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Sexual Assault Response Teams: Exploring the discursive negotiation of power, conflict, and legitimacy in coordinated service delivery models

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Abstract

Sexual Assault Response Teams: Exploring the discursive negotiation of power, conflict, and legitimacy in multi-professional service delivery models

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To improve services for sexual assault victims, many communities have adopted coordinated models of service delivery, often called Sexual Assault Response Teams (SARTs). Uniting law enforcement officers, rape crisis advocates, and health care professionals, SARTs frequently aim to create a seamless and compassionate experience for victims who engage with formal helping services. There is some indication that the process of implementing SART is contentious. Furthermore, replicating in practice the ideals of SART coordination has proved elusive for some communities. This research explores the challenges of SART implementation, focusing on why there is sometimes a disconnection between the philosophy of integrated services and the realities of frontline service delivery. Using a qualitative within-case and cross-case method, interviews with 24 SART professionals were analyzed, resulting in three studies of SART functioning. The first study explored the discursive construction of conflict in SARTs. Analysis identified how SART professionals discursively positioned one another in terms of

authority, expertise and credibility in order to protect their own professional autonomy and to stake a claim on setting the agenda for the team's work together. The second study explored strategies that interviewees used to manage conflict in teams. Four categories were identified including preventative, responsive, unobtrusive, and resignation strategies. All professions were engaged in processes of managing conflict, but advocates talked much more about strategies and were almost exclusively responsible for all discussions of unobtrusive and resignation approaches to managing conflict. The final study draws on institutional theory to explore how external forces shaped the adoption and operation of SARTs. The analysis revealed two simultaneous processes. The first process illustrated how SART was discursively legitimized, starting with the framing of sexual assault service delivery as a moral imperative for communities and continuing with the identification of coordination as a means of meeting the moral imperative. Concurrently, a process of decoupling is indicated by the continuing resistance both to the moral imperative and the logic of coordination, as well as by the inconsistent and incomplete implementation of SART. Implications for SART practice and future research are also discussed.

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DEDICATION

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INTRODUCTION

Setting the Context

A recent study by the Center for Disease Control in the United States found that every year 1.3 million women are raped (Black et al., 2011). Rape is considered one of the more traumatic life events that one can experience, and victims may suffer a variety of health and mental health consequences (Campbell, Dworkin, & Cabral, 2009; Kilpatrick, & Acierno, 2003; Koss & Harvey, 1991). Victims may seek help for mental health consequences including PTSD, depression, and anxiety. Health consequences may prompt victims to seek care from health providers, including concerns about unwanted pregnancy, exposure to sexually transmitted infections, and physical injury. Rape is, of course, also a criminal offense, and many victims will seek assistance from the criminal justice system. While victims experience a mostly private devastation, society bears the public costs of sexual assault, primarily in the form of services that are provided to rape victims. It is estimated that each rape costs society approximately \$240,000 (McCollister, French, & Fang, 2010) or about \$261 billion annually (Clark, Biddle, & Martin, 2002; Post, Mezey, Maxwell, & Wibert, 2002). The high rate of rape, potentially devastating impact on victims, and cost to society all suggest the need for rape services that effectively respond to the needs of victims, reduce the negative impact of rape, promote healing, and do so in a cost-effective manner.

The modern emergence of sexual assault as a significant social issue dates to the 1960s when feminists began to call attention both to the high rates of rape committed against women and to the failure of service delivery systems to adequately meet the needs of victims (Martin, 2005; Matthews, 1994). While numerous advances have been made in improving the societal

response to rape, practitioners and researchers both point to the continuing legacy of inadequate services for victims. For example, conviction rates for sexual assault remain low, with only an estimated 3.3% of sexual assaults resulting in a conviction (Tjaden & Thoennes, 2008). Victims continue to report insensitive, victim-blaming, and dismissive treatment by law enforcement officers and other service personnel (Campbell, 2005, 2006; Patterson, 2011; Patterson, Greeson, & Campbell, 2009). In an ongoing effort to improve services, communities are turning to coordinated service delivery models, often called Sexual Assault Response Teams (SARTs). SARTs bring together rape crisis advocates, health care providers (most often specially trained Sexual Assault Nurse Examiners, SANEs), and criminal justice personnel (namely law enforcement officers and prosecutors). SARTs coordinate services with the aim of reducing fragmentation of services, enhancing service quality, and improving outcomes for victims.

The first coordinated, team-like approaches to structuring service delivery emerged in the 1970s as the result of grassroots efforts to improve service delivery in individual communities (“SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.). Since the mid-1990s, SARTs have proliferated throughout the United States, in part due to enthusiasm about the potential of coordination to improve service delivery. The concept of SART has received support from the National Institute of Justice, the Center for Disease Control, state government, and many professional associations (Black et al., 2011; “SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.; United States Department of Justice, 2004).

The preliminary evidence base regarding SARTs suggests that there may be benefits of a coordinated model, including increased communication between service providers, shorter wait times at hospitals, and better forensic evidence collection (Campbell & Ahrens, 1998; Dandino-Abbott, 1999; Littel, 2001; “SART Toolkit: Resources for Sexual Assault Response Teams,”

n.d.). The limited empirical evaluations, however, show mixed evidence of the effects of SARTs on prosecution related outcomes (Nugent-Borakove et al., 2006; Wilson & Klein, 2005). Other research on SARTs suggests that conflict between the service sectors represented is common and may compromise the ability of teams to work together (Cole, 2011; Cole & Logan, 2008, 2010).

About This Study

This dissertation builds on my practice experience with a SART model, knowledge of the field, research about conflict in SARTs, and evidence of inconsistent outcomes. In particular, this dissertation was influenced by a particularly memorable experience in the field, described in detail in the first paper of this dissertation (see Paper 1). Briefly, this incident involved a disagreement between a law enforcement officer and advocate centering on the advocate's support of the victim's wishes not to make a report to the police. The conflict escalated to a point where the officer threatened to arrest the advocate. Reflecting on this event, I began to question to what extent there is a disconnection between the ideal of SART and the reality of coordination at the frontlines of service delivery. For example, does coordination by sexual assault service providers require negotiating across professional boundaries that are, in practice, quite difficult to bridge? Furthermore, each profession involved in SART coordination has its own body of knowledge and perspective on serving rape victims. However, these professions are not equally positioned in terms of power and access to resources (Martin, 2005). How do issues of unequal power and resources shape the ways that SARTs negotiate these professional boundaries?

SART is often touted as best practice and a promising model of service delivery. Does the growing acceptance of SART as a preferred structure create pressure for communities to

adopt a coordinated model? How might this pressure influence the way SARTs are designed and implemented? How do we understand the disconnection between the notion of SART as best practice, and the reality of contested service delivery practices on the frontlines?

Answering these questions requires a perspective on SARTs that starts at an organizational level of analysis. As I have argued elsewhere, at its core, SART is an organizational practice (Moylan, Lindhorst, & Tajima, In Press). Coordination represents the joint decision by multiple service delivery systems to change organizational practices. Individuals may carry out the implementation of coordinated services, but they always do so within the context of an organization and larger profession, each of which has its own structure and norms. The analysis presented in this dissertation uses this assertion that SART is an organizational practice, influenced by organizational, professional, and societal contexts.

Overview of Dissertation

The three manuscripts contained in this dissertation each explore the question of the disconnection between the ideal and reality of SART from a different vantage point. The first manuscript, “Sexual Assault Response Teams (SARTs) and the negotiation of professional boundaries in coordinated service delivery models”, explores the discursive construction of conflict in SARTs. Conflict, the analysis illustrates, is disciplinary in nature, with conflict emerging at the boundaries of particular professions. Conflict reflects the contested processes of negotiating professional autonomy and claiming power to define the work of the team (and one another). The analysis identifies how SART professionals discursively position one another in terms of authority, expertise and credibility in order to protect their own professional autonomy

and to stake a claim on setting the agenda for the team's work together. This highlights the need for SARTs to consider power and difference when thinking about conflict within teams.

The second manuscript, "Catching flies with honey": The management of conflict in Sexual Assault Response Teams", expands upon the previous paper by exploring the strategies that interviewees described to manage conflict rooted in the negotiation of professional boundaries and teamwork. Five categories were identified including preventative, problem-solving, enforcing, unobtrusive, and resignation strategies. The analysis suggests that all professions are engaged in processes of managing conflict, but that advocates talked much more about strategies in general and were almost exclusively responsible for all discussions of unobtrusive and resignation approaches to managing conflict.

The final manuscript, "Institutionalizing an ethic of coordinated care for rape victims: Exploring processes of legitimacy and decoupling in Sexual Assault Response Teams," draws on institutional theory to explore how external forces shape the organizational manifestation of SART adoption and operation. The analysis revealed two simultaneous processes. The first, a process of legitimacy, illustrates how SART becomes discursively legitimized, starting with the framing of sexual assault service delivery as a moral imperative for communities and continuing with the identification of coordination as a means of meeting the moral imperative. SART is further legitimated through the creation of systems of support. At the same time, a process of decoupling is indicated by the continuing resistance both to the moral imperative and the logic of coordination, as well as by the inconsistent and incomplete implementation of SART. In this paper, I argue that the way SART has been discursively legitimated creates space for decoupling to occur and offer suggestions for further theoretical inquiry and for SART practice.

In the conclusion, I discuss some of the key lessons that can be learned from this analysis. Acknowledging that a primary motivation for this study is the desire to improve the experience of victims receiving rape response services, I also provide a number of suggestions for improving SART practice. Finally, I outline areas for future research and investigation in the area of sexual assault service delivery and coordinated services.

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PAPER 1

SEXUAL ASSAULT RESPONSE TEAMS (SARTS) AND THE
NEGOTIATION OF PROFESSIONAL BOUNDARIES IN
COORDINATED SERVICE DELIVERY MODELS

Providing comprehensive care to sexual assault victims transcends the boundaries of any one service delivery system because victims may seek assistance for legal, medical, and emotional needs following an assault. Each service delivery system plays a crucial role in some aspect(s) of victims' lives post-assault. For example, law enforcement investigates sexual assaults according to criminal statutes. Prosecutors authorize charges and try the case in court. Medical professionals provide treatment for injuries, offer emergency contraception, and may also collect forensic evidence as part of the criminal investigation. Rape crisis advocates provide emotional support, crisis intervention, and counseling. No single profession is positioned to provide all of these services, meaning that victims often have to interact with numerous service providers from multiple service delivery systems. This can make the experience of seeking help after an assault feel disjointed and confusing for victims, at a time when they may be particularly vulnerable.

Communities are increasingly turning to multi-professional, coordinated models of service delivery, often called Sexual Assault Response Teams (SARTs), as a means of decreasing the fragmented nature of care for rape victims. Coordination is commonly believed to increase the quality of services provided, lead to higher victim satisfaction with services, and culminate in better outcomes in rape cases. As the following scenario from the SART field illustrates, the process of coordination is far from smooth or universally successful, an observation that has been demonstrated in empirical literature (Cole & Logan, 2008, 2010)

As the supervisor of advocates from the rape crisis center, I received a call from an advocate requesting consultation during the course of responding to a local emergency room to support a recent victim of sexual assault. The advocate reported that the victim felt strongly that she did not want to talk to the police and had been unaware that the hospital was required by law

to alert the police to the presence of any crime victim. The advocate, as is normal practice for her role, discussed the pros and cons of making a police report, the options available to victims, and ultimately supported the victim in her decision to abstain from talking to the police, including relating this message to the officer at the victim's request. The law enforcement officer, undoubtedly frustrated at not being able to investigate a potential criminal offense, persisted in trying to talk to the victim, and the advocate likewise persisted in advocating for the victim's wishes to be honored. The conflict escalated and eventually the officer threatened to arrest the advocate for obstruction of justice, prompting the advocate to call me, her supervisor. Ultimately, the advocate was not arrested and the victim relented and agreed to talk to the officer.

