

# Adult Sexual Assault Response Team Protocol

A Framework for Texas Communities



## Background and Legal Mandate for Counties

SB476 passed during the 87<sup>th</sup> Texas Legislature and went into effect September 1, 2021. This law requires that Texas counties establish multidisciplinary adult sexual assault response teams. As a part of that work, the response team is responsible for developing a county or region-wide interagency protocol. This document will cover the required elements of that protocol and highlight best practices in the field of CCR work in response to sex crimes. Further information about team establishment can be found in TAASA's SART Guide or by emailing [SART@taasa.org](mailto:SART@taasa.org).

*"The purpose of the protocol developed under this section is to ensure coordination between all agencies involved in sexual assault cases, to increase the efficacy of response and to minimize survivor traumatization. The response team shall provide the protocol to each agency in the county that responds to disclosures of sexual assault." Tex. Loc. Gov't. Code § 351.256 (c)*

### Definitions in Tex. Loc. Gov't. Code § 351.251

- (1) "Adult" means an individual who is not a child as defined by Section 101.003, Family Code.
- (2) "Response team" means a multidisciplinary team established under this subchapter to strengthen the collaborative response and enhance health and judicial outcomes for sexual assault survivors who are adults.
- (3) "Sexual assault program" means a program that:
  - (A) operates independently from a law enforcement agency or prosecutor's office;
  - (B) is operated by a local public or private nonprofit corporation either independently or as part of a municipal, county, or state agency; and
  - (C) provides the minimum services, as defined by Section 420.003, Government Code, to adult survivors of stranger and non-stranger sexual assault.
- (4) "Survivor" means an individual who is a victim of a sexual assault or other sex offense, regardless of whether a police report is filed for the incident.

**Legend:** ✖ Statutory Requirements ✓ Best Practices

## What are protocols?

Protocols are policies, procedures and agreements to guide your collective response. They help eliminate gaps, define roles and relationships.

## Why do we need protocols?

Protocols enhance collaboration, increase consistency in your response to victims, and last over time even when there is turnover at your organization. The goal with the protocols is to set expectations and provide a guide for collaborative work between team members. By doing so, this will help support the SART in maintaining consistent, high quality, and survivor-centered responses in your community for the long-term.

## What should our protocol look like?

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- The protocol should be multidisciplinary AND discipline specific.
- It should be inclusive of all member voices and ideally survivors' voices. It should supplement individual agency policies and procedures. It should be a living document- updating and changing based on the SARTs needs. Teams are required to update and review it a minimum of ✦ once every 2 years<sup>1</sup>.
- It should contain expectations and standards for each member's response and different points in time. The protocol should identify points of collaboration between disciplines.

## Where should we start? Readiness checklist<sup>2</sup>

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- ✓ Is your SART established and meeting?
- ✓ Does the SART have a clearly defined purpose or mission statement?
- ✓ Does the SART have by-laws or other governing guidelines?
- ✓ Do you know what your coverage area will be?
- ✓ Are all key members that will be a part of the response (and protocol) represented and attending meetings?
- ✓ Does your SART need to do any trust building or relationship building before you begin working on a protocol?

## Beginning the Work

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- 1) List the following: Counties and Team members/Organizations participating in protocol
- 2) Gather existing documents (policies from each individual agency)
- 3) Select a working group or dedicate time during an existing SART meeting
- 4) Have a basic understanding of the legislative intent and legislative requirements<sup>3</sup>

## Questions to guide you

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- 1) What is your timeline? Protocols are due by ✦ December 1st, 2022<sup>4</sup>, so we encourage people to begin now if they have not already.
- 2) Are you updating an old protocol or creating a new one?
- 3) Are we ensuring that there is no wrong door? You want all victims to have the same experience regardless of where they enter the process.
- 4) How do we assess the policy or procedure? ✦ The law gives us a standard for this<sup>5</sup>. Measure your current policies against these standards.

351.256(b) In developing a protocol under this section, the response team:

- (1) shall consider Chapter [56A](#), Code of Criminal Procedure;
- (2) may provide different procedures for use within a particular municipality or area of the county served by the response team; and
- (3) shall prioritize the health and safety of survivors.

