

# *MAPS*

## *Minnesota Accessing Paths to Safety*

**Minnesota Coalition for Battered Women  
Minnesota Disability Law Center  
Minnesota Coalition Against Sexual Assault  
Minnesota Indian Women's Sexual Assault Coalition**

---

This project is supported by Grant No. 2009-FW-AX-K008 "Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program" awarded by the Office of Violence Against Women, U.S. Department of Justice.

The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

CONTENTS	
	Page
Introduction	3
Vision Statement	4
Mission Statement	4
Member Organizations	5
Values	9
Assumptions	12
Decision Making Process and Authority	13
Conflict Resolution	15
Communication Plan	16
Confidentiality Plan	18
Work Plan	21
Glossary	22
Appendices	32

## **INTRODUCTION**

Minnesota Accessing Paths to Safety (MAPS) is a collaborative project of four statewide organizations in Minnesota: the Minnesota Disability Law Center (MDLC), Minnesota Indian Women's Sexual Assault Coalition (MIWSAC), Minnesota Coalition Against Sexual Assault (MNCASA), and the Minnesota Coalition for Battered Women (MCBW). This collaboration charter is a foundation for MAPS partner organizations and pilot site agencies in the statewide project. The role of MAPS project partners is to provide technical assistance to the selected pilot sites, strengthening collaborative work to effectively address sexual assault and domestic violence against American Indian women with disabilities. The MAPS collaboration began in 2009 with three-year grant funding from the U.S. Department of Justice, Office of Violence Against Women.

MIWSAC, MCBW and MNCASA have a history of collaboration on issues that jointly affect their constituents. Over the past several years, the groups have worked together on policy issues and state funding for partner programs including Action Day to End Violence Against Women, collaboration with Minnesota Men's Action Network, and various sexual violence and domestic violence prevention initiatives. Further, many Minnesota advocacy programs serve both battered women and survivors of sexual assault. Together the coalitions have provided joint training and networking opportunities for their partner programs when advantageous to all. MIWSAC, MCBW and MNCASA are supportive of the work of MDLC, and have had many opportunities to share information and refer clients to the law center over the years.

The coalitions are well aware that the needs of domestic violence and sexual assault survivors with disabilities require greater attention from Minnesota's service providers and from the legal system as whole. The opportunity to formally partner with MDLC to address these needs is timely and significant, and all welcome the chance to benefit from one another's expertise, and build upon shared and new experiences. Each organization serves a large constituency across the state of Minnesota with affiliations or coalition member service providers working across disciplines.

Minnesota has 11 federally recognized tribes, of which seven are Ojibwe and four are Dakota. Two tribes are non-P.L. 280 tribes: Red Lake Ojibwe and Bois Forte Ojibwe. Community census estimates are over 80,000 for the state American Indian population. The Minneapolis-St. Paul urban population of about 35,000 represents a diverse group with tribal affiliations from across the state and country. The census tells us that 23-25% of the country's American Indian and Alaska Native population report a disability. Although American Indians are 1.5-2.0 percent of Minnesota's population, they experience the highest rates of sexual assault and violence, and according to the U.S. Department of Justice, nationally American Indian women are three times more likely to be raped than any other race.

A key consideration in addressing the needs of American Indian women with disabilities in Minnesota is providing authentic access to services with specific consideration paid toward trust, safety, and culture and place in services. One of the MAPS values is "honoring the past" which

recognizes the historical experiences of American Indian women, including the many struggles for civil, legal, and religious rights that have impacted them and their communities.

There is much discouraging data about the high prevalence of various disabilities within American Indian communities and the high rates at which American Indian women are subjected to violence. Through our own spheres of contact, we are aware of barriers that American Indian women have encountered when receiving services from non-Indian domestic violence, sexual assault, and disability service providers. While not discounting this data, we are focused on strengths. MIWSAC is our lead agency because of their experience in bringing programs together, their ability to identify assets within various communities, and their expertise and talents in building new strengths and connections throughout our areas of focus. MCBW, MNCASA, and MDLC also bring valuable key assets to this project, enhancing and strengthening an effective collective technical assistance framework at the intersections of domestic violence, sexual assault, and disability services for American Indian women with disabilities across the state.

## **VISION**

We envision that throughout Minnesota, American Indian women with disabilities who have been subjected to sexual and/or domestic violence will have authentic and meaningful access to sexual assault, domestic violence, and disability service providers who have expansive knowledge and skills; will feel welcomed and valued when accessing services; and, their experiences and expertise will be honored and reflected in all aspects of service provision.

## **MISSION**

The mission of MAPS is to increase the capacity of our partner agencies and pilot site agencies (service providers in Minnesota) to meet the needs of American Indian women with disabilities who have been subjected to domestic violence and sexual assault. We will accomplish this in collaboration with American Indian and non-American Indian sexual assault, domestic violence, and disability service providers by:

- Creating and sustaining relationships across and among American Indian and non-American Indian sexual assault, domestic violence, and disability service providers
- Creating welcoming, inclusive, and accessible services
- Prioritizing physical and emotional safety of survivors
- Eliminating physical, programmatic, communication, and attitudinal barriers

- Expanding knowledge and skills through quality training
- Seeking guidance from American Indian women throughout all aspects of service provision
- Untangling the complex interplay of systems, laws, culture, policies, practices and jurisdictions that impact survivor access to services and justice

## **MEMBER ORGANIZATIONS**

### **The Minnesota Indian Women's Sexual Assault Coalition (MIWSAC)**

1619 Dayton Avenue, Suite 303

St. Paul, MN 55104

651.646.4800

[www.miwsac.org](http://www.miwsac.org)

Nicole Matthews, Executive Director

Renee Lampi, MAPS Project Director

Cristine Davidson, Business & Development Specialist

Guadalupe Lopez, Outreach Program Director



**Mission:** Through unity we will strengthen our voices and build resources to create awareness and eliminate sexual violence against Indian women and children. We will vigorously apply our efforts toward influencing social change and reclaim our traditional values that honor the sovereignty of Indian women and children.

**Vision:** Creating Safety and Justice Through the Teachings of Our Grandmothers

MIWSAC is a statewide tribal coalition with membership of 70 individuals and programs from across the state. MIWSAC was founded in October of 2001 through funding from the US Department of Justice, Violence Against Women Office. It was one of the 22 tribal coalitions formed to address sexual assault and domestic violence in American Indian communities; MIWSAC's focus is specifically on ending and preventing sexual violence. MIWSAC was incorporated as a 501(c)(3) non-profit organization in 2004.

Our statewide membership is comprised of American Indian and Alaska Native women and allies who bring with them extensive cultural knowledge and long histories of working in sexual assault and/or domestic violence programs. They are the heart of our Coalition and provide direction in our strategic planning, goal setting, and all other major programmatic decision-making. This collective decision-making process reflects our tribal values and strengthens the vision of the work we do on behalf of all survivors. MIWSAC's leadership is reflective of these values by referring to the board as Circle Keepers, and by utilizing the consensus decision-making model versus voting based decision-making models. Throughout its work, MIWSAC

recognizes that utilizing and modeling traditional values that honor the sovereignty of American Indian women and children are fundamental to restoring safety from sexual violence in American Indian communities.

MIWSAC has become one of the most visible tribal coalitions to focus specifically on sexual assault, and is looked to a national resource for other tribal coalitions as well as tribal governments. MIWSAC has experience working with both PL 280 and non-PL 280 tribes (of the 11 tribes in Minnesota, nine are classified as PL 280, and Red Lake and Bois Forte are non-PL.280). Since 2001 MIWSAC has provided tribes and service providers with an array of cultural based training, technical assistance, and conferences and events both statewide and nationally.

### **Goals:**

- To educate the public and act as a public resource regarding sexual assault issues specific to American Indian and Alaska Native women and children
- To provide technical assistance, training, and support to American Indian and Alaska Native women advocates in Minnesota
- To provide leadership to influence social and systems change
- To develop a strong communication and public relations program
- To reach out and listen to the needs of tribal communities
- To develop and maintain a strong statewide American Indian and Alaska Native women's coalition

### **Minnesota Disability Law Center (Legal Aid Society of Minneapolis)**

430 First Avenue North, Suite 300

Minneapolis, MN 55401-1780

612-746-3768

[www.mndlc.org](http://www.mndlc.org)

Brenda Jursik, Administrator

Pamela Hoopes, Legal Director



MDLC is a statewide project of the Legal Aid Society of Minneapolis (LASM), which is the Governor-designated agency to protect and advocate for the rights of people with disabilities in Minnesota. MDLC carries out these protection and advocacy duties through its offices in Minneapolis, Mankato, Moorhead, Grand Rapids, and Duluth.

MDLC has played a major role in creating positive changes for people with disabilities for nearly forty years since filing a class action suit in 1972 on behalf of people with intellectual disabilities who resided in the state's institutions. This class action resulted in major improvements to, and the eventual elimination of, the state's institutions. This case also provided the impetus for our state to develop community-based services for people with disabilities. Minnesota was one of the first states to eliminate government-funded institutions for people with intellectual disabilities.

The **mission of MDLC** is to advance the dignity, self-determination and equality of individuals with disabilities. MDLC protects the human and legal rights of Minnesotans with disabilities by providing legal information, advice, advocacy, representation, training, and by engaging in critical public policy advocacy.

