



WCSAP
Washington Coalition of
Sexual Assault Programs

THE ADVOCACY STATION

Multidisciplinary Teams

“Coming together is a beginning. Keeping together is progress. Working together is success.”
Henry Ford

A multidisciplinary response to sexual assault cases is beneficial to our work and our communities. It cultivates communication and collaboration among service providers and system professionals; increases the effectiveness of criminal justice, social service, medical, and community interventions; and ultimately, it improves the response to and experiences of survivors. This approach is most often supported through the development of teams comprised of the primary stakeholders who work with children and nonoffending caregivers. Although there is consensus that multidisciplinary partnerships are best practice, there is no single “right” model for success. Rather, each team will be shaped by the unique context of its community and adapt to the changing needs and challenges that inevitably surface.

Whether your multidisciplinary team (MDT) is new or old, struggling or flourishing, it is the hope that this document will provide some grounding information and quick tips that may be useful as you continue to develop, evaluate, or modify your team and your role within it. Many of the helpful hints and insights in this resource were gathered through conversations and visits with multiple teams and sexual assault program staff across Washington State. You all are truly the experts!

Considerations for Advocates

“Systems work is direct advocacy for survivors.”

Adam Shipman, Sexual Assault and Family Trauma Response Center in Spokane, WA

The Advocate’s Role on the MDT

Community-based advocates are an essential component of the multidisciplinary response to child sexual abuse. In 1999, RCW 26.44.180 solidified this in Washington State by specifying that prosecutors and law enforcement should

coordinate with community sexual assault programs during criminal child sexual abuse investigations and should involve these agencies in the development of each county's child abuse protocols. In many areas, the protocol development process spurred the creation of multidisciplinary teams and partnerships or reinforced those that already existed.

Regardless of who facilitates or coordinates the team, community sexual assault advocates should be actively involved. Advocates' ability to respond to survivors' needs is greatly enhanced when they have a consistent and valued presence on the MDT. Defining and clarifying an advocate's role within the MDT is an ongoing process which helps to ensure that the team has a comprehensive response to sexual assault. Specifically, advocates:

- Balance the criminal justice focus of MDTs with the broader needs of survivors and their families
- Promote a victim-centered approach, which "attends to victim agency (supporting victims in a way that helps them to make their own best decisions), victim safety, offender accountability, and changing community norms which blame and silence victims" (Sexual Violence Justice Institute, 2008)
- Serve as a connection to other community resources that benefit the team and those it serves
- Provide ongoing services regardless of whether a case proceeds through the criminal justice process

Depending on the history and development of your MDT, there may not be a reserved seat for community advocates at the table. This is frustrating but not irreversible. Maybe other members have not extended an invitation because they do not fully understand what you do and who you serve. Maybe they are not sure how your role would fit with the team's work. Or maybe there are some unresolved tensions with your system partners that are hindering collaboration. Looking for opportunities to network and clarify the advocacy role may open that initial door to potential allies who can promote your services and your inclusion on the team. Once you do get that seat at the table, make sure it is always filled—preferably with the same person. If you want the team to take your role seriously, the leadership and staff at your agency will need to show that you take the team seriously.

Confidentiality

The diversity of professionals on an MDT can create confusion about confidentiality. Some team members, such as prosecutors and law enforcement, may not require a release of information from victims to discuss their cases but may withhold certain information from the team for professional or legal reasons. In addition, some may perceive that confidentiality practices in the MDT setting differ from those in other contexts. The smooth functioning of an MDT is largely dependent upon members having an accurate understanding of each other's confidentiality restrictions, why these policies are in place, and how this may shape the roles of system partners.

Preserving confidentiality in all settings is not only an ethical obligation for sexual assault advocates but also a legal requirement in Washington as well as a grant condition for programs that are funded through the Violence Against Women Act (VAWA). Specifically, RCW 5.60.060 (7) *Privileged Communications* mandates that "a sexual assault advocate may not, without the consent of the victim, be examined as to any communication made between the victim and the sexual assault advocate." Section 3 of the 2005 VAWA Reauthorization Act states that "grantees or subgrantees shall not disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs" or "reveal individual client information without the informed, written, reasonably time-limited consent of the person about whom information is sought."