This incident prompted numerous questions: How is it that one team member threatened to arrest another team member, particularly when that person was acting within her understanding of the appropriate role of a rape crisis advocate? How does tension stemming from different professional orientations to serving rape victims in these teams affect victims, some of whom may be feeling particularly vulnerable given the recent experience of a traumatic and dis-empowering event like rape? Did the conflict between the advocate and officer play a role in the victim relenting and agreeing to talk with the officer? In other words, could the conflict have sent subtle (and not so subtle) messages to the victim that discouraged her from maintaining her original wish, thereby reinforcing her dis-empowered position? Even more disturbing, did the victim relent because she feared her silence would result in the advocate getting arrested?

SART is predicated on the ability of professionals from different fields of practice coming together, finding common ground, and coordinating service delivery. If, however, there

are deep fissures preventing or hindering this process of coordination, teams may not be able to realize the intended benefits of using a multi-professional team model like SART. As this scenario highlights, victims may be negatively affected when service delivery systems are fragmented and flawed. An important component in ensuring that SART coordination is producing the desired benefits is exploring how conflict manifests in teams and, more importantly, what are the deeper, root causes of conflict. This study seeks to expand our understanding of conflict that occurs in the context of SARTs, particularly conflict that results from the process of negotiating professional boundaries and differences in approach to serving rape victims.

Background & Significance

The SART Context

SARTs are multi-professional coordinated service delivery models that bring together law enforcement, prosecutors, Sexual Assault Nurse Examiners (SANEs) or other forensic/medical personnel, and rape crisis advocates to collaborate in their responses to victims of sexual assault. Table 1.1 lists the roles and organizational contexts of these first responders. Typically, SARTs coordinate care during the acute, post-assault period, which may include medical treatment, evidence collection and initial investigation of a criminal complaint, crisis intervention, and provision of referrals for ongoing support and services (“SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.). In addition, representatives from each service delivery system often meet on a regular basis to monitor the community-level coordination of services for rape victims, in a fashion similar to coordinated community responses to domestic violence in some locales (Allen, Watt, & Hess, 2008). SARTs vary widely in their structure, operation, and even what name they give themselves (National Sexual Violence Resource Center, 2006; NSVRC,

2011; “SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.). For the purposes of this research, I use the term “SART” to refer to any coordinated, multi-professional response to rape victims, regardless of whether the community has uses the SART moniker or a different acronym.

Preliminary evidence from the field suggests that conflict is routine among the professionals within SARTs (Cole & Logan, 2008, 2010; Crandall & Helitzer, 2003; Ledray, Faugno, & Speck, 2001; Littel, 2001). Conflict in SARTs is often linked to poor role understanding and lack of clear boundaries between roles of the various team members (Cole, 2011; Cole & Logan, 2008; Crandall & Helitzer, 2003; Ledray et al., 2001; Littel, 2001). Conflict may also result from different professional obligations and norms around confidentiality and information sharing (Cole, 2011). Cole and Logan (2010) also found that certain types of rape cases may be associated with conflict among SART members, particularly cases involving the victim’s use of alcohol and when the perpetrator is known to the victim, because these cases highlight differences between disciplines’ philosophy about rape and how services should be provided (Cole & Logan, 2010). The idea that certain kinds of rape cases may provoke higher levels of discord is consistent with research that suggests that conflict in multi-professional teams is intensified as the complexity of the task increases (De Dreu & Weingart, 2003). SART members have stated that these conflicts have a negative impact on the ability of the team to coordinate services, which is also consistent with team conflict literature that links conflict with decreased team productivity and team member satisfaction (De Dreu & Weingart, 2003). It is also important to note that SARTs operate in the context of a long history of tension between rape responders from different disciplines, particularly rape crisis advocates and law enforcement officers (Martin, 2005; Matthews, 1994). This historical tension is rooted in the watchdog role

that advocates developed in response to the poor handling of rape cases by service delivery systems.

Theoretical Views of Team Conflict

Studies on conflict in teams generally differentiate conflict into two main types: relationship conflict, which refers to interpersonal tensions not related to the work of the team, and task conflict, which refers to disagreements stemming from the team's work (De Dreu & Weingart, 2003). Some scholars further distinguish task conflict from a third type of conflict, process conflict, which refers to differences in opinions about *how* the work should be carried out (Jehn, 1997). Studies have found that both task and relationship conflict are negatively correlated with team outcomes and team member job satisfaction (Cox, 2003; De Dreu & Weingart, 2003). This correlation may be moderated by other variables such as task complexity and team trust (De Dreu & Weingart, 2003), duration and intensity of conflict (Ayoko, Callan, & Härtel, 2008), team member skills in managing emotions in the decision making process (Ayoko et al., 2008; Yang & Mossholder, 2004), and the concordance of team members' perceptions of conflict intensity (Jehn & Chatman, 2000).

Research on teams in human service contexts illustrates a similar pattern of negative correlation between team conflict and team outcomes (Lemieux-Charles & McGuire, 2006; Tekleab, Quigley, & Tesluk, 2009). Much of this research examines health care teams that include doctors, nurses, occupational therapists, social workers, and other allied health professions. Scholars suggest that conflicts in the medical context arise, at least in part, as a result of the process of professionalization and the history of specialization in the medical field (Hall, 2005). As these professions developed, they created differing theoretical orientations, values, practices, and cultures which are then transmitted through professional education

programs. Professions are differentially situated in terms of power, access to resources, and professional authority which creates a situation in which each profession attempts to legitimize its unique ideology and protect its turf from incursion (Hall, 2005; Jones, 2006). This process is sometimes labeled boundary work (Hall, 2005). Fast (2003) found that these power and status differences can intensify the effects of conflict on team outcomes, as can goal disagreements, forced interdependence, and differences in values and ideology.

One of the challenges for teams in health and human service contexts is finding productive ways to manage professional boundaries and engage with the various knowledge bases of different fields of practice (Opie, 2000). Each responder that serves rape victims centers certain aspects of the victim's experience, and in doing so draws on particular theoretical frameworks and bodies of knowledge that are influenced by organizational and professional contexts (Martin, 2005). For example, SANEs attend to victims' health and well-being pursuant to their identity as nurses and their training in the medical field. However, no matter how well theorized and researched, each profession's perspective is incomplete. Collaboration and teamwork offer service providers an opportunity to pool their various perspectives and learn from the knowledge brought by each profession. The key to successful teamwork, Opie suggests, is finding a way to engage with all accounts without "marginalizing or suppressing" (2000, p. 6) any service delivery system's perspective. This process requires active engagement and honest exploration of how power influences team interactions and the relative value placed on various professional knowledge bases.

The professions involved in SARTs are not all equal in their power or status (Martin, 2005), meaning that the knowledge and perspectives of some team members may be ignored or discounted while other perspectives may be given greater weight. Hardy and Phillips (1998)

explored the various ways power, whether in the form of formal authority, control of resources, or discursive legitimacy, was used to shape inter-organizational domains by influencing how issues were defined and marginalizing less powerful and threatening perspectives. The authors suggest that conflict can also be a deliberate strategy adopted by groups with less power and authority in order to disrupt the status quo. Conflict is one of several strategies that can be used to shape the boundaries and intersections of organizations responding to the same social problem.

The idea that provoking discord can be a deliberate strategy highlights the need to think of conflict as a discursive phenomenon that is intimately intertwined with dynamics of power. Discourses are shared systems of ideas and understandings about the world or about a particular phenomenon (Fairclough, 2003; Gee, 2005). There are always multiple discourses, or multiple understandings of a phenomenon, which must be managed through the medium of language and interaction (Gee, 2005). The negotiation of multiple understandings happens through a *discursive* process, in which discourses are employed toward the accomplishment of a particular purpose. This process occurs, of course, within contexts of power, both the interpersonal power relationships of those involved in the interaction, but also the power of the ideas and discourses themselves. From this perspective, conflict might be an indication of discursive negotiation that is not easily resolved. Exploration of this contested discursive process could illuminate how power shapes the inter-professional engagement in SARTs.

This study uses a discursive framework to explore how providers from multiple service delivery systems involved in SARTs understand and experience conflict and negotiate professional boundaries. In particular, this study sought to examine the role of power in SART conflict by 1) investigating the disciplinary structure of conflict in SARTs and 2) exploring the

methods SART professionals use to discursively position themselves and others in conflicts and in the team more broadly.

Methods

Data Collection

Qualitative research methods were best suited to this study because the research questions explored the situated meaning and discursive context of conflict in SARTs, using the perspectives of those involved in and knowledgeable about these coordinated responses. The author conducted semi-structured interviews with professionals involved in providing coordinated service delivery models consistent with the idea of SARTs. The study was approved by the University of Washington, Human Subjects Division's Institutional Review Board.

Theoretical, purposive sampling was used to identify potential interviewees, with particular attention paid to ensuring representation from the three primary SART disciplines (criminal justice, health care, and rape crisis advocacy). Interviewees were located by reviewing various state and national resources related to SARTs, including state lists of SARTs, rape crisis centers, and sexual assault nurse examiner programs and the list of presenters for the National Sexual Assault Response Team Conference. A small number of interviewees were identified by other participants as potential contacts. Individuals were initially contacted by email or mail with details about the study. Those interested contacted the author, who provided them with informed consent materials and scheduled a time for the interview. This recruitment strategy resulted in 24 interviews including 7 with forensic examiners (mostly SANEs), 7 with criminal justice professionals (primarily law enforcement officers and detectives), and 10 rape crisis advocates. Almost all the interviewees were female (n=23), which is consistent with the

gendered composition of rape responders in general¹ (Martin, 2005). The sample was geographically dispersed within the United States, with interviewees located in primarily urban and suburban contexts in eleven states.

Most interviews (n=21) were conducted over the telephone with the remaining interviews (n=3) conducted in person. All interviews were recorded with a digital audio recorder (with the participants' explicit permission). A semi-structured interview guide was used, including questions such as "Can you tell me about an incident where you experienced or observed tensions or conflict among members of the SART team?" and "Why do you think there are conflicts in the team?" The author used prompts and follow-up questions to probe deeper and elicit further detail. Interviews ranged in length from 45 minutes to 110 minutes.

To provide context to the interview data, the author reviewed a variety of textual documents regarding SARTs. Some documents were provided by interview participants, while others were selected by the author on the basis of their potential for being used as models or guides for practice (i.e. they were readily accessible, advertised as "best practice," or offered as technical assistance). Examples of documents include program brochures, SART websites, community protocols and memorandums of understanding, SART training manuals, and other technical assistance documents. A total of [35] documents were consulted for this project, ranging in length from 1 page to [>100]. All documents were captured electronically or transferred to electronic format and loaded into Atlas.ti,v6.0 (*Atlas.ti*, n.d.).