<sup>1</sup> Tex. Loc. Gov't Code § 351.257

<sup>2</sup> Adapted from Arizona Coalition Against Sexual and Domestic Violence

<sup>3</sup> Tex. Loc. Gov't. Code § 351.256

<sup>4</sup> SB476 (87R)

<sup>5</sup> Tex. Loc. Gov't. Code § 351.256(b)(1)

## → Two ways to begin writing out and developing your protocol

- 1 **By looking at a “case” and going through it step by step at all the entry points for survivors.** If a number of members do not have existing or written protocols, starting from hypothetical case scenarios is the easiest way to do the mapping. Survivors can also tell you where the gaps are, so doing a focus group or surveys could be very beneficial for teams. We include examples of how to do entry point protocol mapping in the appendix.
- 2 **By listing out the responsibilities and activities of each discipline and where they intersect with survivors and each other.** This is an approach that will work best if each agency can bring existing written protocols to the worktable.

## ✦ Required Protocol Elements<sup>6</sup>:

### → The procedures to be used in investigating and prosecuting cases arising from a report of sexual assault;

#### Taking reports and/or receiving disclosures of sexual assaults.

- Who takes the initial report?
- What information do they provide to a victim when a report is taken, what kinds of information are they documenting?
- When do they contact an investigator and ✦ how do they<sup>7</sup> offer/request forensic exams\*?
- Are VACs or victims services personnel involved at any point?

#### Investigative steps for Adult Sexual Assault.

- When and how do you schedule a victim interview?
- What advocates are you coordinating with to ensure that a victim has an advocate present ✦ during<sup>8</sup> that interview\*?
- Do you do suspect interviews in every case when the suspect is known and are victims notified in advance?
- What kinds of evidence is being gathered from victims, crime scenes and suspects? Who is responsible for gathering it?
- What forms, brochures or other information do you provide to victims, do they have a main point of contact in ✦ the police department<sup>9</sup>?
- Who submits forensic evidence to the lab and ✦ enters it into Track Kit<sup>10</sup>?
- Are investigators trained in how to read and interpret forensic exam reports and results?

#### Prosecution and charging decision points and steps.

- Who are the SA prosecutors?
- Are they available to speak with investigators regularly?
- Who is involved in charging decisions, who is communicating and when,  how is the victim informed of or involved in those discussions, what evidence is reviewed, what prosecutors are assigned, what training do they have and how are grand juries educated about the dynamics of SA?
- What factors go into a charging decision for adult sexual assault?

<sup>6</sup> Tex. Loc. Gov't. Code § 351.256(a)

<sup>7</sup> Tex. Code of Criminal Proc. 56A.251(a), 56A.303(a)

<sup>8</sup> Tex. Code of Criminal Proc. 56A.3515, 56A.352

<sup>9</sup> Tex. Code of Criminal Proc. 56A.401(3)(c)(4)

<sup>10</sup> Tex. Gov't Code 420.034(d)

- Do supervisors have to approve declinations, dismissals, plea deals, etc?
- Are prosecutors trained in how to read and assess lab & DNA reports?
- How are crime victims apprised of the  case developments<sup>11</sup>? Do they have to request information or are agencies proactively providing it to them?
- When and what are the  referral processes<sup>12</sup> and collaboration with community organizations?
- Does your agency(or agencies) provide interpretation or transportation services for victims when they are making reports or participating in a trial? How is that accessed?

➔ **Interagency information sharing, in accordance with state and federal law, to ensure the timely exchange of relevant information and enhance the response to survivors;**

For this element, your team should develop commitments and steps to implement appropriate informed consent, release of information, and confidentiality policies and practices where they are needed. You and your team may want to consider how each agency partner will train their staff, cross train team members on differing levels of information sharing, or how partner agencies will change their internal policies<sup>13</sup>.

**Confidentiality requirements for each discipline**

**Example:** Sexual Assault Programs are now  subject to privilege on all written or oral communications with a survivor<sup>14</sup>. This is a Texas law that means they cannot share any information about a victim outside of the agency without specific written consent from that survivor. Additionally, any agency receiving funds from VOCA, VAWA or FVPSA will have confidentiality restrictions and be forbidden from the use of blanket consent forms.

Healthcare Providers: HIPAA and Title 42 restrictions should be listed in your protocol. Who on your team is subject to these or Texas confidentiality requirements?

**Confidentiality requirements for the team**

How are you ensuring that case reviews are only being done  with active, specific consents in place<sup>15</sup>? Or that discussions in meetings are being done on a level that does not identify any one individual?