MDLC serves as a resource for Minnesota's many disability groups and other advocacy organizations. MDLC staff members annually deliver nearly 100 presentations for thousands of participants (5,800 participants in FY10), with the majority of these sessions delivered for other disability advocacy groups. MDLC also logs a yearly average of 420 requests for technical assistance on disability law issues. The majority (nearly 70%) of those who receive MDLC's specialized technical assistance are advocates from other organizations or attorneys seeking advice on behalf of their clients. MDLC also coordinates its public policy efforts with other local, regional, and statewide advocacy groups. MDLC staff members play a key role in the Minnesota Consortium for Citizens with Disabilities, which includes more than 40 disability advocacy groups and individual members.

The challenges of delivering advocacy across northern Minnesota's remote and rural 20-county region led MDLC to create the Northern Advocates Network in order to build the capacity of the few other existing advocacy services for persons with disabilities in this region. MDLC organizes meetings, coordinates cross-training and cross-referrals, and provides back-up support for advocates from local and regional Arc Chapters, Centers for Independent Living, and other groups. MDLC replicated this model by establishing three interlocking advocate networks in southern Minnesota. In addition to these rural networks, MDLC has long-standing positive relationships with the disability advocacy groups that serve the Twin Cities and with all the other statewide disability organizations, most of which are headquartered in St. Paul/Minneapolis.

## **Minnesota Coalition Against Sexual Assault**

161 St. Anthony Avenue

Suite 1001

St. Paul, MN 55103

[www.mncasa.org](http://www.mncasa.org)

Donna Dunn, Executive Director

Karla Nelson, Membership Services & Communications Director

Caroline Palmer, Staff Attorney



**Mission:** The Minnesota Coalition Against Sexual Assault (MNCASA) is a voice for victims/survivors, sexual assault programs, and allies committed to ending sexual violence.

**Philosophy:** The Minnesota Coalition Against Sexual Assault believes sexual violence is a humiliating and often terrifying and brutal crime. It violates a person's innermost physical and psychological being. The primary goal of MNCASA is to be a catalyst in changing society's attitudes toward sexual violence and its victims/survivors; and to changing the systems which may further victimize survivors.

Sexual violence includes rape, date/acquaintance rape, same-sex assault, child sexual abuse, incest, pornography, prostitution, sexual exploitation by professionals, stalking, sexual harassment, and any other sexual activity in which a person is forced, coerced or manipulated without her/his consent.

We believe sexism, racism, homophobia, classism, oppression of people with disabilities, religious oppression, and ageism are among the root causes of sexual violence. MNCASA is committed to challenging institutions, issues, practices and policies that promote these systems of oppression.

Every victim/survivor responds in a different way. Every victim/survivor has the right to receive support and understanding from friends, families, and their communities; as well as from medical, legal, social service and criminal justice systems. To that end, the coalition provides technical assistance and support to member programs throughout the state of Minnesota. This includes ongoing training and education, development and distribution of educational materials, communities of color outreach, public policy initiatives, resources, and referrals.

MNCASA Services are designed to assist local programs in providing state of the art advocacy and prevention programming and to affect public perception and policy in relation to sexual assault. MNCASA services include:

- Membership services and outreach
- Prevention
- Training
- Sexual Violence Justice Institute

In 1978, a group of women got together and discussed the need to have a statewide voice specifically on the issue of sexual violence. It is from that discussion that the Minnesota Coalition Against Sexual Assault (MNCASA) was born and incorporated in 1981.

## **Minnesota Coalition For Battered Women**

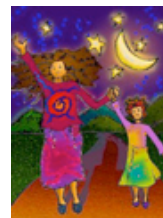
60 East Plato Blvd., Suite 130

St. Paul, MN 55107

[www.mcbw.org](http://www.mcbw.org)

Cynthia Cook, Executive Director

Shellene Johnson, Program Manager



The **mission** of the Minnesota Coalition for Battered Women is to provide a voice for battered women and member programs; challenge systems and institutions so they respond more effectively to the needs of battered women and their children; promote social change; and support, educate, and connect member programs.

MCBW is a well-established, membership organization with 90 member programs located throughout Minnesota with a strong history of effectively carrying out programming that advances women's safety and security. MCBW has existed for almost 30 years as the state's primary voice for battered women. The Coalition has a dedicated and experienced staff, and its



capacity is strengthened by the leadership of its members and by a deeply committed and involved board of directors.

When we use the terms battering and domestic violence, we are referring to the pattern of violence that affects the level of fear and quality of life for all women—it encompasses both physical and sexual violence and includes pervasive emotional abuse and threats, control over finances and access to transportation; manipulation of and often harm to the children; and social norms that persist today that a man has the right to put his partner in her place. While these same dynamics are also present in same sex relationships and on rare occasions, women use similar tactics against their male partners—it is the broader social institutions that support this pervasive and historically-sanctioned pattern of behavior that MCBW seeks to change.

Priority goals of MCBW include:

- To build capacity of advocates, system personnel, and others to better meet the needs of all individual women who have been battered and their children and to effect political and social change to end violence against women.
- To serve as a reliable resource to members, the community, and the public in Minnesota on all aspects of domestic violence.
- To create connections and build relationships that promotes shared understanding, trust, and engagement in the movement to end violence against women.
- To change the societal values and structures that foster violence against women by promoting community support for challenging those values and structures.
- To promote public policy that supports all battered women and their children and holds batterers accountable.
- To build a healthy and sustainable organization that responds to member needs and leads state-wide efforts to end domestic violence

## **VALUES**

Minnesota Accessing Paths to Safety (MAPS) members embrace values that are important to the work of the collaborative and essential for meeting the needs of American Indian women with disabilities.

Identification of our shared values originated through thoughtful and productive conversations. Questions raised by MAPS partners also helped to inform and frame our values. Questions included: will people fit with these values? Are they inclusive of the unique needs of American Indian women? Our discussions also included the technical assistance role of MAPS as one that is receptive to “teachers as learners” and that both MAPS and pilot sites can be learners throughout the project. MAPS partners have learned much from each other; in providing technical assistance to pilot site programs, we look forward to learning from them as well. Valuing the assistance we receive from OVW and VERA staff, MAPS partners aspire to reciprocate by providing our perspectives as a unique culturally-specific statewide project.

We recognize that organizations at the local level may not be at the same place of conversation and acceptance as MAPS; therefore, we would expect to have open conversations and develop shared values with pilot sites that are willing to engage in dialogue and sustain a long-term commitment. In working with pilot sites, MAPS will seek programs that have an openness and readiness to engage with us in dialogues about the intersection of racism, sexism, and able-ism in addressing violence against American Indian women with disabilities. Our own experience tells us that these can be long and difficult discussions, so we are committed to assisting the sites through a respectful process that encourages the local service providers to voice their concerns and be fully heard. The insights MAPS has gained through our process will help us assist local programs acknowledge their differences as individual groups, yet move ahead as a unified collaborative.

- **American Indian women with disabilities are at the center** We recognize, respect, and honor the many pathways that American Indian women with disabilities may take in accessing services.
- **American Indian women in leadership** We encourage and believe in American Indian women leadership. We respect their place at the center and their roles in developing and accessing authentic services for women with disabilities.
- **Safety** We believe safety to be a foremost right for American Indian women with disabilities and all women with disabilities. We strive to promote the creation and maintenance of safe space within our collaboration and within organizations serving women with disabilities. Safe environments strive not to cause harm or further trauma to women with disabilities.
- **Honoring the past** We acknowledge the hardships and experiences of American Indian women in moving forward, as well as recognize and respect their individual and collective journeys.
- **Honesty** We support honest conversations that create an atmosphere of personal and professional integrity, allowing us to share information in an open manner and foster a truthful space.
- **Listening** We believe in listening to each other, listening to the voices of survivors and respecting the voice of each individual, within and throughout our collaborative meetings and work efforts.
- **Identity** We believe in who we are and our worldviews. We preserve who we are and acknowledge that while we share experiences on multiple levels, we recognize there may be differences in our approaches to domestic violence, sexual assault, or disability rights advocacy.

- **Accountability** We strive for commitment to professional responsibility and ethical communication by acknowledging our obligations to confidentiality, honesty and creating a safe space for sharing information that may place the speaker in a vulnerable position
- **Respect** Is a cornerstone of our collaboration and by maintaining respect for American Indian women with disabilities we can, through our efforts, work to reduce ignorance, bias, and judgment as well as support self-determination.
- **Creating openness** We believe openness supports the development of long-term and sustainable relationships and helps others to see things in a new light.
- **Authentic access** We believe in, and support safe and appropriate access to services by American Indian women with disabilities.
- **Embracing change** We believe and trust in the art of advocacy as well as the importance of embracing creativity and innovation in our work.
- **Trust** Our collaboration recognizes that in order to build trust, space is needed for respectful and honest dialog. Within such space, we can have safety in being vulnerable. We are working to create integrity and transparency in our process so that others will be willing to trust us in the months and years ahead as we extend this work in partnership with our pilot sites, constituencies, and communities. We must be intentional throughout our process because trust must be present to effect change.
- **Complexity** We recognize the complexities that arise from jurisdictional, geographical, disability, and cultural issues and aim to forge pathways that will help American Indian women with disabilities as they encounter these complexities.
- **Striving for full access** Applicability of disability laws adds another layer of complexity for American Indian women with disabilities. Whether the MAPS pilot site programs are based on reservations or within urban American Indian communities, we remain mindful that the federal Americans with Disabilities Act (ADA) reflects the sovereign status of American Indian tribes. As outlined in the Appendix, the ADA and our analogous state law, the Minnesota Human Rights Act (MHRA), have limited, if any, applicability to American Indian Tribes. MAPS partners will encourage pilot sites to strive to meet the principles and practices established by the ADA and MHRA. These powerful civil rights laws have been in place for more than twenty years and continue to change society's expectations for how people with disabilities should be included and treated. Our expectation is that American Indian women with disabilities will be included in the MAPS Partners' and pilot sites' services and programs. Through discussions between the partners and pilot sites, we will strive for reasonable modifications of rules and procedures to promote full access.
- **Creating and sustaining change** As statewide organizations, each collaborating partner values this opportunity to increase its knowledge base while also working as leaders to improve services and eliminate barriers. MAPS partners are committed to working

together and serving as catalysts to create positive changes for Minnesota's American Indian women with disabilities.

