one day. I
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was so frustrated, because all these millions and millions of dollars are floating around, but we can’t even get $300 for a woman to get ________ There’s something wrong with this picture, you know. ________ have all this research just happening ________ where do you go and it’s like these things are more ________ in women’s lives. For some reason, we have other ideas about what needs to be researched. I’m so disturbed by that.

DR. SULLIVAN: I agree with that and I think that’s something we should really be disturbed about, because I think you’re right. I never used to hear so much about researchers wanting access to women’s files until Stop Grants and all this other Violence Against Women Act money. Personally, I think it’s unethical ever to give researchers permission, because the program doesn’t have permission to do that. As Holly was saying, I looked in women’s files after they already agreed to be participants and said yes, you can look in my file for information to find me, but that’s real different from just going through a shelter and going let’s look at how many women were sexually abused as children and let’s look at how many had drug problems. That kind of thing I think is completely unethical.

MS. CHINO: It violates the consent process. I mean that’s what informed consent is all about to try to make sure that doesn’t happen.
...: ________ to have a woman call me and say I don't understand what's happening to me ________ interview the researchers and they were like ________. The thing is the women didn't even understand what was going on. There's such a need for ________ to do that and the need for ________ what this means to their lives and the information about their lives ________.  

MS. ROSEN: The hard thing is while they're receiving services, there's often confusion of if this part of my service provision, is this required and if I don't take part in that, will I be able to stay here. You have to make sure that if you involve researchers while people are currently receiving services, that they are very clear that they have the option to say no and that this is not going to effect their stay at the shelter or their involvement in the program. I think that a lot of people don't think of that.

...: I had a couple of questions. One was how many people here are coalition people? Are there any coalition people? That second ________ at least in South Carolina, we don't -- I mean we're starting to do collaborations with research, but we're not doing a whole lot and I think because we're not into that ________ our membership, that we are in position to actually do this kind of research real effectively. That was just an observation. The other thing is -- My observation and the ability of funds and the number
of people that are coming out of the woodwork, there was an observation made that we’re professionalizing in a way that this mental health template on our services and how we do things that doesn’t really fit, and when we’re starting to talk about research, another concern that I have is that we’re putting a template on that doesn’t address all of the nuances of the community that you’re servicing. I have a concern that there aren’t enough African American researchers. I mean because you ask different questions. We know that when a man asks questions -- We see the literature coming out, the whole Cobra and -- Anyway -- (laughter) It pisses me off. When you have literature like that and there’s more and more money available for people to really kind of exploit it, which is what she was talking about, exploit a community, and we don’t have enough people, I guess my question is how do we get more ________ I mean obviously you’re not talking about recruitment, but it is a research issue. Who is doing the asking. I mean I’ve never been real ________ about research. It makes me want -- It’s a different way of looking at it, because I don’t want somebody interpreting me. It’s like they’re going to talk to me -- There was two white women that did a study on black women and why some black women were ________ and were they happy, were they not and it’s like --

MS. ROSEN: That gets into involving -- If you’re going to
be interviewing a large number or even some African American women, hopefully there will be some of them involved in the questions. Again, that gets back to the collaborative part of going to those who you're going to interview and if there aren't African American researchers, perhaps if the participants are, definitely have that representation involved, because I'm sure there aren't many researchers that are.

...: I have a response to that question. There is a group called ARAG and I always forget what the other A is, but it's Applied Research something. It's a group of people who developed domestic violence, who are trying to pull together appropriate and they're not all published and but I'll try to find it for anybody who is interested. That is stuff that we as domestic violence providers and coalitions can trust this research, because it's coming from those of us who know the fields, but also know research. The other comment I would like to make is for Dr. Chino. Your presentation, I think, is one of the finest presentations I've seen on collaboration in general. We need to think about research as just another piece of collaboration in the big puzzle, informed as always by advocates. It was brilliant.

...: Two questions. talking about community
based research in a typical field. Is it a recognized field at this point and if so, _______ the larger symptom, for example, domestic violence ________ people funders to help ________ to establish a ________ this kind of research and ________ the population.

DR. SULLIVAN: There is social action research that is a type of research that's out there. It's not really a field like sociology or psychology, because within either of those fields and others, you can do social action research or not, but it is a type of research that I agree, I think should be what you use when you're trying to create change in communities. It doesn't make sense to pull people into labs and do little things to them to learn much about them in my opinion.

MS. CHINO: I think also there's been a push from the funding agencies, because they're heard the participants and particularly CBC comes to mind. Every RFP they've put out lately requires community based research, and how people define it is still kind of fuzzy, but there is a push now and I think it's a good direction.

...: ________ that you did Dr. Chino, did you --

MS. CHINO: I didn't do it, it was my colleagues.

...: ________ stakeholders with the survivors and the victims --

MS. CHINO: Yes. Everybody was included. In fact, they
were very helpful in helping fill in some of the gaps along the way and it limited the number of reviews we could do and the number of cases we could bring to the team, but it also enhanced the quality of the information we obtained from the ones we were able to do.

...: Who shared in that ________

MS. CHINO: This was a joint effort between the U & M School of Medicine Department and Emergency Medicine and the Office of the Medical Examiner, and from there it just kind of grew to become this multi collaboration.

...: ________ something else about the concern you raised about the ________ Harvard Medical School, which is not a bachelor’s degree, but they are interested in the ________ in trying to find out what would make ________ what are their interests, what do they want to know and ________ people that I respect a lot ________ I think that ________ we don’t know clearly what it’s going to hold and ________.

...: ________ the federal control of human subjects protection ________ and since that happened there’s been a couple of interesting developments. I think that the service providers rely much more in the future on the ________ come from an IRB or an institution or university. Duke has ________

MS. ROSEN: Yeah, it was Duke.
MS. CHINO: It was Duke.

...: _______ the Chicago Tribune either Friday or Saturday and the headline was the University of Illinois Chicago _________ stopped every piece of their research. Their IRB had to go back and review every piece of research that they're doing, so there's been a giant crack down on human subjects, and the university _______ I just put a proposal through this year too, and it ended up -- I called it Researcher _______ but they at least, had a jump on it. I don't know how at my institution they managed to _______ but I think that there's big things happening in that, in that there's more and more realization _______ ethics area.

MS. ROSEN: I think everybody who works with a researcher should have a copy of 45CFR46, which is a code of federal regulations. Go on to the OPRR web site, the Office of Protection for Research Risks and find out what researchers should be doing and then you set the standards, you set that bar how high you want it set so that the researcher is respectful of what your agency is doing and the people they're going to work with.

...: _______ controlled by federal law and you can go on that web site and find out what it is that researcher is supposed to do. That's an excellent _______

MS. ROSEN: It's out of NIH. It's OPRR, but it's probably
NIH/OPRR, I don't know.

...: _________ human subjects _________ or some question and that will get you there.

MS. ROSEN: I'm pretty sure it's part of the NIH main web site.