➔ **Location and accessibility of sexual assault forensic examinations;**

- Where can survivors get exams in your community?
- Do they need to go out of county?
- Is there transportation for them?
- Do you have SANEs or Forensic Examiners available at all hours or only some of the time?
- Can or have you done any training with hospital staff to ensure that they know what to do when a survivor presents in an emergency room? Who calls the SANEs?
- If you do not have a SANE, does your healthcare provider have someone on staff with Forensic Evidence Collection training who can conduct an exam? How can your team support increased training on this issue if you do not have a SANE?
- Is everyone aware of how non-reports work?
- How does evidence get from the healthcare provider to Lab? Are there procedures in place to maintain chain of custody and comply with Track Kit<sup>16</sup>?

<sup>11</sup>Tex. Code of Criminal Proc. 56A, Subchapter J

<sup>12</sup>Tex. Code of Criminal Proc. 56A.402

<sup>13</sup>MNCASA Protocol Template, 2015


<sup>14</sup>Tex. Gov't Code 420.071

<sup>15</sup>Tex. Loc. Gov't. Code § 351.258(f)

<sup>16</sup>Tex. Gov't Code 420.034

→ **Information on the availability of and access to medical care when the care is clinically indicated;**


Teams will need to identify how their communities are complying with Chapter 323 of the Health and Safety Code. There are requirements there for all healthcare facilities with an emergency department. If your community is not using a hospital for exams, how are patients being triaged or referred for follow up medical care? Research has shown that the vast majority of survivors do not need Emergency Department level care, however communities need to ensure that they have a plan in place for when that care is needed.

When indicated, Survivors should be provided with dosage or prescriptions for HIV PEP, pregnancy prevention medications, and STI prevention  medications at the time of the exam. All of these elements are extremely time sensitive in order to be effective. How are these medications being made available to patients? Are you using drug company waivers or specialized pharmacies to assist with cost reduction? More information on PEP can be found on TAASA's [website](#) .

Are your healthcare providers assisting patients with Emergency Medical Care applications to the CVC Program when they are seen for treatment in a facility or SAFE Program?

How are follow ups for lab tests or medical referrals coordinated? Are healthcare providers trained and equipped to do strangulation assessments?

→ **A requirement to ensure survivors are offered access to sexual assault program advocates, as defined by Section [420.003](#), Government Code;**

There are  two points in time<sup>17</sup> in which survivors of sexual assault are required to be provided with a community-based advocate. The first is during the medical forensic exam, regardless of whether that survivor reports to police. It is generally the responsibility of the healthcare provider to coordinate with advocates and ensure that access is provided.

The second place that the law requires survivors to be offered an advocate is during an investigative interview with law enforcement. Obviously, this will only apply to reporting victims. The law enforcement agency is responsible for identifying and coordinating with advocates to ensure this provision is followed.

→ **Information on the availability of and access to mental and behavioral health services;**

- Where is your county's nearest LMHA?
- Are there private counselors in your county that accept insurance or Medicaid? A rape crisis center may be the closest, free resource for survivors to receive counseling, and the majority of them have instituted tele-therapy.

Your protocol should designate at least one option for referring clients to counseling and/or psychiatric and behavioral health services after an assault. If you have a consistent resource for that, those folks should be invited to be a member of the SART and contribute their own information for how they receive referrals and how and where survivors can receive services from them. Early mental health intervention for victims has shown to improve long term recovery from rape.

<sup>17</sup>Tex. Code of Criminal Proc. 56A.351, 56A.3515

→ **A requirement to ensure that relevant law enforcement agencies notify survivors in a timely manner regarding the status of any criminal case and court proceeding;**

In this section, your team needs to document how and when police departments, sheriff's offices and prosecution agencies will provide follow-up contact and information to victims/survivors after the initial report or interview.

**Example:** Investigators will contact ASA victims at least once every 60 days with an update on their case, to answer questions, discuss safety, and share the status of any kit testing if applicable. If a case has been referred for prosecution, the prosecutor's office will maintain regular contact with victims to check in about the case and answer questions, no less than once every 60 days and when there are court proceedings or changes.

**Example:** Investigators and victim services personnel will provide a business card to each and every victim/survivor with their individual contact information and the instructions about how to call or email if they wish for an update on their case or a process.<sup>18</sup>

→ **An assessment of relevant community trends, including drug-facilitated sexual assault, the incidence of predatory date rape, and sex trafficking;**

Assessing how many reports of a particular type your community receives will help identify where you need to focus your energies. Teams can decide how they will identify and collect this information. Some may decide to add a checkbox to their case reports or SANE forms.