Data Analysis

After each interview was completed, the author created a one to two page summary of the content covered in the interview. All summaries followed the same format, which mirrored the

¹ Law enforcement is predominantly male in composition, however of those officers who choose to specialize in sexual assault, the balance is shifted (Martin, 2005).

primary topical areas covered in the interview guide. Summaries were used in analysis and writing as a reference tool to prompt recall and help the author distinguish between the interviews. In addition to summaries, all interviews were transcribed, checked for accuracy, and then entered into Atlas.ti (v.6.0) for the purposes of data management and retrieval. For data analysis, the author reviewed the transcripts multiple times and developed codes that reflected the concepts emerging in the interviews.

The author also engaged in extensive memo writing to record and track emerging concepts. As concepts were refined through this process of initial exploratory coding and memo writing, the author created multiple data matrices (Using Excel 2010) which tracked and summarized how various concepts were discussed by each of the interview participants and in each of the documents. These matrices were used by the author to systematically explore how concepts emerged within and across the numerous sources of data. For example, the author created a matrix which listed each distinct discussion of conflict, organized by respondent and paired with contextual information about the respondent and the content of their conflict-talk. During the process of creating the matrices, the author also marked relevant passages in Atlas.ti with codes that reflected the matrix categories to facilitate an iterative process of developing, refining, and checking emergent concepts.

Throughout the data analysis process, the author engaged in reflexivity, a common procedure in qualitative research (Finlay, 2002) and one which was particularly important given that the author used to work as a rape crisis advocate and therefore felt most closely aligned with that profession. Memo writing was one strategy used to examine how the author's positionality might influence her interpretations of the data. Conferring with other researchers about the data and preliminary findings provided additional opportunities for reflexivity. The matrix process

provided a systematic way for the author to compare and contrast the emergence of concepts across the full data set. This allowed the author to continually and reflexively check her interpretations against the data. At numerous points in the analytic process, the author specifically created a matrix to test an interpretation against the data by asking how a particular concept was (or was not) manifesting in each interview (LeGreco & Tracy, 2009).

Summary of Results

Analysis revealed two important dynamics of conflict in SARTs. First, discord manifested systematically at the boundaries between professions creating a structure of conflict in SARTs. Second, interviewees described conflict as being rooted in processes of discursively positioning the self and others in regards to authority, credibility, and expertise. At stake in these processes was the power to protect one's own role and define the work of the team.

Structure of Conflict

All participants described examples of conflicts or tensions in SARTs, suggesting that conflict is a familiar part of the SART process. Exploring the nature of conflict in SARTs revealed that tension manifested in a systematic way at the borders of certain professional boundaries. The familiar nature of tension in SARTs was articulated by one participant who claimed, "I think anybody that says they don't clash at times is not telling the truth." (22, nurse²) Another participant suggested that conflict was an inevitable, and perhaps necessary, part of coordinating across different disciplines,

I really think with multidisciplinary teams and how popular it is as a strategy we don't often think of the shadow side. The very thing we want, everybody to bring different

²To protect interviewees' confidentiality, no names will be used. Instead, the unique study identifier and profession/role of each interviewee will be denoted.

points of view and different insights based on different rules, obviously, it's not always going to be harmonious, right? (laughs) it's built in! (13, advocate).

Others suggested that even when relationships are otherwise strong

everyone knows that tensions between disciplines is there... as you start to dig into how things work, and what went wrong, those tensions are going to have to come out, and have to be dealt with. And it's a difficult thing to do (17, nurse).

Participants stated that the tensions between disciplines can be deep rooted. One advocate who provides technical assistance to SARTs in her state described how SART members "tell me that the rifts in their community have nothing to do with current responders, but it's just this kind of lore about... institutionalized dynamics, this group doesn't get along with this group and all that" (11, advocate).

Analysis of the research participants' accounts of conflict in teams indicated that there are distinct structural patterns of conflict in SARTs. This direction and strength of the structural patterns of conflict are depicted with arrows in Figure 1.1. Conflict and tensions arose systematically along certain professional boundaries. Advocates primarily described tensions that arose between themselves and members of law enforcement. Law enforcement pointed to tensions they (or their colleagues) experienced with advocates. Nurses, however, seemed to identify tensions and conflicts they experience with both advocates and law enforcement, but the conflicts were fewer, less intense, and generally not reciprocated. Advocates and law enforcement did not systematically describe tensions directed toward nurses.

This structuring of conflict indicates that conflict was rooted primarily in the task of coordinating services for rape victims, rather than in the interpersonal relationships between team members. Participants rarely focused on interpersonal aspects of conflict and when

interpersonal tensions were described, interviewees minimized the importance of those conflicts. One advocate demonstrated the minimization of relationship conflict by describing how they “limit the he’s just kind of a jerk type complaints” and focus instead on conflicts “that are really serious” (4). Instead, participants framed conflict as stemming from disagreements about how the work of serving rape victims should occur, often centered on different professional obligations to victims and philosophies of rape.

After having identified a disciplinary structure of conflict in SARTs, analysis turned to an exploration of how interviewees described the discursive processes team members used to negotiate the inter-professional work of the team. Three key discursive elements emerged as important underlying issues in the conflicts described by participants. These three domains were authority, expertise, and credibility. Interviewees described how they and their colleagues discursively position one another in terms of their professional authority, expertise, and credibility as a way of claiming power to define the scope of one’s own role and to direct the work of the team.

Authority

*Authority*³: 1) *The power or right to give orders and enforce obedience, 2) A person or organization having power or control in a particular, typically political or administrative, sphere, 3) the power to influence others, especially because of one’s commanding manner or one’s recognized knowledge about something* (“authority,” 2010).

At the core of these structural conflicts was the issue of authority: who had the right to name the goals of the team and to define appropriate roles and behavior for each of the professions represented on SARTs? Participants discursively positioned themselves and others

³ Definitions for each of the main discursive elements in the results are included as conceptual anchors to the analysis.

in regards to authority in order to negotiate the power relationships within the team. By positioning one discipline as primary, that discipline could then be seen as having authority to set the goals of the team, which at times marginalized the other members of the team. Team members also drew on notions of authority to justify their role or to protect their turf from the overstepping of boundaries. This discursive process of negotiating authority occurred within a context of differing structural access to resources and distinct disciplinary orientations to power.

Assertions of authority within SARTs served to privilege certain actors and created systematic inequities between the disciplines. For example, one law enforcement officer claimed “the most important piece of your SART is your law enforcement agency or agencies, because without them nothing else is going to be able to progress” (21, law enforcement). By placing law enforcement as the central and most important discipline in the SART, the officer discursively privileged the work of the criminal justice system in order to claim the authority to elevate investigative work as a primary goal for the SART.

Just as certain disciplines were privileged when interviewees claimed a position of authority, some interviewees indicated that other disciplines were disadvantaged. A nurse concurred to some extent with the previous law enforcement officer about the central role of the criminal justice system, but then offered a critique about how this authoritative role differed for advocates and nurses:

I would say your prosecutor and your sheriff... hold the power to make or totally break you... Advocacy is really at a disadvantage because they're not always invited to the table, they're not automatically going to be there. And nursing may not automatically be there either, if law enforcement feels the ER physicians are doing an adequate job (12, nurse).

This nurse suggested that the criminal justice system held greater power to define how other disciplines responded to rape victims, or at least to define the boundaries of a coordinated response. While this balance of authority may vary from one location to another, the point remains that with authority came the ability to define and set the agenda, not only for one's own discipline, but for other disciplines as well. Another participant from an advocacy background echoed the concern that advocates, in particular, are structurally disadvantaged by saying,

On a very basic level most advocates just realize 'hey, we don't have a lot of explicit power in this situation, we have to have the cooperation of other people.' Unfortunately some of those other disciplines, it's less obvious unless they, unless they're enlightened, there are times that they can stonewall and in theory still get their job done (13, advocate).

Struggles for discursive authority seemed to be at the root of many conflicts within SARTs. In particular, teams wrestled with questions of professional autonomy and the authority to define one's own role, as well as attempts to control or direct the actions of other responders often under the guise of protecting against the overstepping of boundaries. These attempts negotiate authority through the definition and maintenance of turf boundaries at times caused conflict within SARTs. As one advocate described, "When I first came into this position, our advocates and the prosecutor's office had that sort of territorial battle going on around whose client this was, who it belongs to" (13). This advocate illustrated that at stake in negotiations of authority is the claim to turf, in this case the right to own and therefore define the terms of providing services to victims. The perspective of turf boundaries as the focus of negotiations explains the advocate's depersonalization of the victim, as indicated by the use of the metaphor of ownership and the term "it."

Even when struggles around turf did not escalate to the level of conflict, they reflected tensions between the disciplines about the ideal response to sexual assault victims and each profession's role in that response. One nurse explained her frustration at those in other fields who tried to direct her work:

Whether or not something that I write may impact a possible trial in a very small percentage of the cases is not a concern that I have when I'm caring in the acute phase of the patient, and I think that that's very difficult for some non-medical people to understand like how can I- how can you write down that they have a history of mental problems or substance abuse and why are you writing that down? It could hurt them in court. Well I feel like understanding that my role as a healthcare professional has to include assessing for those things is really important to all the team members and also being respectful of that and understanding that you're not going to tell me that I can't write something down in the medical record. (22)

The nurse discursively rejects the idea that professionals from other fields have the authority to direct the practice of nurses. This need to protect nurse's turf from incursion by advocates and law enforcement is representative of the position of nurses in the larger structure of conflict.

Another kind of turf struggle arose when someone was perceived as overstepping the boundaries of their role. For example, a law enforcement officer described the consequences of advocates overstepping what he and his colleagues perceived to be the appropriate role for advocates:

We have one advocate that would always say hey, can you give this case to [well-liked detective]? Well, that's not her job to do that. When you start shopping around detectives it pisses off the other detectives because the sergeant's like, 'What? My lead detective ain't good enough?' Well, you know, you're going to get into that conversation and that's not good (18).

Similarly, a nurse described an incident in which she perceived an advocate as overstepping her role:

It was a new advocate and she questioned what the nurse was doing in front of the victim. And so I brought that up to the gal in charge of the advocates at the rape crisis center. I said I don't need her saying, 'Well, aren't you going to do this? Or don't you need to do this?' Instead of you're there to support the victim. You're not there to direct how the nurse does whatever the nurse does (7).

These quotations demonstrate the way that team members discursively positioned one another in terms of authority. In this case, law enforcement and nurses claimed the authority to discursively admonish advocates for overstepping boundaries. These boundaries, of course, are socially constructed and as described earlier are actively contested within the team.

In fact, several participants explicitly noted that they and their colleagues were resistant to directives originating from other disciplines. A nurse said, "They don't understand that as a nurse, I don't answer to law enforcement, I answer to the nurse practice act and the hospital" (12). A police officer explained that

It's incredibly important for cops to hear it from another cop because nobody wants to be told that you're doing something wrong when you don't think that that particular discipline really understands what you do in your job. And I think that it works both

ways for the cops telling the advocates, "Well, blah-blah-blah," when the advocate's like, "You don't really know what I'm doing, so you don't really understand victimization, as to why a victim reacted in a particular way or why they omitted something or why they might have embellished, you know, a particular piece of this case. You don't really understand." So it works both ways (21).