These provisions apply regardless of any cooperative or confidentiality agreements that may be established within an MDT (NNEDV, 2008). It must be reiterated that agency policies should represent these requirements and be upheld by advocates in multidisciplinary teams and partnerships. This will be easier to do if advocates clarify their confidentiality restrictions with team members and work to shift perceptions that information-sharing is the only way to collaborate meaningfully with system partners. Here are some examples of ways that advocates can actively contribute to the team and its goals while maintaining confidentiality:

- Advocates can share general trends, system coordination concerns, sexual assault dynamics, and hypothetical examples.
- Advocates can educate team members on child development and how this might impact a victim's disclosure, response to the assault, or feelings about the criminal justice process.

- Advocates bring a victim-centered approach to problem-solving and can provide recommendations to the team based on survivors' feedback.
- Advocates can help to increase team members' knowledge of other community-based programs and their services.
- Advocates' work with the team to improve the local system's response to reports of sexual assault may encourage others to come forward.
- Advocates' coordination with system partners and work with survivors during the criminal justice process can support successful outcomes.

Preserving confidentiality should be at the forefront during advocates' participation in any type of multidisciplinary meeting, but it is especially important for case review meetings that are detail-oriented in nature. Teams should also respect survivors' confidentiality by limiting the number of people and agencies who participate in case reviews to those that are directly involved. Larger team meetings with broad representation from the community are more appropriate for general discussions focused on system coordination issues.

Advocates must obtain an informed, written, time-limited release of information (ROI) from their client *if* it is determined that it would be beneficial to the *client* to share information with the team. Here are a few things to consider about releases of information in the context of MDTs:

- Having your client sign a general release for all MDT meetings is not in compliance with VAWA, and it is not best practice. Your client cannot give informed consent because you cannot possibly predict and explain what type of information might be shared at future meetings and how it could be used.
- When talking with a survivor about a release, you must be able to tell the survivor who will be at the meeting and how each of these team members could use the information in their roles.
- Before obtaining an ROI, discuss whether there might be a way for the survivor to share the information directly with appropriate team members.
- If a client has asked you to share specific information, talk about whether the MDT meeting is the appropriate setting to do so. It may be best to get a ROI that is specific to one team member and have a private conversation instead.
- Make sure that obtaining an ROI is based on the survivor's needs, not yours. Team members may expect that you will get a release in the future if you are getting one now, so think things through before going forward.

Building and Maintaining Relationships

Strong relationships are critical components of comprehensive advocacy for survivors. Building them requires creativity and persistence; maintaining them requires patience and intention. To sustain their community's team response to sexual assault and promote increased collaboration, program staff and leadership in Washington have:

- Hosted lunches to keep team members connected and invested
- Reached out to potential partners by offering education on sexual assault and their agency's services
- Made it a priority to meet and exchange information with a new police officer or emergency room nurse at trainings and events in the community
- Re-built damaged relationships with system partners by making space to hear what they had to say about the agency's advocacy services and how collaboration could be improved
- Maintained communication with system partners outside of the MDT meeting when coordination issues arose or a complex case surfaced
- Recruited new team members by inviting them to provide a training at their MDT meeting

For Teams Who Are Running Into Roadblocks

Back to the basics. Is the team's purpose and function driven by the needs and characteristics of your community? Are the time, location, and frequency of your meetings still practical for members? Are the facilitation arrangements working for everyone? Could the meetings be organized differently to increase effectiveness and attendance? For example, if your MDT meetings are structured case reviews, are there ways to make this process more meaningful to participants? Clark County's MDT maximizes their time together by selecting cases for review that involve multiple jurisdictions, highlight lessons learned, raise complex coordination considerations, or promote education among systems.

Is this a good match? Be thoughtful about who you have on the team from the community and from your agency. To maintain the MDT's momentum, team members should have a commitment to the continued improvement of the community response to sexual assault. Some questions to ask: Does this team member's job allow him or her to attend meetings consistently? Is the

representative from my agency in a position to implement change at my program or to make decisions on behalf of the agency? Does the individual have sufficient knowledge of our county's child abuse protocols and system coordination issues? Has the person developed a positive rapport with other community partners?