**For example:** a college town SART notices that their members are receiving what seems to be a high volume of DFSA cases. That team decides to add a checkbox to both their LE reports and SANE forms to use when a victim self identifies that they were drugged or believed themselves to be, exhibits the signs of being drugged, or when there is a toxicology report that indicates they were drugged. This allows the team to track the incidence, frequency and location of these cases. The team reviews all reports with a DFSA component after 6 months and realizes that there are clusters taking place in certain locations at certain times of the week.

This is an example of a community trend that the team should be noticing and documenting. They should also take the additional steps to further investigate these trends and prosecute these cases.

→ **A biennial evaluation through sexual assault case reviews of the effectiveness of individual agency and interagency protocols and systems;**

The team should outline a general evaluation process within their protocol.

**For example:** the XX County SART will conduct a sexual assault case review once annually to evaluate interagency protocols and identify gaps in response. Any member of the SART can put forward a recommended case for review, at least 3 months in advance of the case review meeting, to the larger team after consulting with the victim on that case. Once a case is agreed upon, respective agencies will have the interim period to obtain their own needed consents in order to share information. The meeting will be closed to anyone outside the core responding agencies. The presiding officer is responsible for ensuring that the team consent form is completed in compliance with law at the start of case review meetings.

Case reviews are one of many potential ways that teams can conduct an evaluation of their protocols. Moving forward, teams doing a case review will be required to obtain consent from any victim whose personal information will be shared during the review. That consent form does not substitute for

those required by law for Rape Crisis Centers, VOCA/VAWA funded agencies or Healthcare providers. If those entities wish to share information they will need to obtain consents that are compliant with those requirements. Teams should consider the below questions;

- What is the process for selecting cases and obtaining consents from the victim?
- How do you ensure that victims are not coerced into providing consent for case review?
- How will cases be evaluated and who will have access to case information?
- How will success be measured/gaps be identified?

→ **At least four hours of annual cross-agency training on the dynamics of sexual assault for response team members participating in the quarterly meetings as required by Section [351.254\(c\)](#); and**

Cross training can be achieved in a number of different ways. The main requirement is that it take place together. Some teams will do site visits or mock exams. Others may attend a conference together or bring in an outside trainer. There are extensive free resources available online for teams and TAASA can be resource for training. Some teams may even join with nearby counties to do a regional training and share any costs.

→ **Procedures for addressing conflicts within the response team and for maintaining the confidentiality of information shared among response team members as required by law.**

TAASA has developed guidance that teams can adopt if they have not already selected a process for resolving conflict. It can be found in the appendices. The team should document a summary or outline of how they plan to resolve conflicts as a part of their protocol.

## Exercises for Developing Your SART Protocol

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### Protocol Development Readiness Checklist<sup>1</sup>:

- ✓ Is your SART established and meeting?
- ✓ Does the SART have a clearly defined purpose or mission statement?
- ✓ Does the SART have by-laws or other governing guidelines?
- ✓ Do you know what your coverage area will be?
- ✓ Are all key members that will be a part of the response(and protocol) represented and attending meetings?
- ✓ Does your SART need to do any trust building or relationship building before you begin working on a protocol?

### Definitions<sup>2</sup>

**Asset** - A place, person, or program that helps strengthen collaborative response and enhance the health, safety, and wellbeing of survivors and the community. This can include status, position, knowledge, or other skills that a person, group, or agency has.

**Individual Assets** – Individuals who can support survivors or help strengthen the communities support to survivors. These people typically have qualities such as “skills, training, education, specific talents, networks, and/or monetary resources”.

**Community Assets** – Groups, organizations, or institutions that can support survivors or help strengthen support to survivors. This can include local systems/institutions “that reach into the community, such as businesses that create local job opportunities, social service agencies, libraries, colleges or universities.” It is important to consider formal systems (ex. police departments, hospitals, social service organizations) and informal establishments that can provide support (ex. social groups, local volunteers, faith-based supports).

<sup>1</sup>Adapted from Arizona Coalition to End Sexual and Domestic Violence

<sup>2</sup>Definitions adapted from the Advancement Project- Healthy City Community Research Lab (2012)



## Activity #1

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STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
How does our community succeed in responding to Adult sexual assault?	What does our community lack in responding to Adult sexual assault?	Where are the biggest gaps in our response?	What are challenges and barriers that stand in the way of enhancing our response to adult victims?