An advocate explained that she feels like law enforcement officers “don’t ever think that we have anything appropriate to say about how they do their job. Law enforcement will never believe that other agencies can understand their particular point of view, so they’re not really going to take suggestions” (14).

The participants in this study described how discursive negotiations of authority in SARTs happen within a context of pre-existing disciplinary relationships to power and access to resources. For example, advocates must rely on other systems providing them access or inviting them into their spaces (such as when hospitals invite rape crisis advocates into the ER to speak with victims). The structural position of advocates as guests in the spaces where SARTs work reinforced an unequal distribution of power within teams. Other structural components of authority derive from the very way that disciplines approach their work. An advocate described the authority law enforcement commanded by recalling a conversation she had with an officer who explained,

You know, police officers are taught to take charge and be in charge. They have a badge. They have a gun. Someone at a crime scene or at an accident or whatever has to take charge and that’s what we’re taught to do... To get into a pissing match with a law enforcement officer about who’s in charge is going to get you nowhere. (9)

The ability to claim authority and take charge is, in fact, an important skill for officers who may encounter tense, chaotic situations requiring them to act quickly in order to maintain order and protect the public. Advocates, on the other hand, defer authority to the victim in order to affirm and support the victim's right to have power over decisions about her own healing. These opposing orientations to authority are deeply rooted in professional norms and may contribute to an unequal playing field when disciplines come together in the context of a SART.

The process of negotiating authority in the SART context is fraught with tension. Much of this tension stemmed from a struggle between disciplines to shape the focus the work, revealing an underlying struggle for power and authority. As professionals claimed authority they privileged and marginalized certain disciplines ability to shape the team context. Interviewees discursively protected their professional turf and their right to define their own role. Simultaneously, service providers discursively protested when they perceived others as overstepping their boundaries. These negotiations of authority occurred within a context of unequal access to professional status and resources and different disciplinary orientations to authority.

Expertise

Expertise: expert skill or knowledge in a particular field (“expertise,” 2010).

A key skill for multi-professional engagement is recognizing and valuing the expertise offered by each representative on the team (Opie, 2000). Interviewees discursively constructed the team context as one in which some disciplines' lacked expertise in order to justify particular conceptions of how SARTs should be structured. Once again, discussion of expertise aligned with the overall structural configuration of conflict in SARTs. Advocates and nurses questioned the rape-specific expertise of law enforcement officers. Law enforcement and nurses, to a lesser

degree, expressed reservations about the experience and skill of advocates. Teamwork specific expertise was also discussed, specifically focusing on whether team members had sufficient understanding of each discipline's role in responding to rape victims.

Both advocate and nurse participants positioned law enforcement officers as often lacking rape-specific knowledge and expertise. They felt law enforcement officers did not understand the dynamics of rape, nor possess sufficient skills for investigating rape, and therefore engaged in troubling, victim-blaming behavior. One advocate explained "often our initial contact isn't with the detective at all, it's with a patrol officer, who lacks some of the skills and training that detectives who work these cases all the time have" (4). This lack of confidence in the expertise of patrol officers prompted advocates in this interviewee's community to develop a practice, whenever possible, of steering victims away from making contact with the police until the advocate could arrange a meeting with a (better trained) detective. While on the surface the advocate's avoidance of patrol officers may seem relatively benign, it may undermine law enforcement's relationship with the victim, strain relationships between advocate organizations and the police, and not address the underlying concerns about patrol officers' level of skill and training in interviewing rape victims.

Attributions about lack of expertise sometimes posed more direct challenges to coordinating services for a victim. A nurse further elaborated on the concerns about law enforcement's lack of rape-specific knowledge by expressing her outrage at witnessing a particularly distressing interaction stemming from an officer's lack of experience and expertise:

This was not an interview... this was an interrogation. I couldn't think of an appropriate way to, like, get them out of the room, interrupt things and get them out of the room and

say, "What the heck are you doing? I mean, this is totally inappropriate!" But that really kind of-- it frosted my cake. I was really upset about that (7).

The nurse continued to describe the difficulty she had figuring out how to intervene in the inappropriate behavior without damaging the overall relationship between nurses and law enforcement: "My focus is on the victim but I don't want to damage the relationship that our team has with the law enforcement by saying, 'You guys are way out of line here!'" When faced with an immediate manifestation of law enforcement's lack of rape-specific expertise and training, nurses and advocates described shifting their focus away from attending to the victim and onto managing the work of law enforcement. As an advocate stated, dealing with unskilled police officers or others "that aren't educated on [sexual assault], that kind of puts some pressure back onto the advocates in trying to do the education while we're in the middle of supporting a survivor. " (20) The burden of providing education to responders who lack expertise, in this way, interfered with the provision of services to victims but also became an opportunity for team members to enhance their own authority through the management of unskilled responders.

Law enforcement was not the only discipline whose expertise was questioned. Some law enforcement participants, and nurses to a lesser degree, discursively positioned advocates as lacking necessary skill and knowledge. For example, one detective said,

Most people in my office are 35 plus years old. I'd say your average advocate is probably 22, 24. You have a generation gap... You know the cop has been on the street, been shot at and has seen some horrific things and you have someone fresh out of college... So I think the age difference, I think the experience difference, you start to get clashes (18).

This perceived lack of professional experience may be interpreted by law enforcement as a lack of expertise, a dynamic that is perhaps magnified by age differences and the use of volunteers as advocates in many communities. By discursively positioning advocates as young and inexperienced, interviewees marginalized the contributions of advocates.

In fact, advocates were aware of doubts about their expertise and described feeling as if the other disciplines didn't understand and value the specific knowledge and skill they had to offer victims. In other words, some of the expertise advocates offered was not always recognized as valid. One advocate described the events of a SART meeting by saying, "The assumptions of what we [advocates] did was fascinating. The rest of the team just figured, 'Oh there's that nice person that goes and sits with the family,' but not really valuing or even remotely understanding what it is that we did." (10) To counteract doubts about their expertise, advocates described feeling as if they had to prove their worth. One advocate illustrated this by saying,

Instead of seeing us as professionals in a field with lots of experience and study, they see us as just survivors of rape... And so that has risen its head from time to time, and so you're not educated, and you're not professionals... We are, I think, trying, as best we can, to show that we're professionals, that we're not just hand holders (6).

This quotation illustrated the discursive dilemma of expertise for advocates. Certain kinds of knowledge and experiences were valued as expertise, such as professional training and work experience. Expertise accrued through other means, including having experienced rape was devalued. Advocates, then, discursively distanced themselves from the idea of the expertise derived from the experience of victimization in order to gain acceptance as experts in a more traditional sense.

Interviewees also discussed expertise pertaining to the process of inter-professional coordination. One issue that was mentioned by participants from all disciplines was whether team members understood one another's roles. Interviewees suggested that criticisms of their discipline often stemmed from a misunderstanding of their role. For example, one law enforcement officer said

An advocate might think, "Okay, you're talking to that victim, and you're asking them, 'Well did you have something to drink? What were you wearing?'" And they're thinking like, how could the police do that? And I know a defense attorney is going to ask those same damn questions, and that's probably going to come in. And it's better off to know that ahead of time. It's not that I don't believe the victim, it's not that I want to put the victim through anything, but you have got to get that stuff out now. And they're [advocates] like so anti- you know, 'Why would you ask that? It doesn't matter.' You know, do I know that it doesn't matter? You're damn right I know it doesn't matter, but that's the stuff you need to know to go forward with the criminal prosecution and better for me to ask them now when you're here one-on-one than it is to have it come out in the trial and to have them torn to shreds on the stand. (16)

This officer expressed her frustration that advocates assumed she is unskilled or biased, instead of considering that the role of an officer is to collect whatever information a prosecutor might need to try the case. As this passage illustrated, participants suggested that the SART concept requires members to have the additional expertise of being knowledgeable about the role of each team member.

This section illustrated that one of the ways SART members negotiate boundary work is through the discursive construction of one another as possessing expertise. In particular,

advocates and nurses claimed that law enforcement lack rape-specific knowledge and skills. The professional knowledge and experience level of advocates was similarly questioned and certain kinds of experiences were discounted. Furthermore, interviewees attributed some conflicts to a lack of expertise in the skills necessary to function as a team, specifically having a strong understanding of each discipline's role in responding to victims.

Credibility

Credibility: 1) believability: the ability to inspire belief or trust, 2) willingness to believe: a willingness to accept something as true (“credibility,” 2009).

Participants suggested that another contentious element is the ability of the professionals involved in SARTs to see one another as credible sources of knowledge. Credibility was another area in which team members negotiated the tensions that occur at boundaries of their professions. As in previous sections, discussions of credibility followed the general structural of conflict. Most notably, law enforcement officers expressed concern that advocates were too willing to believe every allegation of rape and were too emotional in their approach to working with victims. Advocates and nurses expressed their difficulty with seeing law enforcement as credible when they witnessed systematic patterns of problematic treatment of victims.

One participant who facilitates training for law enforcement officers on multidisciplinary responses emphasized the importance of credibility to the success of teams:

One of the key things is getting a core nucleus that is credible in the eyes of everybody on the team [and] is credible in the eyes of their own discipline. And they're educated, they care about it [rape]. And you can kill a response team by putting the wrong people on it.

(24)

SART professionals, however, often struggled to see one another as credible which in turn posed a challenge to their ability to successfully engage and coordinate across their professional boundaries. Law enforcement, for example, suggested that advocates' willingness to believe all reports of rape undermined their credibility as did their general demeanor and way of interacting with victims. One law enforcement officer questioned the credibility of advocates by contrasting law enforcement's focus on facts with advocate's more emotionally attuned approach:

Most cops, especially first responders, and I have been one for 13 years,[are] 'Get the facts, as much as you can. Get this one over and answer the next radio call.' So they're not going to be touchy feely. Most cops are not touchy feely. I'm not touchy feely. I'm passionate about what I do. But I still think there's a line there you don't cross (18).

This suggestion that advocates cross a threshold of acceptable behavior by being too empathetic and too emotionally attuned to victims signaled this law enforcement officer's lack of confidence in the advocate approach to serving rape victims.

Credibility is also diminished when members of a SART witness what appears to be a systematic pattern of inappropriate behavior and disrespectful treatment of rape victims from another discipline. For example, when advocates and nurses witnessed what they perceived as victim blaming behavior by police officers, they found it hard to trust that law enforcement would be unbiased in their pursuit of justice in rape cases. One advocate questioned the credibility of law enforcement when she described ongoing concerns about detectives at one local jurisdiction:

Two detectives there are horrible with victims... we get numerous complaints about how they treat victims because most of the time and they've said it publicly they believe that most of these victims are making it up. And when you've got a detective whose job it is

to investigate who truly believes that maybe 70 to 80 percent of sexual assault claims are false you've got a huge problem. But getting [law enforcement] leadership to do something about that is really, really hard (14).

While this advocate framed the conflict here around a few particularly difficult detectives, other participants made clear that tension between advocates and law enforcement over whether a rape was "real" was not uncommon. Speaking from her experience working with communities across the country, an expert on the criminal justice response to rape said,

If in a law enforcement community, the culture is that 60 or 70 or most of the detectives in that culture believe that 60, 70, 80 percent of the cases that come in are false reports, then that sets the tone. And when the victim advocates in that community are seeing victim after victim after victim who aren't even reporting to the police because they're afraid of what will happen to them, but clearly they've been raped, there's such a gap there in understanding that advocates become really protective of victims and angry with police officers for re-victimizing them and police officers see that as interference (24).