Has turnover affected your team? It is risky to assume that all exiting team members are fully informing their successors about the specifics of the MDT. Do you need to revisit your team's purpose, members' roles, or guiding policies to ensure that everyone, new and old, is on the same page? Nancy Foll, Director of the Kids First Children's Advocacy Center in Stevens County, knows that smooth transition is key to a well-functioning team. She makes sure that everyone has consistent and comprehensive information about the policies and expectations of being a team member by reviewing their guiding documents during a mandatory orientation meeting for new members.

Are you providing training and education? "Training is recognized as a key to overcoming turfism, language barriers, role confusion, misconceptions about the function and value of other disciplines, and other obstacles to successful implementation of MDTs" (Kolbo & Strong, 1997, p. 70). How can you work with your team to integrate training into your regular meetings? This task can be shared by all members so that everyone has input on the topics, and the burden is not entirely on the coordinator.

The Yakima County Coordinated Community Response Team played an integral role in the development of a two-day multidisciplinary training that was held in February 2011 in Yakima. The event was a response to team members' assessments of what training and information was needed in their jurisdictions to improve the coordinated response to child abuse cases. Cross-training of service providers from across the county was emphasized. The main presenter for this training was Victor Veith of the National Child Protection Training Center, and participants also benefitted from the expertise of a local prosecutor, a SANE nurse and a therapist.

Agreement is not always a good thing. Teams that are striving to challenge the status quo and instigate change are going to have some healthy conflict. If it seems like you or other members are always "going with the flow," this may be a sign that your team is avoiding the tough conversations that are necessary for increased understanding and growth. Is your team straying from its purpose and goals for the sake of getting along? If so, it may be time to speak up.

Confront the tension. If the culture of your team meetings is defined by unresolved conflict, competitiveness and personal agendas, it might be time to clear the air. By continuing to meet and work together under these circumstances, you may be doing more damage than good. Healthy conflict resolution is necessary for team growth and must be a thoughtful, planned process. Direct communication should be the first step for individual concerns and misunderstandings, but some situations may also warrant team discussion. To ensure that your feedback is productive, ask yourself:

- What is my intent in providing feedback? Be sure that it is grounded in a desire to find a shared solution, not a desire to win.
- What role have I played in this issue? You have to be willing to take responsibility for your own actions that may have contributed to the conflict.
- Can I clearly express how the situation has affected me, the team, or those we serve? Remember that the intent of a decision or action may be very different than its impact. You have to take the time to address both of these factors to truly understand each other.

For Teams Who Are On the Move

Look at the bigger picture. Although MDT members are aware of the larger societal problems and influences that contribute to child sexual abuse, these issues are often not incorporated into teams' work. Instead, the broader concerns are largely overshadowed by the focus on intervention with specific individuals and cases (Maxine Jacobson, 2001). Are there ways that your team can address the root causes of sexual violence in your community?

Set team goals. Identifying and monitoring goals as a team will help you to regularly assess the group's priorities and the community's needs. This will promote the ongoing advancement and expansion of the team's work while also reinforcing members' investment in the MDT and dedication to the value of system coordination.

Spread the word. Gaining new insights, knowledge, and inspiration is a significant benefit to being a member of a successful MDT—a benefit that should be shared with staff at each member's respective agency. Help each other develop a systematic way to share information and updates with co-workers.

This will support the success of new strategies and broaden the impact of team member education. Everyone doing this work deserves to know that they are supported by their system partners, to have access to information that will be helpful to their work, and to celebrate the achievements of collaboration.

Explore the possibilities. If things are going well, use this as an opportunity to apply the team's approach and efforts to a related issue. These additional undertakings should not undermine the primary purpose of the team, but rather serve as the start to a new community initiative or task force. For example, your team could be in an ideal position to develop standards for system collaboration in cases of commercial sexual exploitation.

Since many MDTs are exclusively focused on children's cases, your team might also want to evaluate how the response to cases involving teens or adults can be improved. Under the leadership of Adam Shipman, community partners in Spokane have formed the Adult Victims of Sexual Assault Committee (AVSAC). This team balances the work of their community's child-focused MDT and addresses the reality that it is sometimes more difficult to overcome the impacts of myths and stereotypes about sexual assault in cases where teens and adults are victims.