## **ASSUMPTIONS**

As individuals, organizations, and full partners in MAPS, we:

- Live in a world that dishonors and disrespects American Indians, dehumanizes people with disabilities, and devalues women in general.
- Work within an existent cultural context which systematically supports violence against women, American Indian women, and people with disabilities
- Recognize that the mythology arising from our social and historical context has created lasting stereotypes that hold victims and survivors responsible for the violence committed against them. Society continues to define the issues inappropriately, ask the wrong questions, and assign responsibilities in the wrong places.
- Believe that American Indian women and women with disabilities from all cultures share historical commonalities arising from the lack of respect within the more populous society and the lack of power in decisions that impacted their lives. Barriers to self-determination and safety – whether codified in policies and practices or concretized by environmental or attitudinal obstacles -- remain widespread among government, business, community, educational, medical, media, and social service settings. While American Indian women and women with disabilities from all cultures share these commonalties, each has their own complex history, perspectives, and rich legacy of contributions.
- Acknowledge that the advocacy services that arose from our social context do not meet the needs of American Indian women with disabilities. Disrespect and victim-blaming have led to a reasonable distrust of existing systems and services
- Assume that the concept of “services” should include a broad array of anti-violence efforts such as prevention, service-provider response, community involvement and response, systems’ response, and policy change. The direct experiences of survivors should guide the design of all services
- Recognize that nearly all definitions of disabilities focus on individuals’ insufficiencies. Many specific types of disabilities are defined by detailed lists of deficits, differences, and diagnoses. These definitions are currently linked to eligibility for medical, legal, social, and other services. MAPS’ work across all types of disabilities is not based on these deficit models.

- Work at the intersection of racism, able-ism and sexism. Disregarding these critical issues supports their continuation. Without change occurring at this intersection, the cost of violence will continue to fall heavily on individuals, families, and society

## **DECISION MAKING PROCESS AND AUTHORITY**

MAPS uses a decision-making process that is based on the values of American Indian tribal culture and reflects the values integrated throughout this Charter wherein decisions are made collectively, the decisions are inclusive, and American Indian women with disabilities are the central consideration of all decisions.

This modified cultural-based consensus decision-making model provides genuine opportunities for each participant to express her voice in an environment of safe, respectful listening. This model of respect is implemented in all meetings and further incorporated into this Charter's communications and conflict resolution sections.

Decisions are made collectively by this consensus process. At least one representative of each MAP partner agency will attend regularly-scheduled and any special meetings. When appropriate, decisions can also be made through email or conference calls discussions.

### **Sharing of information needed for decision-making**

The MAPS Project Director coordinates and supports the MAPS collaborative by ensuring information needed for discussion is provided before meetings. The Project Director will email proposed agendas in a timely manner prior to meetings and incorporate changes proposed by any MAPS partner. Agendas will highlight any items that will require decisions. Along with the agendas, the Project Director will distribute any relevant information, if available, that can help inform discussions and the decision-making process.

This process of giving advance notice of decisions is important because Executive Directors of MAPS partnering organizations cannot attend all MAPS meetings. Highlighting upcoming decisions within MAPS minutes and on agendas helps Executive Directors to plan to attend specific meetings and/or convey their viewpoints with their organizations' representative/s and/or the Project Director.

Representatives attending meetings will be allowed a reasonable amount of time, as agreed upon by collaborating partners, to check with their Executive Directors for decision-making input, review of materials that will be distributed outside of MAPS, and/or items or activities that involve or impact the membership of any MAPS coalition partner (i.e., MIWSAC, MCBW, MNCASA). This check-in process and time line can be communicated in meeting minutes, agendas, email messages, or phone calls.

### **Providing opportunities for each member to provide their input and voice and all members provide respectful listening to the input and voices of each other**

Since early 2010, MAPS has used a model of communication and decision-making throughout its meetings and in all stages of Charter development. The agendas for all meetings have allowed time for each member, in a circle framework of communication, to provide their input, to share, and if wanted, to also request confidentiality within a trustful and safe environment.

Attentive listening, without interruption, is considered a place of respect within the circle, where the voice and space for that voice is honored with respectful listening. Each MAPS representative is free to choose to speak and share, and is also free to decline. Group discussion is opened up after everyone has had the opportunity to speak, to further discuss items, and/or to move to next agenda items. The Project Director acts as facilitator for the purposes of monitoring time, so that members are afforded equal time in the meeting circle, and to ensure group focus on the remaining agenda items.

MAPS circle of communication draws from the cultural components of American Indian and Alaska Native communication circles, as well as from the values of MAPS partners to promote trust, respect, authentic listening, and safety. MAPS partners view the circle model as means to truly promote the mission, vision, values, and respect for American Indian women with disabilities who are at the center of the circle of work.

### **Final check-ins for consensus decisions**

Prior to final decision-making, the representative/s from each MAPS Partner are provided space and time to voice their questions and discuss decision items. The Project Director or a MAPS representative will take notes and/or record on visual boards/flip charts, the ideas or input from members regarding action items and decisions.

Input from Executive Directors will be incorporated into decision-making through the process described above in which they receive notice of upcoming decisions, background information, and time to share their viewpoints with their organization's representative or the Project Director. If input cannot be obtained from an Executive Director prior to the decision-making discussion, the Project Director will facilitate follow-up communication with that director.

MAPS Partners express whether they are in agreement with a decision or action item, and whether they support consensus. If a partner representative supports the consensus decision, but does so with reservations or with request for notation of comments, the Project Director includes this in the meeting minutes. All decisions will be documented in the meeting minutes in order to maintain a record of background discussions and decisions.

While the MAPS consensus process is representative of American Indian and Alaska Native cultural values about communications, MAPS does not expect this process to be adopted by its member constituencies, other American Indian service providers, or pilot sites. MAPS members utilize the model because of its efficacy and because its framework supports MAPS' overall vision, values and mission. This process has fostered the trust, safety, and ethical communication that is critical to the intent and spirit of our collaborative work. Given MIWSAC's statewide and tribal membership, this cultural-based circle meeting model and decision-making process of

respectful listening and expression, could easily and effectively be replicated by the coalition's member programs, if so desired.

### **Fiscal and MAPS Management Authority:**

The MDLC, as fiscal organization for MAPS, has authority for all decisions related to fiscal and reporting management. MIWSAC, as MAPS lead organization for all other activities, is responsible for the position of the MAPS Project Director and for coordinating the overall work and activities of MAPS, including the charter, working with pilot sites, assessment, strategic plan, and implementation activities. MDLC and MIWSAC, however, accomplish their responsibilities through the consensus and culturally-based process with MAPS members. This includes sharing of information and listening to the voices and decisions made by all the MAPS members.

The MAPS Project Director, as an employee of MIWSAC, is responsible for coordinating the overall work of MAPS. Working on behalf of the MAPS collaboration, she should be without conflict of interest in her role. She implements the goals, objectives, vision, mission, and values of the overall MAPS collaborative including any duties as required by OVW. If any conflict is identified either by the Project Director or any MAPS Partner organization, it will be addressed through MAPS regular meetings, the ethical communication process, and/or the MAPS conflict resolution process.

## **CONFLICT RESOLUTION**

Underlying MAPS Confliction Resolution process, are the tenets of Ethical Communication. MIWSAC and MCBW each had organizational Ethical Communications policies in place prior to the MAPS Charter. Ethical Communication complements and supports overall MAPS communications and the collaboration's cultural-based communication model. For MAPS, Ethical Communication includes:

- Bringing up conflict in a way that is respectful
- Remaining aware that conflict may or may not belong to the whole group
- Dealing directly, openly, and honestly with each other in order to be effective in implementing and sustaining our work for American Indian women with disabilities
- Recognizing conflict may be inevitable, we agree to communicate our issues with each other in an environment of openness, trust, safety, and in a positive and productive way and to adhere to MAPS and tribal/cultural values in order to effectively and positively make improvements for American Indian women with disabilities

It is the expectation of MAPS that members are committed to working collaboratively and for sustaining cohesiveness and preserving the strength of the collaborative in order to enhance access and services for American Indian women with disabilities in Minnesota. If conflict

cannot be resolved through Ethical Communication, individual and/or group communication and discussion, then partner member Executive Directors will be included for participation for discussion and resolution. Final steps for conflict resolution assistance will be sought through VERA, the OVW Technical Assistance provider.

## **COMMUNICATION PLAN**

### **Internal Communications**

Communication processes within the MAPS member collaborative are based upon the principles of ethical communication, and are open and inclusive. Communication and information sharing is accomplished through email, meetings, or teleconferencing.