In other words, as advocates identified systematic mistreatment of victims, they lost faith in the credibility of law enforcement to respond adequately to rape cases. Diminished credibility posed a significant challenge to the ability of disciplines to engage with one another in a meaningful way.

Discussion

The findings in this study suggest that conflict in SARTs stemmed from the negotiation of power and manifested in a systematic structure between disciplines. Power was negotiated through discursive processes of establishing authority, expertise, and credibility. Previous research on the causes of conflict in SARTs focused on role ambiguity, differing professional

norms, and case-related factors (Cole, 2011; Cole & Logan, 2008, 2010). This study expands these findings by exploring in depth the ways that SART members describe conflict and discursively construct one another's roles in conflict. The resulting analysis expands our understanding of how conflict is structured in SARTs. This more nuanced analysis suggests that conflict in SARTs needs to be interpreted and understood as more than simply confusion about ambiguous roles. These conflicts draw on patterns of language and belief related to questions of authority, expertise, and credibility. These discourses are utilized by different disciplines to maintain power in team negotiations around the nature of each profession's role and the goals of the team itself.

This analysis revealed several important dimensions of the manifestation of conflict in SARTs. The first is that conflict is generated along certain professional boundaries more often than others. Advocates and law enforcement officers primarily talked about conflicts they experienced with one another. SANEs described tensions they experience with advocates and law enforcement, while advocates and law enforcement seldom reported conflicts with SANEs. Further, conflict in these teams was primarily task and process related, rather than interpersonal. Given that SARTs are teams consisting of professionals from widely varying fields of practice with different obligations towards rape victims, it is not surprising that the most salient form of conflict would arise around issues of how to carry out the task of responding to rape victims.

A focus on the discursive nature of conflict in SARTs provides a means for assessing how power is negotiated in the team context. The professions involved in SARTs do not have equal access to power and resources as several interviewees acknowledged. As these differently positioned service systems come together, they each struggle to establish sufficient authority to define the terms of their work as a team and also to maintain their professional autonomy. In the

course of these struggles, team members discursively position one another along several domains. For example, team members contested one another's authority, and therefore legitimacy, to establish the goals of the team and the parameters of each profession's role. The ways in which SART professionals discursively positioned themselves and others in terms of expertise and credibility served as a way to support or contest the relative power dynamics within the team.

As Hardy & Phillips (1998) suggest, conflict can be a strategy deliberately adopted to disrupt the status quo. In the case of SARTs, this analysis suggests that contesting the authority, expertise, and credibility of other professions is a strategy for claiming power and managing the multi-professional context created by SART. While Hardy & Phillips (1998) suggest that lesser powered groups may actually provoke conflict in order to expand their influence, it seems that in the context of SARTs, conflict is less a deliberate strategy and more the reflection of a discursive process of contesting power and authority within the multi-professional context.

This analysis has a number of implications for communities using coordinated models of service delivery like SARTs. Understanding conflict as being rooted in discursive negotiations of authority, expertise and credibility suggests the need for communities to consider the role of power in team functioning and conflict (Opie, 2000). For example, SARTs may need to implement a system that supports working through professional differences, perhaps in the form of a neutral team leader/coordinator that can focus on fostering engagement by explicitly attending to the underlying power dynamics in the team. SARTs may also benefit from regular opportunities to engage as a group (meetings, case review) at a time when the team isn't in the midst of providing services to a victim. This creates the opportunity for teams to delve deeper into more abstract causes of conflict and explore how team members discursively engage with

ideas of authority expertise, and credibility. Creating a climate that fosters critical self-awareness, analysis of power, and honest exploration of discourses of authority, expertise and credibility is likely to build teams that honor and respect professional differences. This kind of climate takes humility, trust, a willingness to acknowledge that perspectives which challenge one's own professional norms need to be heard, and the commitment to be accountable for the ways, big and small, that one's professional perspective can be flawed. Research suggests that teams with higher levels of trust and team psychological safety have less conflict and are more likely to see positive benefits as a result of disagreements (Edmondson, 2004; DeDreu & Weingart, 2003).

Also, SARTs may want to consider the implication of having unpaid, paraprofessional volunteers providing some of the advocacy services. Does one discipline's use of volunteers unwittingly contribute to differences in power and attributions of expertise and credibility? It is important to note, however, that the very need for many advocacy organizations to rely on volunteers is itself indicative of unequal status and resources. This is an issue for the whole team (and the larger community) to contend with. If communities can provide wages for highly trained medical professionals and law enforcement officers to respond 24/7, can similar funding be identified for rape crisis advocates in order to increase the likelihood that all service providers have the knowledge and expertise necessary to carry out their job responsibilities.

In addition to having implications for SART practice, the analysis presented here suggests a need for additional exploration and study. Future research should explore more deeply the reasons that professionals question one another's expertise and credibility. For example, are there particular practices or philosophical differences that contribute to these tensions? This study suggested a few preliminary explanations, including different professional

cultures around how to approach victims (e.g., are advocates victim-centered and compassionate in their approach or are they too “touchy feely”). Better understanding the reasons why team members contest authority, expertise, and credibility may illuminate opportunities for intervening to prevent conflict in SARTs.

Though research generally suggests that conflict adversely affects team effectiveness and team member satisfaction (Cox, 2003; De Dreu & Weingart, 2003), further research should attempt to elucidate whether and how team-level functioning affects victims’ experience receiving services, willingness to continue seeking formal assistance, psycho-social well-being, and criminal justice outcomes. Alternatively, researchers could also explore cases where SARTs don’t seem to struggle as acutely around issues of authority, expertise, and credibility in order to identify factors and practices that contribute to discourses of mutual trust, respect, and engagement. Researchers may also want to more carefully trace the connections between conflict and its impact on services and victims.

Table 1.1, *Typical roles and organizational contexts of SART members*⁴.

Member ⁵	Role	Organization
Rape Crisis Advocate	Provide emotional support for victim. Promote victim rights. Ensure victims' full range of needs are met. Accompany victims during forensic exams or law enforcement interviews. Provide follow up services. May be a volunteer.	Rape crisis center or other community agency. Some communities also have Victim Advocates employed by law enforcement or prosecution agencies ⁶ .
Sexual Assault Nurse Examiner, Forensic Medical Examiner	Assess and treat injuries. Attend to health care concerns post-assault (e.g. STDs, pregnancy). Collect evidence. Testify in court about injuries and other evidence.	Hospitals, medical centers, and occasionally by rape crisis centers or other community-based agencies that administer forensic-medical exams for victims.
Criminal Justice System: Law Enforcement (e.g. police officer, detective), Prosecutor	Investigate reports of crime. Interview victim, suspect and witnesses. Collect evidence. File report detailing the results of the investigation. Prosecutor determines whether charges should be issued and presents case in court.	Police departments; sheriff's office; tribal, military, campus police, etc. County or State Prosecutor's officers.

⁴ (SART Toolkit, 2011; Martin, 2005)

⁵ Some SARTs include others on the team, including but not limited to staff from forensic laboratories, EMS, Child Protection agencies, mental health agencies, and other social service agencies.

⁶ Rape crisis advocates' interactions with victims are often protected as confidential communications, while Victim Advocates may be required to pass along information to law enforcement or prosecutors.

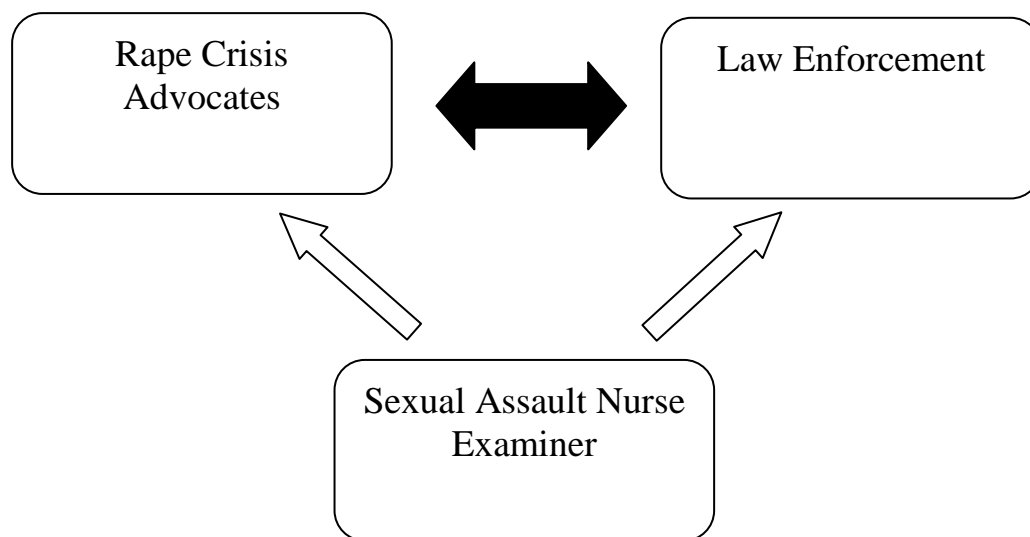


Figure 1.1, Disciplinary structure of conflict

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PAPER 2

“CATCHING FLIES WITH HONEY”: THE MANAGEMENT OF
CONFLICT IN SEXUAL ASSAULT RESPONSE TEAMS

The emotional, health, and legal consequences of sexual assault require the intervention of professionals from a variety of organizational contexts including criminal justice, health care, and rape crisis centers. Many communities attempt to acknowledge this reality by adopting multi-professional, collaborative models of service delivery, often called Sexual Assault Response Teams (SARTs). SARTs bring together law enforcement, prosecutors, Sexual Assault Nurse Examiners (SANEs) or other forensic/medical personnel, and rape crisis advocates to respond to victims of sexual assault in a collaborative manner. Typically, SARTs coordinate care during the acute, post-assault period, which may include medical treatment, evidence collection and initial investigation of a criminal complaint, crisis intervention, and provision of referrals for ongoing support and services (“SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.). In addition, representatives from each discipline often meet on a regular basis to monitor the community-level coordination of services for rape victims, in a fashion similar to coordinated community responses to domestic violence in some locales (Allen, Watt, & Hess, 2008). There is a wide range of variation in how these teams are structured and operated, and even what name they give themselves (National Sexual Violence Resource Center, 2006; “SART Toolkit: Resources for Sexual Assault Response Teams,” n.d.). For the purposes of this paper, I use the term “SART” to refer to any coordinated, multidisciplinary response to rape victims, regardless of whether the community has adopted the SART label.

The process of joining together and bridging professional boundaries is understandably complex. SART coordination, research suggests, is a contested process in which conflict between disciplines is frequent (see Paper 1; Cole, 2011; Cole & Logan, 2008, 2010). Furthermore, unresolved conflict in team settings is often linked to decreases in team effectiveness and team member satisfaction (De Dreu & Weingart, 2003; Lemieux-Charles &

McGuire, 2006; Tekleab, Quigley, & Tesluk, 2009). If, however, teams are able to productively engage with conflict, discord can actually lead to creative solutions and innovation (De Dreu & Weingart, 2003). It is therefore important to understand *how* SARTs manage the conflicts that arise in the team setting. This study explores the strategies that SART members use to manage conflicts and tensions that emerge during the course of collaborating across service delivery sectors.