## Activity #2

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### Beginning the work: Questions to consider

1. Who is involved in the writing, who is leading? *Do you need workgroups, a committee or a separate series of meetings so this can be a focus?*
2. What is your timeline? *Protocols are due in December, so while there is no statutory penalty for lateness, we encourage people to begin now if they have not already.*
3. Are you updating an old protocol or creating a new one?
4. Are you beginning from a case scenario or are you asking everyone to bring their protocols to the table?
5. Are you missing anyone or any agency? *This may become apparent when you begin.*

### Activity #3: Asset Mapping Exercise: Let's examine what is available in your community

**Step 1:** Discuss and outline the type of support survivors need and what resources are available in the community to meet those needs (ex. sexual assault examinations, advocacy, mental health, housing assistance, etc.).

**Step 2:** Once you've identified a resource, you will assign it a score. The score provides an easy way to identify which community resources you consider "assets" to sexual assault survivors and which resources are not yet assets. These scores will be used later to help identify gaps or areas that can be improved.

**Scoring Guidance**

A= It exists in our community and it is a strong accessibility asset

B= It exists in our community, but a few factors impact its strength and/or accessibility

C= It exists in my community (or near it) and many factors impact its strength or accessibility of the asset

ASSET TYPE	NAME/ORGANIZATIONS	LOCATION	SCORE
Medical Services			
Sexual Assault Programs			
Other Advocacy/Victim Services Organization			
Law Enforcement Services			
Mental Health Services			
Prosecution Services			

## Activity #4: Mapping through a Case scenario or Entry Points

### Sexual Assault Forensic Exams

<p>Entry point or response related to Forensic Medical care  <i>What are the different ways survivors access a sexual assault forensic exam?</i></p>	<p>Who responds?  <i>Sexual assault program/Rape Crisis Center, law enforcement, SANE, victim advocate, etc.</i></p>	<p>What is that responder's role?  <i>What are <b>formal and/or informal (or observed) processes or discipline specific standards and responsibilities that person/agency is required to carry out.</b> Consider both internal/external practices.</i></p>	<p>What victim rights apply in the forensic/ medical setting?</p>	<p>Connection to other assets  <i>What resources are available to the survivor next and/or how do they access other assets? ex SANE, law enforcement, etc.</i></p>
<p><b>For example:</b> <i>The survivor calls the rape crisis center hotline asking about their options to receive an exam</i></p>	<p><i>Trained hotline advocate from the sexual assault program</i></p>	<p><i>-Advocate informs survivor of their options and provides information on how to receive a sexual assault exam.</i></p> <p><i>-This is a somewhat formal process, but there is not a uniform way in which this information is communicated.</i></p> <p><i>The survivor decides they want an exam, the advocate notifies the on-call SANE immediately and arranges to meet the nurse at the hospital.</i></p>	<p><i>-The right to receive an exam within 120 hours of the assault</i></p> <p><i>-Right to receive an exam without reporting</i></p> <p><i>-Pseudonym</i></p>	<p><i>-The SANE arrives within 45 minutes of being dispatched to the hospital</i></p> <p><i>-The SANE ensures the survivor understands the purpose of the exam by sharing the following information....</i></p>
<p>The survivor walks into the hospital....</p> <p>Survivor walks into the police station...</p>				

## Next steps and approaches to consider when mapping and protocol building

- Outline entry points into different services and document each member and/or agency's existing services, roles, and responsibilities.
  - Document internal and external processes for responding to adult sexual assault survivors.
  - As you outline, identify gaps, informal practices, and opportunities to standardize or improve protocols.
- You can use different cases (anecdotal and/ without breaching privacy) to do the mapping, outlining "what's next" as you follow the trajectory of a case.
- You can have each member bring their own protocols to the table and identify where different agencies' roles intersect and what formal processes are missing.
  - If a number of members do not have existing/written protocols, starting from a case scenario can be a helpful way to begin mapping.
- What is an "asset" to one may not be an asset to all. Survivors and community members with different perspectives are vital for identifying gaps and barriers. Consider doing a focus group or anonymous survey to gain a clear picture of your community assets.
- Evaluate and analyze protocols, policy or procedures- The law gives us a standard and starting point for this. Measure your current policies against this standard.
  - Consider the demographic make-up of your community and what b
  - No wrong door: You want all survivors to have meaningful access to resources and options that impact their experience regardless of where they enter the process or who they interact with.