### **Operating Communications**

- Meeting schedules, changes, and meeting agendas are sent to members before the scheduled meetings via email by the Project Director
- Ongoing or follow-up discussion of topics between scheduled meetings are accomplished through email or phone conferencing
- All other news, information, project resources, and updates pertaining to the work of MAPS, and American Indian women and women with disabilities, can be shared via the email mailing list, or distributed during meetings, by any member
- MAPS collaborative information, activities, or initiatives are not distributed to member affiliates or coalition members without internal approval from the MAPS members to ensure that MAPS is not overlapping other communications policies each member agency may have in place with their constituents as well as to maintain fidelity and consistency of messages. Further, in consideration of confidentiality, MAPS project partners will discuss, and us consensus if needed, when communicating information to affiliate organizations/tribes or pilot sites
- MDLC as fiscal agency and/or MIWSAC as lead agency will share and bring key elements of project reports to MAPS members, for their information, and/or for discussion or input. Partner members will receive copies of regular MAPS project reports to OVW
- Meeting minutes and/or notes are sent to MAPS members
- The Project Director will maintain a repository of information exchanged between MAPS partners, pilot sites, VERA staff and OVW in order to assist us with project evaluation and to provide a historical record for project replication



- Throughout communications, internal and external, MAPS members do not use language that is violent or racist. MAPS partners are committed to using person first language.

## **Meetings**

MAPS meetings are held weekly or every other week for two to three hours. We are currently meeting weekly during this part of the planning phase, but may decrease this meeting schedule in subsequent project phases based on activities and accomplishments. Frequency of meetings may also change according to recommendations from MAPS members, VERA or OVW.

The meeting framework for MAPS encompasses American Indian cultural communication values and the overall values reflective of collaborative partner organizations. The circle approach is utilized at the beginning of each meeting, with agendas incorporating a check-in time allowed for each person, and it is incorporated into the regular meeting agenda. Partners are free to choose if they want to use their space for communication or to decline within the circle. Partners provide optional updates on their work, community, share training and resource information, and provide their input or feedback on topics, issues, or work related to MAPS. As with the typical American Indian cultural-based communication circle, the speaker is allotted time to talk without disruption, with circle members actively listening and holding judgment and discussion until after speaker is done talking. Everyone is given the opportunity to talk and is it is optional for them to do so. At times, no discussion or feedback is requested from the MAPS partners, and each member can request that her voice and contribution be honored and held with safety and confidentiality to within the meeting only.

On completion of the optional check-in time in the circle, meetings continue through the agenda items. The Project Director assists with facilitation, time keeping, and note taking and minutes, however, any member can bring topics to the table and add agenda items for discussion. In absence of the Project Director, other project partners will facilitate the meetings.

## **External Communications**

### **Contacts**

The Fiscal Agent lead, MDLC, is the key contact with OVW. MDLC will coordinate additional communications with OVW. The Project Director, MIWSAC Executive Director, and MDLC Administrator are the primary contacts for VERA, the technical assistance provider; however, all MAPS members can communicate with VERA as needed.

MAPS project partners are the primary contacts with their respective coalition, affiliate members or stakeholders in relaying information from MAPS. The Project Director and/or other MAPS partners can also communicate with project partner affiliates/members depending on MAPS activity, pilot sites, assessment activities or other work related to MAPS Charter or Strategic Plan implementation; however, MAPS members generally agree to, or discuss with consensus, these types of communications internally before proceeding externally.

### **Language**

Throughout communications, internal and external, MAPS will not use language that is violent or racist. MAPS partners are committed to using person first language.

### **Media inquiries**

The Project Director is the primary and initial contact for all media inquiries. She will contact project partner representatives and their Executive Directors to inform them of all inquiries, to request assistance with the inquiries, and/or to correspond with each partner organization's media policy, if needed. All media inquiries and responses will be sent to MAPS members via email, relayed by phone, or in MAPS meetings. Advance media including News/Press Releases, and electronic dissemination such as social media, list-serve emails, mailing lists, etc., will be sent to members for review before release.

### **Talking points**

Talking points were developed by the MAPS partners to be used by all partners and/or designated project personnel to communicate information about the project to other organizations, media sources, and service providers (refer to complete copy attached in appendices). The talking points are organized by four key areas: 1) Project overview, 2) Issues and work of the collaborative, 3) What we hope to achieve, and 4) Importance of the pilot sites.

The talking points are adaptive and can be changed as necessary throughout various stages of MAPS activities, including but not limited to, pilot sites, assessments, strategic planning, implementation, or if needed for crisis communications.

## **CONFIDENTIALITY PLAN**

### **Confidentiality and Project Communications**

Confidentiality is a top priority in the delivery of services to victim/survivors of domestic and sexual violence. Individual and community trust in the ability of advocacy to provide meaningful support, including access to safe environments, cannot be maintained without a strong organizational commitment to the protection of private information. In response, MAPS partners and their member programs diligently maintain confidentiality practices and policies according to federal and state government funding requirements, state laws covering advocate privilege and data practices protections, protocols developed through coordinated community response and sexual assault multidisciplinary teams, and professional best practices.

Confidentiality will be respected throughout the MAPS collaborative process. The partners pledge to maintain the following practices with regard to respecting organizational and individual confidentiality:

- Sensitive information about MAPS partner organizations or representatives shared during planning meetings will be kept confidential unless expressly released by the source of the information;
- The MAPS partners will agree by consensus upon the time and format for sharing all final project information with the public (i.e., information in development phase will not be shared without the permission of all MAPS partners);
- Case information and client identifying information will not be shared without the express informed consent of the persons affected, as set forth in a written release;
- Any case information and client identifying information released to MAPS partners will be kept on file in a secure place and will only be shared as minimally necessary to accomplish project goals;
- Informed consent requires notification of how the information will be used; with whom it will be shared; for what duration of time; the right to revoke consent at any time; and a warning about the potential consequences attendant to sharing private information with third parties not bound by privilege or other confidentiality requirements;
- Other data may be expressed in an aggregate form, in a redacted form or through other means of non-identifying information;
- Any mandatory reporting obligations will be clearly stated whenever the MAPS project partners engage with service programs and clients so as to ensure full disclosure about the limits of confidentiality;
- If over the course of the MAPS project development process (i.e., work with pilot sites or through other community interaction) individual self-disclosures occur, the top priority will be to ensure the safety of the individual;
- MAPS partners will continually monitor confidentiality practices and policies and make changes as needed to ensure full understanding and compliance by all of the participating organizations.

### **Minnesota Law (Mandatory Reporting, Advocate Privilege and Data Practices)**

Domestic violence and sexual assault advocates are not mandated reporters of the maltreatment of vulnerable adults in Minnesota. (Both are mandated reporters of maltreatment of minors). It is important to note, however, that some advocacy programs are housed in multidisciplinary agencies in which some staff members, such as licensed social workers, are mandated reporters. MAPS partners encourage such agencies to establish clear policies for who is, and who is not, a mandated reporter on staff and to set up procedures to ensure confidentiality protections for vulnerable adults seeking domestic violence and sexual assault advocacy services. See Minn. Stats. §§626.557 and 626.5572, subd. 16 (2010). A fact sheet outlining the requirements of the relevant statute on reporting maltreatment of vulnerable adults is included in the appendix. The

full statutes outlining reporting obligations with regard to maltreatment of vulnerable adults, as well as minors (Minn. Stat. §626.556 (2010)), are also included in the appendix.

In addition, both domestic violence and sexual assault advocates are bound by privilege under state law (see Minn. Stats. §§595.02(k) and (l) (2010)). Neither type of advocate may share any information about a victim/survivor unless a court compels disclosure in investigations or proceedings related to neglect or termination of parental rights. The court must conduct a balancing test of the public interest in sharing information versus the impact on the victim's relationship to advocacy services. However, under the statute domestic and sexual violence advocates are subject to any applicable mandatory reporting requirements as set forth under Minn. Stat. §626.556 (maltreatment of minors) or Minn. Stat. §626.557 (maltreatment of vulnerable adults).

Sexual assault advocates are defined by statute as individuals who have received at least 40 hours of training and work under a supervisor at a crisis center whose primary purpose is to provide advice, counseling and assistance to victims of sexual assault. Domestic violence advocates are defined as employees or volunteers at a community-based battered women's shelter and domestic abuse program eligible to receive specific state grants under Minn. Stat. §611A.32 (2010) that provide information, advocacy, crisis intervention, emergency shelter, or support to victims of domestic abuse and who is not employed by or under the direct supervision of a law enforcement agency, a prosecutor's office, or by city, county or state agency.

A recent change in the law has clarified that information held by advocacy programs not under direct supervision of a government entity is protected from public disclosure under the state data practices act. See Minn. Stat. §13.823 (2010).

Finally, it also necessary to recognize the interplay of state laws with tribal codes and, in some cases, federal law, when it comes to confidentiality and reporting. Non-PL 280 tribes, for example, may be subject to child abuse reporting requirements under federal Indian Child Protection and Family Violence Prevention Act (P.L. 101-630), among other requirements. Tribes may also have explicit protections and policies for reporting of maltreatment of minors and vulnerable adults under certain sections of tribal codes.

Once a pilot site has been identified then MAPS will investigate the intersection of state, federal and tribal law in order to ensure that confidentiality and mandatory protections are clear with regard to the jurisdictional context.