Looking Forward

MDTs create space to consider the possibilities and broader implications of our work. This is necessary to sustain us as individuals and as a team. There is a new [SART Toolkit](#) from The Office for Victims of Crime (2011) and the National Sexual Violence Resource Center which discusses the future of MDTs and encourages us to reflect upon the potential that teams have to make significant social change by asking:

- What if victims formerly fearful of reporting begin to trust the systems in place to help them?
- What if core team values look beyond individual organizational needs?
- What if communities build on what has been done elsewhere and on their own unique strengths?
- What if public safety goals are united with public health and educational initiatives?
- What if criminal justice solutions are routinely coupled with civil legal remedies?

- What if victim stigma is turned into public outrage and norms change about sexual violence?
- What if success is measured by victims' experiences?

The impressive work being done across Washington State is a valuable reminder that the “what ifs” are attainable goals rather than just wishful thinking. System coordination efforts can and do have positive impacts on the survivors and communities we serve. The relationships we build with our partners not only benefit others but also remind us that there are many who support our efforts to improve the experiences of survivors and end sexual violence.

This paper was authored by Logan Micheel, Child Advocacy Specialist at WCSAP. Please email logan@wcsap.org or call 360-754-7583 with any questions or feedback.

Special thanks to the teams that welcomed me at their meetings and the CSAP staff who contributed their perspectives and experiences during the development of this resource: Thurston County MDT, Children’s Advocacy Center of Pierce County MDT, King County Special Assault Network, Clark County Service Coordination Team, Dusty Olson (Everett), Kai Hill (Vancouver), Laurie Schacht (Vancouver), Adam Shipman (Spokane), Nancy Foll (Colville) and Leticia Cantu (Yakima). I also want to thank Alicia Aiken from the Confidentiality Institute for sharing her expertise.

Recommended Reading and Additional Resources

There is a wide array of information available on this topic. Here is a short list of recommended materials and tools.

Reading and Resources

- The Sexual Violence Justice Institute's [National Technical Assistance Project](#) provides training and technical assistance to multidisciplinary teams responding to sexual assault. General technical assistance is available to OVW grantees on topics such as community and system assessment, incorporating victim-centered approaches, and managing conflict and agreement on teams.
- [Facilitator's Guide to Participatory Decision-Making](#) provides information on group dynamics and skill building tools for promoting and managing group decision-making processes.
- [Sexual Assault Response Team Development: A Guide for Victim Service Providers](#). "The focus of this technical assistance guide is to help sexual assault service providers build, expand, formalize, and maintain strong interagency responses to sexual violence."
- [Multidisciplinary Teams and Collaboration in Child Abuse Intervention: A Selected, Annotated Bibliography](#)

Tools

- The Office for Victims of Crime unveiled the [SART Toolkit](#) in March 2011. It has five main sections: Learn about SARTS, Develop a SART, Put the Focus on Victims, Follow Innovative Practices, and Find Tools.
- [Collaboration Factors Inventory](#) is an easy and free way to assess your team's collaboration. Take the inventory individually or create a group account so all members can weigh in.
- [Collaboration Multiplier](#) is a practical tool that was designed to "make key differences and similarities within groups explicit, so that they are more likely to succeed in the challenging work of building and sustaining collaborations." This would be an applicable exercise for teams at any stage but may be most useful for new teams or those needing to revisit the basics.

References

- Jacobson, M. (2001). Child sexual abuse and the multidisciplinary team approach: Contradictions in practice. *Childhood, 8*(2), 231-250.
- Kolbo, J. & Strong, E. (1997). Multidisciplinary team approaches to the investigation and resolution of child abuse and neglect: A national survey. *Child Maltreatment, 2*(1), 61-72.
- National Network to End Domestic Violence. (2008). *FAQ's on survivor confidentiality releases: Conference call follow-up questions & answers*. Retrieved from http://www.nnedv.org/docs/SafetyNet/NNEDV_ConfidentialityReleases_FAQ.pdf
- Office for Victims of Crime. (2011). *SART toolkit: Resources for sexual assault response teams*. Retrieved from <http://ovc.ncjrs.gov/sartkit/about-toolkit.html>
- Sexual Violence Justice Institute. (2008). *SVJI core intervention principles*. Retrieved from Minnesota Coalition Against Sexual Assault website: http://www.mncasa.org/Documents/svji_5_559199961.pdf