The distinct roles, responsibilities, and perspectives of each team member are vital to a SART's overall success. Individuals from various disciplines are often guided by different principles, goals, and/or legal requirements. It is the diversity in perspectives that makes SARTs a potential place for effective and innovative problem solving.<sup>1</sup> However, if team members are not able to respect each other's perspectives or navigate disagreement, the team's progress can become stagnant and ineffective. Building trust, healthy communication structures, and commitment to managing conflict are the keys to unlocking the team's potential for success.

Conflict is a situation when two or more parties disagree. Unresolved conflict can negatively impact the success of an organization.<sup>2</sup>

💡 *Conflict can be a source for growth when it is communicated and addressed in a productive manner. Productive conflict focuses on identifying or solving problems, and involves a willingness to teach, as well as an openness to listening and learning.*

### ➔ **Why is conflict resolution necessary for SARTs?**

Having a process for resolving conflict is required by law for SARTs in Texas. Additionally, the ability to address and resolve conflicts within the team is a necessary skill for SARTs. Research with victims of sexual assault shows that they are negatively affected when service delivery systems become fragmented.<sup>3</sup>

*“Coordinating the delivery of services to victims, is predicated on the ability of providers from different fields of practice to come together, find common ground, and collaborate in their services for victims. If, however, the process of coordination is contested, teams may not be able to realize the intended benefits of using a multidisciplinary model.”*

-(Moylan et al. 2017)

### ➔ **What types of conflict can occur within a SART?**

**Task related** conflict centers on the ways to resolve problems that are caused by differences in viewpoints, ideas and opinions. This form of conflict can result in creativity and improved decision-making.

**Relationship** conflict centers on blaming other parties rather than resolving problems. This form of conflict can be detrimental to organizations.<sup>4</sup>

<sup>1</sup>Baker, D. P., Day, R., & Salas, E. (2006). Teamwork as an essential component of high-reliability organizations. *Health services research*, 41(4 Pt 2), 1576–1598. <https://doi.org/10.1111/j.1475-6773.2006.00566.x>

<sup>2</sup>The Difference of Conflict Management Styles and Conflict Resolution in Workplace. Lim Jin Huan and Rashad Yazdanifard. *Business & Entrepreneurship Journal*, vol.1, no.1, 2012, 141-155.

<sup>3</sup>Martin, P. Y. (2005). *Rape work: Victims, gender, and emotions in organizational and community context*. New York, NY: Routledge.

<sup>4</sup>Huan J & Yzdanifard R, 2012.



## Common conflicts for SARTs<sup>5 6</sup>

- Confidentiality limits of different parties.
- Admonishing team members instead of recognizing everyone has distinct, varying and important roles and responsibilities.
- Authority differences. Some disciplines are trained to “take charge” while others are taught to defer authority to the victim and promote self-determination.
- Lack of rape-specific expertise. For certain professionals this distracts from the work of supporting victims.
- Credibility. It is important that the core group be seen as credible sources of knowledge by their counterparts and their own discipline. Numerous complaints from victims about an individual or group will undermine the credibility of that professional or their discipline.
- Differences in power and access to resources. The groups and systems at the SART are not equal in their **power or access to resources**. Therefore, some groups or disciplines will be elevated in authority and credibility while others are discounted.

### What exacerbates team conflicts?

When team members don't speak up in the moment or follow up directly and quickly with questions and/or concerns, conflicts can become more complex and harder to manage. If members choose not to voice disagreement they are, by omission, sending a message that the behavior, actions or words are ok with them<sup>7</sup>. This can lead to contempt within parties on the team, with separate camps around an issue as thoughts are shared privately, and not in the larger group.

Common barriers to resolving conflict <sup>8 9</sup>	Potential Remedy
Trying to be right	Active listening can signal that you respect someone's opinion even if you don't agree with them.
Blaming	Focus on the solution not the person.
Being unwilling to compromise	Compromise can be appropriate for many situations. Try looking for needs or gaps first. This can be an effective way to develop a win/win solution.
Ignoring power dynamics	Mitigating power dynamics so team members can address conflict more openly. For example, ensuring that those with less power are provided with multiple opportunities to provide feedback on a topic.
Not addressing the conflict	Gather facts and take time to clearly define what the issues are
Mode and method of communication	Addressing conflicts in the proper space, method, and time can help ensure success. For instance, a one-on-one conversation between parties with opposing views may be more effective than an email to the whole group.