### **Challenges/Considerations**

Some confusion remains about mandatory reporting obligations in Minnesota. Although Adult Protection staff from the Minnesota Department of Human Services maintain that domestic violence and sexual assault program advocates are not mandated reporters for maltreatment of vulnerable adults, some programs choose to make reports anyway, and Adult Protection encourages these voluntary reports. Further, confusion continues about the interplay of licensure-related mandatory reporting requirements and advocacy reporting requirements.

The MAPS partners intend to seek further clarification with professional organizations and the appropriate state agencies and tribal entities as we move forward in this project. We also recognize that more education is needed for advocacy programs to understand confidentiality obligations in relation to mandated reporting of vulnerable adults. We anticipate that this discussion will remain at the forefront of our work throughout the project period and beyond.

## **WORK PLAN**

The following timeline represents the major components of the MAPS collaborative project work and marks the activities to be carried out with consultation from the technical assistance provider, VERA Institute. The charter, pilot site memo, needs assessment, strategic plan, and other products in this work plan are also submitted to OVW for approval.

Activity	Timeframe-Completion Date
Begin Planning and Development Phase and Development of Charter	November 2009 – September 2010
Charter submitted to VERA and OVW	Submitted October 2010 to be resubmitted November 2010
Begin Pilot Site Selection and Pilot Site Selection Memo/Assessment Plan	November-December 2010
Submit Pilot Site Selection Memo/Assessment Plan to VERA and OVW	December 2010
Begin needs assessment phase	January 2010
Submit Needs Assessment Report to OVW	July-August 2011
Create Strategic Plan and Submit to OVW	June-August 2011
Begin Implementation Phase	September 2011
Submit Final Implementation Report to OVW	September 30, 2012

## **GLOSSARY**

The Glossary includes terms found throughout the Charter. Additionally, other terms were identified and selected by MAPS members because of their importance in their respective field or discipline. Other Glossary terms are included in light of meaningfulness or vocabulary relative to American Indian and Alaska Native women and disabilities.

### **Accessibility**

The ability to have equal opportunity to obtain services without encountering attitudinal, cultural, communication, physical/environmental, programmatic, or other barriers. The concept of accessibility requires that we anticipate, reduce, and eliminate any barriers that inhibit women with disabilities from receiving meaningful and appropriate advocacy due to battering, sexual violence or stalking. Services that are accessible should be responsive to the emotional, cognitive, physical, and cultural needs of each individual.

### **Activities of Daily Living (ADL)**

Tasks that are essential to the performance of routine self-care functions, such as dressing, bathing and eating. (Minnesota DHS).

### **Advocate**

Sexual assault advocates are defined by statute as individuals who have received at least 40 hours of training and work under a supervisor at a crisis center whose primary purpose is to provide advice, counseling and assistance to victims of sexual assault.

Domestic violence advocates are defined as employees or volunteers at a community-based battered women's shelter and domestic abuse program eligible to receive specific state grants under Minn. Stat. §611A.32 (2010) that provide information, advocacy, crisis intervention, emergency shelter, or support to victims of domestic abuse and who is not employed by or under the direct supervision of a law enforcement agency, a prosecutor's office, or by city, county or state agency.

A recent change in the law has clarified that information held by advocacy programs not under direct supervision of a government entity is protected from public disclosure under the state data practices act. See Minn. Stat. §13.823 (2010).

### **American with Disabilities Act (ADA)**

National civil rights legislation passed in 1990 that guarantees equal opportunity for persons with disabilities in public accommodations. The ADA is the primary federal civil rights act for people with disabilities, guaranteeing the right to employment, access to travel and communication (also see Minnesota Disability Law Center: "Disability Legislation & Minnesota American Indian Tribes").

Tribal governments are exempt with compliance with parts of the ADA. American Indian tribes, tribal governments, and tribal businesses are specifically excluded from the definition of employer in Title I of the ADA. Title II covers the ADA applicability to state and local government run programs, services, and activities; ADA's Title II makes no reference to Indian Tribes in defining public entities. Title III has limited application. Title III requires places of public accommodation to be accessible to people with disabilities. Although there is no mention of tribes, one federal appellate court has ruled that Title III can apply to public accommodations run by American Indian Tribes (See Minnesota Disability Law Center: "Disability Legislation & Minnesota American Indian Tribes").

### **Authentic Access**

Authentic access is an underlying and foundational value of MAPS. This means having authentic collaboration, authentic conversations or communication, with overall aim that authentically safe and appropriate access to services is provided for American Indian women with disabilities. Authentic includes understanding the barriers faced by American Indian women including those from racial discrimination or disability discrimination.

### **Batterer**

A batterer is a person who exercises a pattern of coercive control in a partner relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence. This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature or may rely primarily on the use of physical violence. The term abuser or perpetrator is often used interchangeably with the term "batterer."

### **Caregiver**

In general, caregivers are family members, direct support professionals (including personal care assistants) or others who provide care for and help a person with a disability with one or more activities of daily living.

### **Centers for Independent Living**

A consumer-controlled community-based, cross-disability, nonresidential private nonprofit that is designed and operated by individuals with disabilities within a local community. CILS provides an array of independent living services such as I&R, independent living skills, individual and systems advocacy, and peer support and counseling.

### **Collaboration**

Collaboration means having a formal and sustained relationship; shared vision, mission and values; agreement around operating principles and structure; well-defined communication channels at different levels of each organization; shared authority; and compared with cooperation and coordination, more intensity, and resources shared (See also VERA Institute of Justice).

## **Community Based Services and Supports**

The array of services that provide people with disabilities alternatives to institutions and nursing homes and opportunities to live as independently and productively as possible in their home communities. These services and supports, often funded through Minnesota's Medicaid Waiver programs include various community living, day services, supported employment, personal care assistant (PCA), assistive technology, and home health care assistance.

## **Consent**

According to Minn. Stat. §609.341, subd. 4, consent means words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor. Consent is not automatically conferred if there is the existence of a prior or current social relationship between the actor and the victim or if the victim failed to resist a particular sexual act. A person who is mentally incapacitated or physically helpless cannot consent to a sexual act. Minors who are under the age of 16 or in certain relationships with the actor (up to the age of 18) cannot consent to sexual activity.

## **Disability**

MAPS uses the World Health Organization definition that is referenced on the Vera Institute's Accessing Safety Initiative website ([www.accessingsafety.org](http://www.accessingsafety.org)). This definition asserts that disability is not something that a person has but, instead, something that occurs outside of the person—the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and environmental factors that may include the physical, communication, information, social, and policy environments. We understand that disability is a matter of degree: one is more or less disabled based on the intersection between herself, her functional abilities, and the many types of environments with which she interacts. Disability is a natural part of life and does not change who we are as individuals, but may greatly impact our lives and how we are perceived by others. As Minnesota's designated Protection and Advocacy System, MDLC's legal work also draws upon the definitions of disabilities that are included within the ADA and the Federal statutes that authorize the eight protection and advocacy funding streams.

## **Domestic abuse**

Domestic abuse is a legally defined term in Minnesota and is cross referenced in both criminal and civil statutes. MN Statute 518B.01, the Domestic Abuse Act, defines domestic abuse to mean the following conduct, if committed against a family or household member by a family or household member: physical harm, bodily injury, or assault; the infliction of fear of imminent physical harm, bodily injury, or assault; terroristic threats, within the meaning of section 609.713, subdivision 1; or criminal sexual conduct, within the meaning of sections 609.342, 609.343, 609.344, 609.345, or 609.3451; or interference with an emergency call within the meaning of section 609.78, subdivision 2. A "family or household member" means the following: spouses and former spouses; parents and children; persons related by blood; persons



who are presently residing together or who have resided together in the past; persons who have a child in common regardless of whether they have been married or have lived together at any time a man and woman if the woman is pregnant and the man is alleged to be the father, regardless of whether they have been married or have lived together at any time.

### **Domestic Fatality Review Teams**

A judicial district may establish a domestic fatality review team to review domestic violence deaths that have occurred in the district. The team may review cases in which prosecution has been completed or the prosecutorial authority has decided not to pursue the case. The purpose of the review team is to assess domestic violence deaths in order to develop recommendations for policies and protocols for community prevention and intervention initiatives to reduce and eliminate the incidence of domestic violence and resulting fatalities.

### **Domestic Violence**

Domestic violence, also known as domestic abuse, spousal abuse, family violence, intimate partner violence, or battering, can be broadly defined as a pattern of abusive behaviors used to assert power or dominance over the victim. Domestic violence has many forms including physical aggression, threats, sexual abuse, emotional abuse, economic deprivation, intimidation, and stalking. Domestic violence may or may not constitute a crime depending on local statutes, severity and duration of specific acts, and other variables.

### **Domestic Violence Coordinated Community Response (CCR)**

States and local communities have adopted different mechanisms for coordinating interagency intervention to address domestic violence. Three principle types of coordination, which may be used with each other, are (1) community intervention projects; (2) criminal justice system-based reform projects; and (3) coordinating council. Community Intervention Projects (CIP or CJI) are advocacy organizations that focus on reforming, improving, and coordinating institutional responses to domestic violence within a community. They are distinguished from coordinating councils and criminal justice-based reform projects in that they are nonprofit agencies that are external to the criminal justice system and rooted in the battered women's movement. *Criminal Justice System-Based Reform Projects*--leadership to coordinate the response to domestic violence may also come from within the criminal justice system. Innovative programs that focus on integrated case management are often located within prosecutors' offices, although they may be initiated by probation or the judiciary. Coordinating councils (also known as domestic violence councils or family violence councils, task forces or committees) have been formed in many communities to provide a forum for interagency communication and collaboration.