Background & Significance

Conflict in SARTs

Anecdotal and empirical evidence suggests that conflict is a common feature in SARTs (see Paper 1, Cole, 2011; Cole & Logan, 2008, 2010; Crandall & Helitzer, 2003; Ledray, Faugno, & Speck, 2001; Littel, 2001). Conflict in SARTs has been attributed to a lack of clear understanding of each professions' role in responding to rape victims (Cole & Logan, 2008, 2010; Crandall & Helitzer, 2003; Ledray et al., 2001; Littel, 2001), different disciplinary obligations and norms around confidentiality and information sharing (Cole, 2011), and more complex cases that challenge team member perceptions about rape (Cole & Logan, 2010). Other research on conflict in SARTs suggests the need to consider how power shapes conflict and how professionals position one another regarding authority, expertise and credibility (see Paper 1). SART professionals state that these conflicts have a negative impact on the ability of the team to coordinate services (Cole & Logan, 2010).

Conflict between law enforcement officers, forensic nurses and rape crisis advocates is not unique to the setting of SARTs. There is a long history of tension between rape crisis advocates and mainstream service delivery systems like law enforcement and health care. These tensions are most likely rooted in the origins of rape crisis centers as grassroots community

efforts spurred by anger at the lack of accountability and attention from mainstream legal and social service systems (Martin, 2005; Matthews, 1994). Recent studies have suggested that rape crisis advocates experience anger and frustration stemming largely from repeatedly witnessing and hearing about law enforcement officers who mistreat victims, but also from communication barriers with other systems and the lack of referrals from law enforcement and health care practitioners (Maier, 2008; Payne, 2007; Ullman & Townsend, 2007; Wasco & Campbell, 2002). Forensic nurses also describe witnessing and hearing about the mistreatment of victims by other service providers as a cause of tension, and also suggest that relationships with other service providers are taxed when nurses perceive those providers as overstepping role boundaries (Campbell, Greeson, & Patterson, 2012; Maier, 2012a, 2012b). Given the preexisting tensions between these service sectors, it is not surprising that coordinated efforts like SART carry forward the legacy of disciplinary conflict.

Understanding Team Conflict Management Strategies

Conflict in teams is, of course, not unique to SARTs and there is a great deal of literature available about conflict and conflict management strategies in team settings. Conflict in team settings is generally divided into three categories: 1) relationship conflict which is interpersonal in nature, 2) task conflict which emerges from disagreement about the focus of the team's work together, and 3) process conflicts or those that stem from different opinions about *how* the work of the team should be carried out (De Dreu & Weingart, 2003). Research in health care teams suggests that differences between professions in theoretical orientations, values, training, and practices can exacerbate these conflicts (Hall, 2005; Jones, 2006). Because health care professions are not equally situated in terms of power, they may engage in turf struggles as a means of protecting or expanding their claim to legitimacy (Fast, 2003). Studies in a variety of

team contexts suggest a link between unresolved conflict and reduced team effectiveness (De Dreu & Weingart, 2003; Lemieux-Charles & McGuire, 2006; Tekleab et al., 2009). If conflict is productively managed, however, it may prove beneficial, for example by prompting teams develop creative solutions (De Dreu & Weingart, 2003). How conflict is managed in SARTs and whether those tensions are productively leveraged, then, is a key component of understanding whether conflict enhances or detracts from the coordination benefits of SART.

Most of the research on strategies for managing conflict in team/group settings draws on one of two frameworks. The first, an application of dual concern theory, categorizes conflict management strategies by examining how much each response is motivated by concern for self and by concern for others (De Dreu, Evers, Beersma, Kluwer, & Nauta, 2001). Strategies motivated by high concern for self and high concern for others are called *problem solving* approaches and are characterized by a search for agreement between parties. *Forcing* approaches are those that involve one party attempting to force their will on others, a strategy that features high concern for self and low concern for others. Approaches that stem from high concern for others and low concern for self are entitled *yielding* strategies and often manifest as one party accepting the other's perspective or desires. *Avoiding* approaches are those that show low concern for self and low concern for others and that seek to suppress or reduce the amount of attention given to the conflict. The final category, *compromising* approaches, are sometimes thought of as weak versions of problem solving approaches, but others have found that compromise appears to be a strategy in its own right, arising from moderate concern for self and moderate concern for others (De Dreu et al., 2001).

The second framework for thinking about conflict management in team settings draws on work that sorts strategies into cooperative and competitive strategies (De Dreu & Van Vianen,

2001; Somech, Desivilya, & Lidogoster, 2009). *Cooperative* strategies are those that tend to focus on common goals and search for “win-win” solutions. *Competitive* strategies are those that emphasize divergent goals or seek “win-lose” solutions (Somech et al., 2009).

Other research has looked at the connection between type of conflict management strategy and team outcomes. In general, cooperative and compromising approaches are considered the most effective approaches to managing conflict (Behfar, Peterson, Mannix, & Trochim, 2008; De Dreu & Van Vianen, 2001; Somech et al., 2009). However, when managing interpersonal conflicts, avoidance may actually prove to be the best strategy, perhaps because collaborative and competitive strategies serve to further distract the team from the task at hand (De Dreu & Van Vianen, 2001).

Additional perspectives on conflict management have suggested the need to consider whether strategies are particularistic (focus narrowly on individual instances of conflict) or pluralistic (think of conflict more broadly), and whether strategies react to conflict that has already occurred or seek to prevent conflict from happening (Behfar et al., 2008). Research has shown that the selection of conflict management strategies is affected by a number of variables, including organizational context and structure, power dynamics in the team, collective team identity, team skill in managing emotions, degree of interdependence of team members, group norms, and the type of conflict (e.g. relationship, task, or process conflict) (Ayoko, Callan, & Härtel, 2008; Behfar et al., 2008; Fast, 2003; Hardy & Phillips, 1998; Jordan & Troth, 2004; Somech et al., 2009).

Given that research on SARTs suggests that conflict stems from role negotiation (Cole & Logan, 2008) and issues of power (see Paper 1), this study focused on understanding the kinds of strategies that SART professionals adopt to help them negotiate professional boundaries. In

particular, this study sought to answer the following research questions: 1) What kinds of conflict management strategies are described by SART professionals? 2) How do professionals from different service sectors vary in their use of conflict management strategies?

Methods

Due to the exploratory nature of the research aims, qualitative research methods were used to investigate the conflict management strategies described by SART professionals. The author conducted 24 semi-structured interviews with rape responders involved in coordinated models of service delivery. Theoretical, purposive sampling was used to target SART professionals for interviews, with particular attention paid to ensuring representation from the primary SART disciplines (criminal justice, health care, and rape crisis advocacy). The researcher identified potential interviewees by reviewing various state and national resources related to SARTs, including lists of rape crisis centers and sexual assault nurse examiner programs and presenter lists from relevant conferences. Individuals who appeared to fit the criteria for the study were contacted by email or mail and were provided information about the study. Recipients were instructed to contact the researcher if they were interested in participating in the interview process. This recruitment strategy resulted in 24 interviews including seven with forensic examiners (mostly SANEs), seven with criminal justice professionals (primarily law enforcement officers and detectives), and ten rape crisis advocates.

Most interviews (n=21) were conducted over the telephone, with the exception of three interviews that were conducted in-person. All interviews were recorded with a digital audio recorder with the participants' explicit permission. The author used a semi-structured interview guide, with questions such as "Can you tell me about an incident where you experienced or observed tensions or conflict among members of the SART team?" and "How was the conflict

resolved?” The author also used prompts and follow-up questions to probe deeper and elicit further detail. The length of the interviews ranged from 45 minutes to 110 minutes.

At the conclusion of each interview, the author created a one to two page summary of the content covered in the interview. These summaries served the function of prompting recall and helping to quickly distinguish between the interviews during data analysis and writing. All the interviews were transcribed verbatim and the resulting transcripts were checked for accuracy. Data management, retrieval, and analysis was conducted using Atlas.ti (v.6.0)(*Atlas.ti*, n.d.) and Excel (2010). Within and cross-case analysis methods were used to analyze the data (Miles & Huberman, 1994).

Analysis began with the author reading each transcript multiple times. Thematic codes were then assigned to the raw data in the transcripts in order to explore how conflict was described and what strategies for managing conflict were discussed. Extensive memo writing was used to record and track emerging concepts. After concepts were iteratively refined through a process of initial exploratory coding and memo writing, the author created matrices to track and summarize how conflict was discussed by each of the interview participants. These matrices were used by the author to systematically explore how concepts emerged within and across the numerous interviews. For example, the author created a matrix which listed in rows each discussion of conflict management, with discussions from the same interviewee grouped together. The columns of the matrix included information about the context of the conflict, the strategies used to respond to the conflict, and other theoretically pertinent details. Simultaneously, the author marked relevant passages in Atlas.ti with codes that reflected the matrix categories and recorded in the matrix the exact location of the raw data that corresponded to the matrix entry. This facilitated an iterative analytic process of developing, refining, and

checking emergent concepts and the raw interview data. Multiple matrices following this format were created to explore the emerging conceptual categories and the pattern in which they manifested throughout the data.

Results

The strategies for managing conflicts described by SART professionals can be categorized into five distinct approaches. The first category, *preventative strategies*, included those approaches that sought to prevent conflict from occurring in the first place, focusing mainly on team building and ensuring role clarity. The second type included strategies that were characterized by cooperative *problem-solving*. *Enforcing* strategies attempted to direct the outcome of conflict in more coercive ways, such as trying to impose a turf boundary. *Unobtrusive strategies* were differentiated from the first three categories because they attempted to manage conflict through much more subtle means of influencing other SART members. The final category included times that SART members *resigned* themselves to being unable to otherwise resolve the conflict, often because they felt they lacked the necessary influence to successfully negotiate for a solution.

Analysis also revealed that these five strategies were unevenly engaged in by professionals from the different service delivery sectors, with unobtrusive and resigned strategies reported almost exclusively by rape crisis advocates. Table 2.1 depicts how often responders from each discipline discussed using each of the five categories of conflict management strategies as well as the total number of interviewees who endorsed the strategy. I include numbers not to suggest statistical relationships, but to demonstrate patterns in the data (Sandelowski, 2001).

Preventative Strategies

One set of strategies to manage conflict and tension in SARTs are those that seek to prevent conflict by building team relationships, providing regular opportunities for team discussions, and ensuring that team members have sufficient understanding of each profession's role in responding to rape victims. These strategies acknowledged the potential for conflict between disciplines and often were enacted to prevent the recurrence of past conflicts within the SART.

Some of the proactive strategies described by interviewees focused on building relationships among team members and across professional lines. Formal and informal opportunities for socializing allowed SART members to get to know each other on a personal level. Respondents suggested this personal awareness was beneficial because it helped them to see each other as individuals and not just as a role. One detective explained that once a personal connection is made,

She's [Karen]. I'm [John]. She knows my job. I know her job. It's more that she's part of the team versus she's an advocate, 'Oh my God, an advocate is on the floor!' No, [Karen's] on the floor... So I think the 'us versus them' is gone. It's more [like] she's a co-worker (18).