<sup>5</sup>Huan J & Yzdanifard R, 2012.

<sup>6</sup>Martin, P. Y. (2005). Rape work: Victims, gender, and emotions in organizational and community context. New York, NY: Routledge.

<sup>7</sup>Workplace Conflict Resolution. 2012.

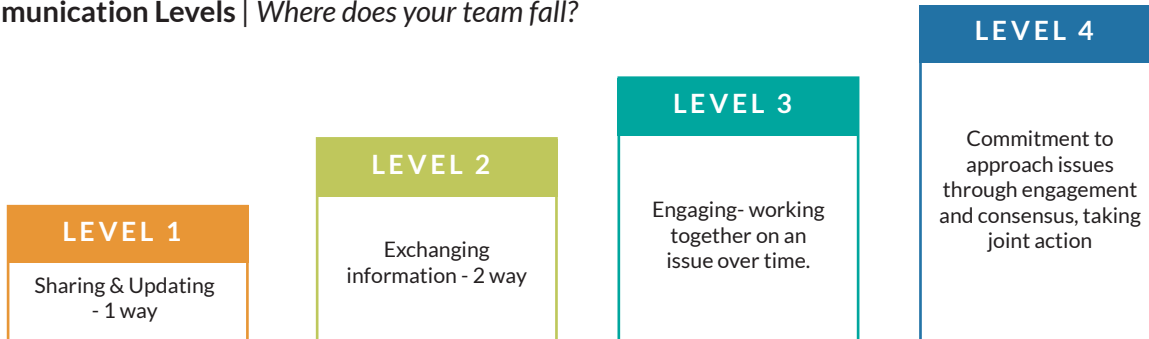
<sup>8</sup>Moylan, C. A., & Lindhorst, T. (2015). Yes, its "Catching flies with honey": the management of conflict in Sexual Assault Response Teams. Journal of interpersonal violence, 30(11), 1945-1964. <https://doi.org/10.1177/0886260514549464>

<sup>9</sup>Hargie (2011) Conflict Resolution: Professional Communications. <https://ecampusontario.pressbooks.pub/profcommsontario/chapter/conflict-resolution/>

## Conflict Management

There are a number of theories, principles and guidelines for managing conflict within groups and organizations. Here we draw from the practices of collaborative law, managing public disputes<sup>10</sup> and the theory of adaptive leadership to recommend assumptions and tools for your team to consider.

### Communication Levels | *Where does your team fall?*



### Assumptions | *Are these agreed upon by the group?*

- ➔ Everyone should come as a learner
- ➔ Leaders cannot really lead on an issue of importance if the stakeholders do not decide to support and make the change.
- ➔ Stakeholders cannot really get their needs met on an issue of importance if they do not work with those who have the authority to make change.
- ➔ Challenges should be met by the whole group, not just one person dictating the process and outcome.

## Process Steps

- 1 Establish ground rules** for the conflict resolution process that your team will adopt and write them down.
  - A** These might include: a commitment to participate in the process and reach agreements; advanced communication about the meeting; use of a clear agenda; a small focused group that is responsible for hearing conflicts and reaching agreement; agreement that delays will not be used as a tactic to avoid an undesirable result; agreement that personal attacks will not be tolerated; disagreements will be viewed as problems to be solved instead of battles to be won.
- 2 Select a facilitator.** If the conflict does not involve the presiding officer or SART leadership, those individuals may be able to facilitate the process. However, it is often best to invite in a facilitator from a neighboring SART or third-party agency.
- 3 Statement of goals and expectations by each party.** Individuals should describe the history of the problem, their role in the issue thus far, share complaints/concerns and their desires for the outcome.
- 4 Educate all parties.** Compile information, consult with outside experts (attorneys, coalition or association staff, etc). Fact check the information and clarify perceptions.

<sup>10</sup>Carpenter, S & Kennedy WJD. 2001. Managing Public Disputes; A Practical Guide for Government, Businesses and Citizens Groups. John Wiley & Sons Inc.

- 5 **Generate options to solve the problem.** Develop a list of 2-3 options and discuss the pros and cons of each.
- 6 **Reach agreement on an option.** This can be done through a vote of simple majority or consensus. The team should plan in advance which option will be used to reach an agreement.
- 7 **Plan next steps** (if needed).