### **Domestic Violence Shelter Programs**

Domestic Violence Shelter programs provide temporary emergency housing for battered women and their children. Shelters provide general advocacy services including 24-hour crisis intervention, arrangements for emergency housing and transportation to safety, accompaniment to appointments as appropriate, assistance in pursuing civil, criminal and family court remedies,

and coordination of services provided by other agencies. In addition to general advocacy services, Shelters provide information and referral to resources which may include child care, services for children, income maintenance, legal services, food, clothing, medical services, transitional housing resources and social services.

## **Elder**

Common term used, often encompassing respect for older persons within American Indian communities and can mean their age, position, or cultural/spiritual role. Generally, elders are within, but not limited to, 50 years and older age range. The elder designation may or may not include term of Senior Citizens, or bound to be legal senior age of 62 years.

## **Ethical Communication**

Ethical communication is a form of communication in which the parties share information in an open, honest, and respectful manner. It includes listening fully to others as they speak, seeking to understand their perspectives, and encouraging diverse opinions. Ethical communication fosters trust, mutual understanding, and a shared sense of cooperation between the parties.

## **Institution as a Historical Term**

These large and generally government-funded residential settings provided people with disabilities with no opportunities for self-determination, treatment, education, or independent living skills. Minnesota's large state institutions were closed as a result of a class action suit and the government monies were re-directed to fund essential community-based services and supports. In 2010, Minnesota passed legislation that required the Governor to issue a public apology for taking Minnesotans with disabilities of all ages away from their families and homes and placing them in institutions where conditions were often less than humane. Due to cruel conditions, forced residence, and decades without options, the term "institution" is deeply disfavored by the disability community.

## **Maltreatment of Vulnerable Adults**

Maltreatment of vulnerable adults encompasses three types of maltreatment: Abuse, Neglect, and Financial Exploitation. Abuse, physical, emotional or sexual, means an act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of: (1) assault in the first through fifth degrees; (2) the use of drugs to injure or facilitate crime; (3) the solicitation, inducement, and promotion of prostitution; and (4) criminal sexual conduct in the first through fifth degree. Neglect is the failure by a caregiver to supply care, services, or supervision or the absences of care or services such as food, clothing, shelter, health care or supervision. Financial exploitation is a breach of fiduciary obligations, unauthorized expenditures of funds, or failure to use financial resources to provide food, clothing, shelter, health care, therapy or supervision. Financial exploitation also includes instances where people without legal authority willfully use, withhold or dispose of funds or property, engage the services of a third person for wrongful profit, use undue influence, harassment, deception or fraud to acquire possession or control of funds, or forces a vulnerable adult to perform services

for the profit or advantage of another. (See copy of Minnesota Statutes 2009 626.557 Reporting of Maltreatment of Vulnerable Adults in Appendices).

### **Mandated Reporter/Mandated Reporting**

Minnesota's Reporting of Maltreatment of Vulnerable Adults statute identifies mandated reporters as professionals or professional's delegates engaged in: social services; law enforcement; education; direct care of vulnerable adults; any occupation regulated under a health-related licensing board; and employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; an employee or person providing services in a licensed facility such as a nursing home, residential or nonresidential facility, hospice, PCA, or home care provider; or a person performing duties of the medical examiner or coroner.

Since sexual assault, battered women, and disability rights advocates do not automatically fall into any of the named statutory categories, they are not considered mandated reporters. But because the status of mandated reporter follows the individual, if an advocate is a mandated reporter of maltreatment of vulnerable adults due to another employment or volunteer position, she is also a mandated reporter while engaged as sexual assault, domestic violence or disability rights advocate. See Minn. Statute provided in Appendices. None of the staff or volunteers of the MAPS partner organizations are mandated reporters.

### **Offender**

Term used to describe a person who has committed criminal conduct, including sexual assault and domestic violence.

### **Personal Care Attendant/PCA**

In common use, this term can include nursing assistants, home health aides, or others who have had no formal training. PCAs assist people with disabilities with activities of daily living such as bathing, dressing, or eating. The Minnesota Department of Human Services' PCA program provides funding for trained PCAs who provide services that enable people with disabilities to be more independent in their homes.

### **Perpetrator**

Term used to describe a person who has committed criminal sexual conduct. Also used with domestic violence, child abuse, etc.

### **PTSD/Posttraumatic Stress Disorder**

According to the DSM-IV, the criteria for posttraumatic stress disorder (PTSD) involves development of characteristic symptoms following exposure to an extreme traumatic stressor (such as sexual assault) involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's personal integrity; or witnessing an

event that involves death, injury, or the threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate. Not all victims of sexual assault or other traumatic events suffer from PTSD, which requires a clinical diagnosis. PTSD has been diagnosed most commonly in rape, child sexual abuse, and war victims. More recently, studies have found battered women meet the criteria for PTSD. The severity of the violence, the duration of exposure, early-age onset, and the victim's cognitive assessment of the violence (perceived degree of threat, predictability, and controllability) exacerbate the symptoms.

## **Public Law 280**

Public Law 83-20, commonly referred to as PL 280, enacted by Congress in 1953, transferred legal authority (jurisdiction) from the federal government to state governments, which significantly changed the division of legal authority among tribal, federal, and state governments. Congress gave six states (five states initially - California, Minnesota, Nebraska, Oregon, and Wisconsin; and then Alaska upon statehood) extensive criminal and civil jurisdiction over tribal lands within the affected states (the so-called "mandatory states"). Public Law 280 also permitted the other states to acquire jurisdiction at their option. Public Law 280 is complicated, and of Minnesota's 11 tribes, Red Lake and Boie Fort are non PL 280 tribes. (See further information, other sources, including U.S. Department of Justice, Office of Justice Programs, National Institute of Justice [www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij) and Tribal Law and Policy Institute [www.tlpi.org](http://www.tlpi.org)).

## **Rape**

Criminal sexual conduct involving penetration. Note that the term "rape" does not appear in Minnesota's criminal sexual conduct statutes.

## **Representative Payee**

A representative payee (rep payee) is an individual or organization that receives Social Security, Supplemental Security Insurance (SSI), or Social Security Disability Insurance (SSDI) payments from the Social Security Administration (SSA) on behalf of someone who cannot manage their own Social Security benefits. The SSA generally looks for family members or friends to serve as rep payees, but will appoint a qualified organization to serve in this role if friends or family are unable to serve.

## **Safety Plan**

A safety plan is an individualized plan battered women develop to reduce the risks they and their children face. These plans include strategies to reduce the risk of physical violence and other harm caused by batterers and also include strategies to maintain basic human needs such as income, housing, health care, food and child care. The particulars of each plan vary depending on whether a woman has separated from a batterer, plans to leave, or decides to stay, as well as what resources may or may not be available to her.

## **Sexual Abuse**

An act or repeated acts of sexual harm, sexual assault or rape of a child or vulnerable adult over time by a person in statutorily specified relationship to the victim. See Minn. Stats. 626.556 and 626.557.

### **Sexual Assault**

Sexual acts (which may include penetration or specific contact) that are conducted against someone's will by force or threat of force or through coercion or in situations in which an individual is unable to give consent.

Unwanted, coerced and/or forced sexual penetration and/or touch is defined in Minnesota Statute as varying degrees of Criminal Sexual Conduct (CSC). CSC in the first through fourth degrees are felonies in Minnesota; fifth degree CSC is a gross misdemeanor. Penetration may be of the victim or forcing the victim to penetrate the actor; penetration can be accomplished with either a body part or other object. Similarly, contact can be sexual contact with the victim or forcing a victim to touch the actor.

The terms sexual assault and sexual violence are often used interchangeably, however, both terms are used to describe a wide variety of abuses. Rape is a term that is often used to describe forced penetration but forced touch is also a serious crime in Minnesota (See Minnesota Sexual Assault Coalition [www.mncasa.org](http://www.mncasa.org)).

### **Sexual Assault Nurse Examiner (SANE)**

A specially trained and certified registered nurse or nurse practitioner who conducts the evidentiary exam of a sexual assault victim.

### **Sexual Assault Response Team (SART)**

A community-based approach to providing a comprehensive response to sexual assault survivors. A SMART (or in some cases "sexual assault response team") brings together representatives from medical, law enforcement, prosecution, advocacy, social services and other disciplines with the goal of working together to improve all aspects of the system response to sexual violence. There are 11 teams in Minnesota serving the following counties: Beltrami/Clearwater County (plus the Red Lake and Leech Lake Reservations), Carver, Goodhue, Isanti, Itasca, Lyon, Olmsted, Ramsey, Southern St. Louis and Rice.

### **Sexual Harassment**

Unwanted and unwelcome sexual behavior that interferes with an individual's life, work, housing or education. This behavior can include verbal or physical acts, demands for a "quid pro quo" (i.e., sexual affairs in exchange for rent or job advancement), and other acts that create an intimidating and hostile environment. There are federal and state legal protections pertaining to sexual harassment.

## **Sexual Assault Programs**

Sexual Assault programs provide general advocacy services including 24-hour crisis intervention, short-term emotional support, assistance in securing emergency services, transportation, assistance during medical procedures, assistance during investigations, assistance during court activities, and assistance in accessing human/social/family services. Sexual Assault programs are housed in community-based non-profit organizations and local governmental entities such as county attorney offices and human services.