Seeing one another as people, this interviewee suggested, is important for building a sense of team identity and overcoming historic tensions between law enforcement and advocacy organizations.

Many respondents expressed the belief that building strong interpersonal relationships was a key to successful teamwork. One advocate explained,

The managers of this group [i.e. SART] go out to lunch every month and we do business while we're there and it's also just a time to be connected and to maintain our positive

relationships with each other, because having a pre-existing positive relationship is the only thing that makes it somewhat smooth when there's problems (4).

Conflicts (or "problems") were acknowledged as a possibility in this excerpt, and a foundation of strong, well-maintained interpersonal relationships was positioned as a prerequisite for successfully managing conflicts that might arise in the future.

Another example of proactive and preventive strategies was to offer training and the opportunity to discuss the challenges of multi-professional work in team meetings. Some respondents explained that it is typical for one team member to call a meeting whenever a scenario arises that could lead to conflict or misunderstanding. Team members were called together and given a chance to discuss the situation in person with the intent of preventing conflict from developing. Other interviewees described having a regular case review process built in to every team meeting which provided an opportunity to discuss any issues causing tension or disagreement among the team members, again with the intent of preventing tensions from erupting into conflict. A law enforcement officer explained how team meetings reduce conflict:

The best solution [to conflict] I've ever seen is case review. I know more about what DCYF [Department of Children, Youth, and Families] does, crisis center advocates, county attorney advocates, prosecutors, actually sitting down at a table and talking to all these people face to face, it's much harder to poo poo somebody (16).

Respondents also described the importance of providing adequate training and orientation to the various roles played by SART team members. The intent of this training was to delineate and clarify the different tasks that are to be carried out by each discipline and thereby reduce the

likelihood of future conflict. One nurse underscored the importance of having opportunities for all the disciplines to learn about one another's role:

That's where getting everybody involved, all those different agencies coming together, even if it's just to explain, "This is what I do. This is my piece of it. This is how I work at it and this is what information I need... It's just very difficult to keep the coordination going if everybody started off as an individual cog instead of trying to figure out how the machine can work integrated (7).

In other words, this nurse suggested that understanding the roles of team members and how those roles fit together like cogs ensured that the team "machine" would run smoothly.

Preventative strategies were the most frequently discussed type of strategy, and almost all the interviewees from each service sector described using preventative strategies. This widespread endorsement of preventative techniques for managing conflict in SARTs revealed that team members from all professions were invested in preventing the occurrence of conflict by building relationships, providing opportunity to discuss issues before they reach the status of conflict, and ensuring that team members clearly understand each other's roles.

Problem-Solving Strategies

When a conflict arose within a SART, some respondents described using strategies that employed a problem-solving framework in which conflicts were understood as discrete incidents, information about the conflict was gathered, and a plan was made to address the core cause of the conflict. Problem-solving strategies were the second most commonly used strategy type, and were reported by a majority of respondents in each service sector.

In this pattern, respondents described a relatively straight-forward problem-solving process of reporting, investigating, and responding to the conflict. Often this process followed

clear chains of command, starting with the incident being reported by the SART responder to their supervisor who gathered more information and then took the concern to the supervisor of the other professional(s) involved. Sometimes a formal complaint was filed, as in a case where hospital risk management was involved after a member of the emergency room staff failed to follow the hospital's protocol for making emergency contraception available to rape victims. Other times, the supervisor simply reiterated and clarified correct procedure for the responder who made a mistake. At the core of this strategy was the belief that policy is clear, deviations from policy result in conflict, and that conflict can be alleviated through education and reiteration of the correct policy. A law enforcement officer illustrated this when she explained her own and the team's process for responding to incidents that arose in the coordination of services,

We'll find out who [was involved in the incident] and then we'll just do a little education piece to see what really happened. And then the doctor in our SANE board has agreed to, as far as the complaint that the hospitals weren't calling an advocate, she's [said] "Give me a specific date and time and I'll look into who the nurse assigned was, and I'll look in the chart and see if maybe the victim didn't want an advocate, if they were even asked if they wanted one" (2).

Problem-solving strategies conceptualized conflict as rooted in misunderstanding about what happened or about what the protocol dictates. The strategy for managing these conflicts focused on clarifying what happened and why and then planning a response based on the information gathered. Problem-solving approaches were depicted as straight-forward and uncontroversial, and therefore seemed to be routine across all the disciplines involved in SARTs.

Enforcing Strategies

Enforcing strategies were characterized by SART members who sought to confront, control, or coerce a team member from another discipline to change their behavior. At its core, this subset of strategies was about asserting turf boundaries and enforcing those boundaries when they were threatened. This was the least commonly described strategy and most instances of enforcing approaches were reported by nurses.

One nurse described her frustration with advocates crossing a turf boundary in the following excerpt:

I have to take whatever that person [victim] says into court, I'm responsible for it, and... if I'm asking a set of questions and the advocate says something and gets that patient off track, I'm not going to get the answer I would have gotten. So, you know, this doesn't sound nice, but I need them [advocates] to shut up and be still, ok, because I'm the one that's gonna be working in Safeway when I lose my license; they're not licensed for this job (1).

This nurse continued to describe how she has attempted to address this frustration with advocates in a way that enforced her vision of the proper role of advocates. The nurse acknowledged that her direct and forceful approach causes advocates to say she “jumped all over” them, and has moderated her approach in response. However, the nurse’s core approach was still about pushing the advocate to understand her perspective.

An advocate described similar frustrations when she recounted an incident in which she and a law enforcement officer became locked in a mutual struggle to change each other’s perspective on whether or not some women make false reports of rape. She explained:

At one point, he actually had taped, as they normally do, a conversation and interview with a survivor, and he actually brought me the tape, and he was like, “Here, I want you

to watch this,” and, of course, I said, “No.” I said, “I don’t have a release from this person. I’ve never worked with this person. I don’t feel comfortable watching this”... I tried to manage, but it was difficult, and I think it just boiled down to me trying to be as honest as I could about what I found to be inappropriate or what I found to be concerning without annihilating him (20).

In this incident, both the advocate and the law enforcement officer sought to enforce their perspective about whether women make false reports of rape. The law enforcement officer attempted to convince the advocate by showing her evidence that he believed supported his claim that victims lie about sexual assault (a videotape of a police interview with a victim) and the advocate resisted this tactic by enforcing her professional value of confidentiality and survivor empowerment. The advocate highlighted the importance of being direct, honest, and upfront when responding to conflicts like the one she described. Both professionals in this example sought to capitalize on their encounter as a means of furthering their claim to truth about sexual assault. In this way, the conflict took on greater meaning as a struggle between two service systems for control over the team’s understanding of rape.

Enforcing strategies for managing conflict sought to direct the outcome of the conflict, sometimes in forceful or coercive ways. Unlike problem-solving approaches, enforcing strategies revealed contested domains of practice and suggest deeper rifts between the professions involved in SART models of coordinated service delivery.

Unobtrusive⁷ Strategies

Research participants described using more subtle, or unobtrusive, strategies in response to conflict. Different from other responsive strategies which directly target a concerning incident

⁷ This term is sometimes used to describe activism that focuses on mobilization from the inside using subtle or covert strategies (Martin, 2005).

by engaging in problem-solving or enforcing a turf boundary, these unobtrusive strategies sought to influence actors through more subtle means. Some of the unobtrusive strategies described also had a preventative element, but again were more covert in their attempt to circumvent conflict than those that fell into the preventative category. Notably, this strategy was almost exclusively reported by rape crisis advocates, with almost all advocates describing unobtrusive management strategies.

Some unobtrusive strategies were adopted with the hope of preventing future conflicts. For example, several advocates talked about acknowledging and honoring when responders from other disciplines acted in ways that aligned with the advocacy organizations' desired response. These acknowledgments ranged from simple thank you notes to elaborate banquets and award ceremonies. When asked to explain the purpose of these acts of gratitude, one advocate said that the hope is

To further the relationship so that we can work well together because we do come at this situation with different lenses. So, if we honor detectives and prosecutors and officers who respond to these calls and say this is exactly what we hope to see, then... they'll know what we like, what we appreciate, what we value (6).

In other words, the intent was to subtly shift the behavior of another discipline through positive rewards, thus reducing the likelihood of conflict in the future. This kind of strategy also allowed SART members (advocates in this case) to illustrate how they think responders should ideally behave without having to directly confront problematic behaviors (thus avoiding the potential for such a confrontation to result in conflict).

Another set of unobtrusive strategies were tied more directly to moments of conflict within SARTs, rather than being preventative in nature. When concerned about the actions of a

member of another discipline, respondents who used unobtrusive strategies found a subtle, passive way of communicating their concern or otherwise finessing the situation. Several advocates talked about gently re-framing victim blaming statements or using other advocacy skills to soften the impact of their critique. For example, one advocate described deliberately foregrounding the victim when approaching a law enforcement officer with a concern about their behavior:

When we clash it almost always comes down to the victim. When there is an issue, it originates from the victim, it doesn't originate from us. And so I think one of the things that helps in that situation is really helping the other partners understand that I'm not being difficult because I want to be difficult, I'm being difficult because the victim's upset, they don't want to cooperate, they told me I can't tell you whatever it is that you want to know (4).

The advocate centered the victim in hopes of reducing the likelihood of conflict ensuing. Another advocate described how a SANE asks advocates not to directly confront the nurses, but rather to attempt to telegraph a message to the nurse by asking leading questions: "she's really adamant on not confronting her personally. She likes the style of asking dumb questions like "...does Maria really have to do that right now? (8)." This strategy, which the advocate endorsed, may very well address the problem without drawing unnecessary attention from the victim. However, it also relegated the advocates to an inferior position by narrowing the options for responding to conflict to one in which the advocate must act inexperienced or "play dumb" in order to protect the nurse from potential embarrassment. This could undermine the advocate role if victims interpret "playing dumb" as indication that the advocate is not, in fact, knowledgeable about providing services for rape victims.

Respondents who described unobtrusive strategies implicitly and explicitly acknowledged that they chose these more subtle methods out of a fear of alienating other disciplines or damaging the collaborative relationship. An advocate explained, “it would be nice to not have to school everyone all the time especially not to have to do it politically so they don’t know they’re being schooled” (8). In this excerpt, the advocate described a strategic motivation that drives the subtle approach, particularly the need to limit direct confrontations with the other service delivery systems in order to avoid compromising the fragile collaboration. In another example, a nurse spoke about the need to take care not to push so hard that the other disciplines “take their marbles and go home” (14). The use of unobtrusive methods revealed an underlying worry that the collaborative team bonds are weak and tenuous. SART responders who described using unobtrusive strategies framed these strategies as a calculated process of selecting subtle approaches in order to preserve the team.

Unobtrusive strategies are distinct from the other categories because of their reliance on covert methods for managing conflict in SARTs. Approaches in this category were used both as a response to manifestations of conflict and also as a way of preventing future conflicts. Analysis revealed that unobtrusive strategies, which are almost exclusively reported by rape crisis advocates, are chosen because SART responders worry that more directly addressing conflict in the team could compromise the delicate collaboration relationships.