*Steps 3-7 can all be conducted within the same meeting if adequate preparation is done in advance. This will create a more efficient process for the team.*

### → Example of how this could look in a common SART conflict

*An advocate from the rape crisis center is assisting a victim with making follow up medical appointments. The victim shares that when she was making the initial police report, the officer made some comments to her that made her feel like the rape was her fault, including asking her why she was “out so late at night” and why she lived in such a “bad part of town.” She also shared that she was considering dropping out of the investigative process entirely. This is the 3<sup>rd</sup> such story that the advocate can recall hearing about patrol officers from this department in the past year. The advocate notifies her supervisor of the complaint, and with the victim’s consent, the center decides to bring up the issue at the following SART meeting. During the meeting the center staff shares with the group that a patrol officer had made inappropriate comments to a victim, causing her to feel blamed for her assault. The center staff also states, “This keeps happening and we really need to figure out a way to address it.” The police department representative begins to ask questions regarding who made the comments and what they were. “What did they say that was offensive? Sometimes victims don’t understand that law enforcement needs to ask certain questions and those questions can make them uncomfortable.” The discussion begins to get more heated and defensive on both sides.*

In the example above, we can identify 3 key issues:

- 1 **Process:** There is not a structured process within the team for addressing and evaluating issues that impact the survivor’s experience. When issues “keep happening”, this is usually an indicator that there is nothing in place to identify a problem early on and course correct. For instance, SARTs can create a documented log that outlines the date, complaint, and parties involved with a corresponding plan for improvement and date to assess progress.
- 2 **Trust:** The responses from all parties indicate that there is a lack of trust between professionals. This involves questioning the credibility of the complaint as well as the individual sharing the complaint. The lack of trust is also present in the fact that instead of going directly to the police department to address the concern or use an agreed upon conflict resolution process, the center decided to share it in a team meeting without advance notice.
- 3 **Shared values:** This will allow the team to have a clear focus when working with other members. Here it is clear that survivors are not considered a credible source to all team members. Another value missing from this interaction is a commitment to focusing on solutions and systems rather than individual people and problems.<sup>11</sup>

<sup>11</sup> Cochran, H. (2018). Systems Advocacy. TAASA Regional Training.



Let's revisit this conflict and how the team utilized conflict management processes to move forward.

*Due to the argument and blaming unfolding in the meeting, the presiding officer ends the discussion and asks both organizations to come to the meeting next month with more information on how patrol interacts with sexual assault victims, and suggestions they have for making changes, if any. She states that there will be time dedicated on the agenda to fully hear out the concerns and potential options for addressing them. Since SART members previously agreed to follow a prescribed process for addressing conflict, a small group composed of one representative from each discipline will vote on an option for moving forward at that meeting. The presiding officer points out that this should have been how the center brought the issue forward in the first place if it could not be resolved between the agencies involved.*

*At the following meeting, rape crisis center staff have compiled more information on various negative experiences with patrol that victims have reported. The police department was able to identify which officer was involved in the initial complaint. They also reviewed other reports that that individual took from sexual assault victims. Both agencies agree that the issues seem to stem from one or two specific officers. The police department shares that the initial comments are a deviation from their stated policies for interacting with victims and suggest that patrol can attend a training at the center to learn how to be more trauma-informed. Center staff suggests that the team consider providing victims with an opportunity to provide feedback on their experiences with all first responders or member agencies. This is a practice that has been adopted by other SARTs, and can provide good information for the team to improve their protocols.*

*After 45 minutes of discussion, the presiding officer requests that the team vote on both of the options presented. Ultimately the team decides to move forward with both suggested options.*

The team implemented a process that allows survivors to anonymously give feedback about their experience with the advocate, nurse, law enforcement and prosecutors.

- ➔ **Process Change:** The concerns are now viewed as “data” that is reviewed every quarter. The data includes numbers that demonstrate how survivors rate their experience, anonymous written feedback, and additional details about any individual incidents that occurred.
- ➔ **Trust:** The data is reviewed by the whole team. It is not treated as a personal attack on any one discipline or individual but as a quality improvement process for everyone.
- ➔ **Shared Values:** The team decides to begin treating the survivor’s experience as credible information. They worked as a team to implement a new process that will assist them in identifying issues and allow for survivors to be heard right from the beginning.