## **Stalking**

A course of conduct, which can occur in a single incident, which would cause the victim under the circumstances to feel frightened, threatened, oppressed, persecuted, or intimidated, and causes this reaction on the part of the victim regardless of the relationship between the actor and victim. Stalking behaviors can include following, spying, unwanted phone calls, text messages, letters or gifts, waiting at places for the victim, monitoring computer use, and other behaviors. The identity of a stalker may be known or unknown to the victim. (see Minn. Stat. §609.749).

## **Strangulation**

Strangulation is statutorily defined in Minnesota as: intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person. The term “choking” is often used to describe strangulation—however, the definition of “choking” is: the obstruction of a person’s airway caused by an internal object within the body, such as accidentally swallowing a piece of food. Related term: Domestic violence by strangulation:

## **Survivor**

The term is generally used to describe the individual who was assaulted. Advocacy groups use this term largely to acknowledge the strength of an individual who endures trauma such as a sexual or domestic assault. Not every individual refers to herself or himself as a survivor and when interviewing survivors, reporters are encouraged to use the term preferred by the individual.

## **Trauma/Vicarious Trauma**

Often advocates, law enforcement, prosecutors and other professionals who work with victims and survivors of traumatic events may also experience symptoms of trauma due to exposure to stories and images related to sexual assault, domestic violence and child abuse. It is important that support is supported is provided to these professionals so they are able to continue their work without burnout or other serious impact.

## **Tribes in Minnesota and Urban Indian**

There are 11 tribes in Minnesota, of which seven are Ojibwe and four are Dakota. According to the BIA Trust Acreage report, 2000, the tribal reservation areas encompass 1,033,154 acres across the state. Census estimates 83,800 American Indian and Alaska Natives in Minnesota as of July 1, 2005. BIA 2003 enrollment and Census numbers showed 19,023 living on reservation or tribal land with the majority of the state's population living in the Twin Cities area counties and a lesser number in other state counties. Urban Indian is a term often used to describe major urban populations, generally in the country's ten major cities. Tribal affiliations vary, with many tribal affiliations from out-of-state or from across the country (See National Urban Indian Families Coalition report [www.nuifc.org](http://www.nuifc.org)).

Minnesota tribes: Boise Forte (Ojibwe); Fond du Lac (Ojibwe); Grand Portage (Ojibwe); Leech Lake (Ojibwe); Lower Sioux (Dakota); Mille Lacs (Ojibwe); Prairie Island (Dakota); Red Lake (Ojibwe); Shakopee Mdewakanton (Dakota); Upper Sioux (Dakota); White Earth (Ojibwe). Also noted above, Red Lake and Bois Forte are not PL 280 tribes.

## **Vulnerable Adult**

In Minnesota, a Vulnerable Adult is considered a person 18 years of age or older who is a resident or patient of a facility; who receives services at or from a program required to be licensed pursuant to Minnesota Statutes, chapter 245A; or is unable or unlikely to report abuse or neglect without assistance because of impairment of mental or physical function or emotional status, regardless of residence (See MN Stat. 609.232 and Memorandum on Mandated Reporting of Vulnerable Adults, 7/23/10 and Charter section on Confidentiality Plan).

## **APPENDIX**

MAPS Talking Points

*Disability Legislation & Minnesota American Indian Tribes*, Minnesota Disability Law Center, 2010

*Fact Sheet on Mandated Reporting of Maltreatment of Vulnerable Adults: What is Required?*  
Sexual Violence Justice Institute, 2010.

Memorandum: Mandatory Reporting of Maltreatment of Vulnerable Adults, Dwyer, Anne.  
Jul/23/2010.

Minn. Stat. 2009-626.557 Reporting of Maltreatment of Vulnerable Adults.



## **MAPS Talking Points**

### **Overview**

- Minnesota Accessing Paths to Safety (MAPS) is a collaborative project of four statewide organizations in Minnesota:  
  
Minnesota Indian Women's Sexual Assault Coalition  
Minnesota Disability Law Center  
Minnesota Coalition Against Sexual Assault  
Minnesota Coalition for Battered Women
- The Minnesota collaboration was one of only seven projects in the country, and one of just two statewide collaborations, to receive the three-year project funding in 2009 from the Office of Violence Against Women at the U.S. Department of Justice.
- MAPS is not a direct service project. It is a three-year statewide collaborative effort to increase the capacity of our partner agencies and pilot site agencies (service providers in Minnesota) to meet the needs of American Indian women with disabilities who have been subjected to domestic violence and sexual assault.
- The technical assistance and collaboration goals of this project are directed at the intersections of domestic violence, sexual assault, and disability services.

### **Issues and work of the collaborative**

- Although American Indians represent 1.5 to 2.0 percent of Minnesota's population, they experience the highest rates of sexual assault and violence. According to the U.S. Department of Justice, nationally American Indian women are three times more likely to be raped than any other race.
- There are additional barriers faced by American Indian women who are victims with disabilities. Many women with disabilities encounter physical, programmatic, and communication barriers when trying to access services. American Indian women with disabilities face additional cultural and attitudinal barriers when accessing domestic violence, sexual assault, or disability services. At our statewide and local pilot site levels, MAPS is working to ensure that American Indian women with disabilities will feel welcomed and valued when receiving services from skilled and knowledgeable service providers.

- MAPS is the only project in Minnesota focused on increasing the capacity of sexual assault, domestic violence and disabilities service providers to address the needs of American Indian women with disabilities.
- The work of MAPS is based on the past successful collaborative work of the coalitions and from our conversations with the Minnesota Disability Law Center. The partners are working together to develop a strong and effective statewide technical assistance project to address the needs of American Indian women with disabilities who have been subjected to sexual assault and domestic violence.
- The Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) is the lead agency for this project because of its numerous strengths as a technical assistance provider, its recognized role as a statewide anti-violence leader, and the relationships it has established within Minnesota's tribal communities.

### **What we hope to achieve**

- Build a strong and coordinated statewide technical assistance collaborative.
- Secure enthusiastic American Indian pilot sites that are ready to work with the collaborative to meet the project goals.
- Raise awareness locally and statewide about violence against American Indian women with disabilities.
- Increase capacity of service providers to serve American Indian women with disabilities who are victims of sexual assault and domestic violence.
- Build upon what is learned from pilot site partners by recognizing that the collective wisdom of the participating organizations is integrated into the whole of this work.

### **Importance of pilot sites**

- Pilot sites are direct service providers working with local issues. This is where the work gets done and where it is most impactful. The needs identified by the pilot sites should be reflective of the communities in which they are based.
- Working with pilot sites means building authentic, strong collaboration and testing what works in order to develop effective service models in Indian country. If services are not relevant for American Indians, the project will not be successful.
- This project involves several layers of complexity that arise from jurisdictional, cultural, geographical, and disability issues. The challenges of working at this intersection of

domestic violence, sexual assault and disability services require open exploration and honest discussion. As the technical assistance provider, MAPS will help the pilot site programs establish a respectful space and process for these discussions.

## Disability Legislation & Minnesota American Indian Tribes

Minnesota Disability Law Center

### *To what extent does State and Federal Disability Legislation Apply to American Indian Tribes?*

- **Federal:** The Americans with Disabilities Act.
- **State:** The Minnesota Human Rights Act.

### ***Sovereign Immunity:***

- The courts have held that American Indian tribes, tribal governments, and tribal business organizations are immune from lawsuit under the doctrine of sovereign immunity.<sup>1</sup>
- However, tribal immunity from actions for money may *not* extend to actions seeking equitable relief such as injunctions and declaratory judgments.<sup>2</sup>
- Furthermore, tribal officers or agents may still be liable for damages.<sup>3</sup>
- Tribal immunity can also be waived by an act of Congress or by a clear action taken by the tribe.<sup>4</sup>

## Americans with Disabilities Act

Federal law applies to American Indian tribes where Congress has specifically indicated that tribes are subject to particular laws.<sup>5</sup>

The Americans with Disabilities Act (ADA) is the primary federal civil rights act for people with disabilities, guaranteeing the right to employment, access to travel and communication. Because Federal policy currently encourages tribal sovereignty and has moved toward helping tribes become autonomous, tribal governments are excluded from complying with much federal legislation, including parts of the ADA.

### **Title I does not apply.**

Title I of the ADA seeks to ensure that individuals with disabilities will be treated as equals and afforded the ability to compete in the workplace with those not considered disabled. Although Title I of the ADA applies to all private employers, and state and local governments with 15 or more employees, American Indian tribes, tribal governments, and tribal businesses are specifically excluded from the definition of employer in Title I of the ADA.

### **Title II does not apply.**

Title II covers the Act's applicability to state and local government run programs, services, and

activities. ADA's Title II, which specifically regulates state and local governments, makes no reference to "Indian Tribes" in defining public entities. Congress' recognition of tribal sovereignty may help to explain why tribal governments are not included in Title II of the ADA.

### **Title III has limited application.**

Title III requires places of public accommodation to be accessible to people with disabilities. Although there is no mention of Indian tribes, one federal appellate court has ruled that Title III can apply to public accommodations run by American Indian Tribes.<sup>6</sup>

## How does Title III of the ADA apply to American Indian Tribes?

Although the appellate decision which held that Title III applies to tribes is not binding on Minnesota courts, Minnesota courts may follow a similar interpretation.

Consequently, Title III of the ADA requires Indian tribes, governments and businesses to make places of public accommodation

accessible to people with disabilities. However, the legislation has a more limited scope when applied to American Indian Tribes.

According to the appellate court, the key difference between tribal and non-tribal entities when it comes to liability for an ADA Title III violation is that private parties *may*

*not* sue the tribal entity.

*Only* the Attorney General, at his or her discretion, can bring such a lawsuit against a tribe.<sup>7</sup> Tribes are *not* amenable to private suit because Congress did not unequivocally express intent to abrogate their tribal sovereign immunity when passing the Act.



## MANDATED REPORTING OF MALTREATMENT OF VULNERABLE ADULTS: WHAT IS REQUIRED?

---

In Minnesota, sexual assault advocates are **NOT** mandated reporters of the maltreatment of vulnerable adults. See Minn. Stat §626.557 and the other statutes and explanations below. For additional information see the Department of Human Services website for an online training course ([www.dhs.state.mn.us](http://www.dhs.state.mn.us)) and look under “adult protection.”

---

**Who is a Mandated Reporter of Abuse against Vulnerable Adults:**  
See Minn. Stat. §626.5572 Subd. 16

A professional or professional’s delegate engaged in:

- Social services;
- Law enforcement;
- Education;
- The care of vulnerable adults;
- Any occupation regulated under a health related licensing board;
- An employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation;
- An employee of or person providing services in a licensed facility such as a nursing home, residential or nonresidential facility, hospice, personal care attendant, or home care provider;
- A person performing duties of the medical examiner or coroner

\*The statute is silent as to whether sexual assault advocates are mandated reporters of abuse against vulnerable adults. **Since advocates are not engaged in the activities named in any of the statutory categories they are not considered mandated reporters.** It is important that programs take care to ensure that job descriptions are clear that a person’s role is as an advocate, particularly when a sexual assault program has licensed professionals such as social workers on staff who are mandated reporters and who provide services to sexual assault victim/survivors.

**Breaking Confidentiality:**

**Remember that you have a duty of confidentiality to your clients and this duty is governed by funding obligations, advocate privilege and other state law. If you are a sexual assault advocate working with a client who is a vulnerable adult under Minnesota law you may not disclose information obtained from or about your client. Although anyone can make a voluntary report (even if not a statutorily required mandated reporter) a sexual assault advocate should not disclose any information without a client’s informed consent. See the SVJI fact sheets on advocate confidentiality for**

**Who is a Vulnerable Adult:**

See Minn. Stat.  
§626.5572  
Subd. 21

**more information.**

A vulnerable adult is a person 18 years or older who

- Is a resident or inpatient of a facility (such as a hospital, nursing home, adult services, home care provider, hospice, etc) OR
- Receives services from an adult services facility (see exceptions below) OR
- Receives services from a licensed home care provider or personal care assistant OR
- Regardless of receiving services, possesses a physical, mental, or emotional infirmity or dysfunction that impairs the person's ability to provide adequately for his/her own care without assistance AND has an impaired ability to protect him/herself from maltreatment.

\*The term "vulnerable adult" is not found in the criminal sexual conduct statute, which punishes sexual contact or penetration with a person who is "mentally impaired."

\* Exceptions: A person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction that impairs the person's ability to provide adequately for his/her own care without assistance AND impairs the person's ability protect him/herself from maltreatment. See Minn. Stat. §626.5572, Subd. 21(a)(2).

**What Must Be Reported:**

**Abuse:**

Maltreatment of a vulnerable adult: abuse, neglect, or financial exploitation

Abuse includes but is not limited to:

- Assault as defined by Minnesota statute
- The use of drugs to injure or facilitate crime
- Solicitation, inducement, or promotion of prostitution
- **Criminal sexual conduct (first through fifth degree)**
- Action that meets the elements of the above crimes, regardless of whether there are criminal proceedings
- Hitting, slapping, kicking, pinching, biting, corporal punishment
- Use of repeated or malicious oral, written, or gestured language that would be considered by a reasonable person to be disparaging, humiliating, harassing or threatening

	<ul style="list-style-type: none"> <li>• Use of any unauthorized aversive or deprivation procedures, unreasonable confinement, or involuntary seclusion against will of the vulnerable adult or the legal representative of the vulnerable adult</li> <li>• <b>Sexual contact or penetration between facility staff or person providing services in a facility and a client/resident/patient</b></li> <li>• Forcing, coercing, enticing or compelling to perform services against the vulnerable adult's will for another's advantage</li> </ul> <p><u>Conduct which is not abuse:</u></p> <ul style="list-style-type: none"> <li>• Consensual sexual contact between a vulnerable adult, "who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence" AND</li> <li>• A person, including a facility staff person, when a consensual personal relationship existed <b>prior</b> to care giving, OR</li> <li>• A personal care attendant, <b>regardless</b> of when consensual personal relationship began</li> </ul> <p><u>Neglect includes but is not limited to:</u></p> <ul style="list-style-type: none"> <li>• Failure or omission of a caregiver to provide services or care which is not the result of an accident or therapeutic conduct;</li> <li>• Absence or likely absence of care or services which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety or comfort.</li> </ul> <p><u>Conduct which is not neglect:</u></p> <ul style="list-style-type: none"> <li>• See conduct which is not abuse above;</li> <li>• The vulnerable adult or a person with authority to make health care decisions refusing consent to any therapeutic conduct, or treating by spiritual means, provided it is consistent with prior practice/belief of the vulnerable adult;</li> <li>• An individual makes an error in the provision of therapeutic conduct that does not result in injury or harm, or results in injury or harm and the necessary care is provided in a timely fashion, so long as the vulnerable adult's health status may be restored, the error is not part of a pattern, it is reported, remedied, and documented</li> </ul>
<p><b>Financial Exploitation:</b></p>	<p>A facility or caregiver is not required to provide or supervise financial management for a vulnerable adult unless otherwise required by law.</p> <p><u>Financial exploitation includes but is not limited to:</u></p> <ul style="list-style-type: none"> <li>• A breach of a fiduciary obligation recognized in law;</li> <li>• Unauthorized expenditure of funds;</li> <li>• Failure to use the vulnerable adult's financial resources to provide</li> </ul>

<p><b>What to report:</b> See Minn. Stat. §626.557, subd. 4</p>	<p>necessities where failure is likely to result in detriment;</p> <ul style="list-style-type: none"> <li>• In the absence of legal authority: <ul style="list-style-type: none"> <li>○ Using, withholding, or disposing of funds or property;</li> <li>○ Obtaining services to the vulnerable adult's detriment and the benefit of another;</li> <li>○ Acquiring possession, control, or interest in funds or property through undue influence, harassment, fraud, deception, or duress;</li> <li>○ Forces, compels, coerces, or entices a vulnerable adult to provide services for the profit or advantage of another.</li> </ul> </li> </ul> <p>To the extent possible reports should include the following information:</p> <ul style="list-style-type: none"> <li>• Content sufficient to identify the vulnerable adult and caregiver;</li> <li>• Nature and extent of suspected maltreatment;</li> <li>• Any evidence of previous maltreatment;</li> <li>• Your name and address (it will remain confidential);</li> <li>• Time, date, and location of the incident;</li> <li>• Other information you believe may be helpful in an investigation such as current injuries or name of alleged perpetrator.</li> </ul>
<p><b>Where do I report:</b> See Minn. Stat. §626.557, subd. 9</p>	<ul style="list-style-type: none"> <li>• Each county has a designated local common entry point responsible for receiving reports and available 24 hours a day.</li> <li>• Upon receiving a report, the common entry point makes an assessment and involves appropriate agencies such as Law Enforcement, Adult Protection, the Minnesota Department of Health, and the Department of Human Services.</li> <li>• After the appropriate agencies are involved, an investigation is completed and a finding issued.</li> <li>• Check with Department of Human Services for guidelines specific to certain facilities.</li> </ul>
<p><b>When and how must I report:</b> See Minn. Stat. §626.557, subd. 4</p>	<ul style="list-style-type: none"> <li>• Upon knowing or having reason to believe that abuse, neglect, or financial exploitation has occurred, <b>immediately</b> make an oral report to the common entry point. The common entry point may also require a written report. This means as soon as possible, but no longer than 24 hours from receiving initial knowledge that the incident occurred.</li> <li>• The mandated reporter must make the report <i>herself</i>. Referring the issue to a supervisor is not sufficient.</li> <li>• When in doubt about whether the incident was already reported, report it. Nothing prohibits multiple reports of the same incident.</li> </ul>
<p><b>Why must I report?</b> See Minn. Stat. §626.557, subd. 5</p>	<p>A mandatory reporter who fails to report is civilly liable for damages caused by the failure. A good faith report will be immune from civil or criminal liability.</p>



### What can I do?

- When questions about mandatory reporting arise, contact your common entry point for advice, keeping identities confidential.
- It is not your duty to investigate or collect factual information about a particular situation. It is your duty to report when mandated.
- Every agency should have a system or policy in place for mandatory reporting situations. It is advisable that supervisory staff be made aware when a staff member makes a report.

---

Sexual Violence Justice Institute  
Minnesota Coalition Against Sexual Assault  
161 St. Anthony Avenue, Suite 1001  
St. Paul, MN 55103  
651.209.9993 or 800.964.8847  
[www.mncasa.org](http://www.mncasa.org)

Updated October 2010