Resignation Strategies

Interviewees also described times that their response to conflict was to resign or withdraw. In these scenarios, respondents described feeling hopeless and believing that no amount of action or effort would result in a positive change. Instead of wasting energy in a fruitless attempt to resolve the conflict, the participant chose not to directly engage with the

conflict. This strategy was not simply about avoiding the discomfort of conflict, but was a calculated strategy arrived at after considering the likelihood that other response strategies would be successful. Like unobtrusive strategies, resignation was mentioned by most of the rape crisis advocates, but by very few nurses or law enforcement officers.

Several respondents explained that they have learned to “pick their battles” (8). One advocate elaborated, “you don’t always call [other service providers] out in front of everybody or stomp off because you’re trying to build a relationship for the long run”(13). Picking battles sometimes meant limiting the kinds of concerns brought forward to other disciplines. An advocate explained an unofficial policy in which the advocates

Try to limit the ‘he’s just kind of a jerk’ type complaints, to those that are really serious, so that when we do have a complaint, something that is damaging, that those are received well, that they’re not just perceived by the law enforcement as just.. being whiney (4).

In this example, the advocate appeared worried that bringing forward every concern would result in even the most serious concerns being dismissed, so the decision was made to filter concerns and only bring forward the “really serious” examples. Others described venting their concerns to their coworkers or closing the door to their office to let off frustrations in private. An advocate explained that when it’s not possible to create change, the advocates’ only remaining option was to try to reduce harm to victims by preparing them to expect problematic behavior from certain responders.

As in the unobtrusive strategy category, resignation was selected when interviewees perceived a lack of power to enact change or when they feared that more directive strategies would have negative consequences. One advocate explained how she engaged in a process of “trying to think what’s the most effective way to advocate for this person and maybe it’s to play

the game of the system because they're going to shut down if we tell it like it is" (8). In other words, this advocate described making a calculated decision to hold back out of concern for damaging the collaboration. A nurse confirmed the stakes of pushing too hard by recounting a story about a nurse in a nearby community who lodged a public complaint, a very direct and confrontational strategy, about another service provider which exacerbated tensions so severely that the team was disbanded and relationships between disciplines remained strained for years. The nurse shared this anecdote to explain why she sometimes chooses to resign herself to not being able to resolve or prevent conflicts in the SART.

An advocate described feeling constrained by the need to nurture team relationships and noted that one of the challenges of multidisciplinary coordination is the fact that building relationships has a silencing effect:

One of the disadvantages in my opinion of having really good working relationship and all of the collaboration we've established in the last couple years, is that it makes it harder to go to somebody and say, "Look, you screwed up (4).

In this case, the advocate described being resigned to the unintended consequences of collaboration. She lamented that collaboration actually makes it more difficult to address conflict or advocate for better treatment for victims of rape because of the competing need to protect the coordination relationships. She indicated, however, that she was willing to give up some of the "adversarial" nature of the advocacy role in order to benefit from collaboration. This kind of calculation was at the heart of many of the resignation strategies described by interviewees.

Resignation, which was primarily described by rape crisis advocates, was the result of a process of calculation in which the SART member assesses the likelihood of other strategies

being successful and the potential for damage to the collaboration if more direct strategies prove too antagonistic. Resignation included limiting the kinds of conflicts that the interviewee addresses, accepting that certain things won't change and picking "battles" that are winnable, and accepting that coordination may also constrain the options for managing conflict.

Discussion

This research explored the strategies that SART members use to negotiate conflicts that arise in the process of coordinating service delivery to victims of sexual assault. The strategies SART professionals described fell into five categories. Preventative strategies, the most commonly cited category, focused on building relationships, providing opportunities for discourse, and ensuring everyone understands each profession's role in serving rape victims. Each of these strategies was meant to reduce the likelihood of conflict occurring or to increase the team's capacity to successfully manage conflict when it does arise. Problem-solving strategies more directly targeted an incident of conflict through a straight-forward process of identifying a problem and planning a response. Enforcing strategies, however, were more forceful, and therefore more contentious, in their attempts to convince or control the outcome of a disagreement or conflict. Unobtrusive strategies were much more subtle in their approach, covertly trying to manage relationships in order to prevent or resolve conflict. Resignation strategies include those times that professionals chose to limit or hold back their response to a conflict because of a calculated decision that addressing the conflict more directly would be unsuccessful and possibly damage the coordination bonds. Both unobtrusive and resignation strategies are calculated strategies arrived at out of a concern that more direct responses would endanger the coordination.

Previous research on conflict in teams suggested that one way to conceptualize conflict management strategies is a dual concern approach that characterizes strategies on the basis of the amount they reflect care for self, relative to their concern for others. The dual concern approach identifies five types of strategies, problem solving, forcing, yielding, avoiding and compromising (De Dreu et al., 2001). The categories identified in this analysis overlap with this dual concern approach, but also differ in fundamental ways. For example, the problem-solving and enforcing categories identified in this research align with the problem-solving and forcing strategies in the dual concern framework. However, the resignation and unobtrusive strategies in the SART context seem to challenge the dual concern framework. While resignation might seem like yielding or avoiding, it differs in a fundamental way. Yielding suggests a high concern for others and a low concern for self. Avoiding is characterized by a low concern for self and a low concern for others. In this study, resignation strategies actually seem motivated by a desire to protect the coordination relationship, self-preservation, and an assessment that concludes other strategies would backfire and cause harm. Resignation strategies are not about suppressing conflict due to discomfort (avoiding) or accepting another party's perspective or desire (yielding). Resignation strategies are a calculated attempt to reserve one's influence for the conflicts that are most meaningful or are likely to be successfully resolved. Unobtrusive strategies similarly defy the dual-concern framework. They are perhaps most like forcing approaches that they seek to change others, but do so without the element of force. As one interviewee described it, they try to "catch flies with honey" (4). By this she means that they covertly approach systems change, disguising their push towards change behind a more palatable appearance. The goal is the same as a forcing approach, but the methods are very different.

Analysis found that rape crisis advocates talked the most about conflict management, but responders from all disciplines named strategies they use to negotiate tensions in the team. The majority of interviewees in each of the three professions (nurses, advocates, law enforcement) named preventative and problem solving strategies. These two categories were the most commonly cited categories. However, the other strategies manifested differently across the SART professions. Enforcing strategies were primarily described by nurses. This aligns with research that documents how SANEs balance patient care and forensic elements of the job, while also managing pressures from advocates and law enforcement by reinforcing the parameters of their role (Maier, 2012a, 2012b; Campbell et al, 2012). Both unobtrusive and resignation strategies were almost exclusively described by advocates. Almost every advocate described unobtrusive and resigned strategies, while only one or two nurses and law enforcement officers cited strategies that were aligned with these categories.

Together, these findings suggest that advocates may be the most invested and engaged in the process of managing conflict in SARTs. Furthermore, advocates indicated that they often feel constrained by worries about compromising the collaboration, which directs them towards unobtrusive and resigned strategies. In other words, advocates may experience the coordination as particularly tenuous and insecure. Given previous research that has suggested that advocates are at a disadvantage because their role is often not a statutory obligation for communities, and as such advocates are often guests in hospitals, police stations, and courts (Cole & Logan, 2008; Martin, 2005; Moylan, Lindhorst, & Tajima, In Press). As guests, advocates may find that SART coordination gives them a more central position by ensuring their inclusion and participation in shaping service delivery for victims. If, however, advocates feel like the benefits of coordination are temporary or easily reversed, they may feel forced to hold back or find non-

direct ways of communicating their unique perspective and knowledge on services for victims. The structural position of advocates in the larger system(s) of service delivery for rape victims predisposes them to use less directive methods of managing conflict.

This analysis also revealed that professionals in health care and criminal justice settings sometimes reinforce advocates' use of unobtrusive and resignation strategies. They may directly request that advocates adopt an unobtrusive stance, or more subtly reward advocates with cooperation when they are unobtrusive or otherwise less direct with their approach to conflict. Given that rape crisis advocates were originally conceived of as a way to hold traditional service delivery systems accountable, this dynamic may be the remnants of years of historical tension between advocates and the health care and criminal justice systems (Martin, 2005). Perhaps nurses and law enforcement officers are subtly signaling to advocates that the new era of coordination means the need for a change in the traditional adversarial stance of rape crisis advocates. In fact, several rape crisis advocates acknowledged and lamented the dilemma they face in balancing their desire to advocate for victims and their need to maintain relationships with coordination partners. Unobtrusive strategies become a way for advocates to resolve, at least in part, this dilemma. These strategies allow for engagement in advocacy, albeit of a subtler variety, with a lower risk of damaging the coordination efforts.

This dilemma for advocates as well as the larger dilemma of conflict management is not just an advocacy dilemma, even though advocates seemed most occupied with how to manage conflict. Professionals from all the disciplines were engaged in the processes of managing conflict. For the most part, however, there was little evidence that conflict management strategies were provoking the kind of beneficial outcomes of conflict that some literature suggests are possible (De Dreu & Weingart, 2003; Jehn, 1997). This raises questions about what SARTs

could do to promote the successful resolution of conflict and enhance the likelihood that teams are able to translate conflict into creativity and innovation. In other words, how can practitioners incorporate the findings of this research and the broader body of literature on conflict management?

Perhaps foremost is the need to create a culture of inquiry and engagement in teams. Opie (2000) suggests that in order for multi-professional teams to be effective, they must openly engage with the different knowledge and perspectives brought by those in various fields of practice. For example, teams may want to discuss the ways that coordination shapes their experience of providing services to victims and engaging with other professionals. An open conversation would allow the team to explore the historical role of advocates and current tensions between advocacy and coordination. Nurses experience similar tensions between their dual role as nurses and forensic examiners (Campbell et al., 2012; Maier, 2012a, 2012b). Law enforcement officers also feel tension between some of the traditional elements of their profession and the realities of responding to rape cases, which are notoriously complex and can require emotional work that officers often find uncomfortable (Martin, 2005). Exploring these tensions suggests a deeper level of analysis and engagement than a focus on role understanding. SARTs, however, often lack the time and skill for engaging on this deeper level. Regular team meetings, a team leader with the skills to facilitate these conversations, and other structural elements could support the process of engagement. If however, these meetings are limited to a core group of committed liaisons from each service system, research suggests the benefit of conversations about coordination may not translate to the larger group of responders involved in providing services to victims (see Paper 3). SARTs may, therefore, need to find ways to engage

larger numbers of advocates, nurses, law enforcement officers, and prosecutors in these conversations

Further research is needed to help SARTs understand which of these strategies for managing conflict are most effective, as well as identifying factors that moderate the relationship between strategy and outcomes. Qualitative research that focuses on teams that are most successful in terms of translating conflict into creative innovation could help identify skills and team characteristics that enable some SARTs to resolve conflict. In addition, research that examines more closely how victims are affected by conflict could help SARTs increase their motivation for resolving conflict.

Coordinated models of service delivery for rape victims are promising ways to organize care in the acute post-rape period. Conflict, however, might interfere with the ability of SARTs to benefit from the coordination relationships. This suggests the need to find ways to successfully manage conflicts that arise in the course of coordinating services. This research described strategies SART members use to manage conflicts and examines the embedded assumptions about conflict and relationships that drive the use of these strategies.

Table 2.1, *Frequency of conflict management strategies by profession of interviewee.*

	Preventative	Problem Solving	Enforcing	Unobtrusive	Resigned	Total
Nurse (n=7)	9* n=6	6 n=4	8 n=4	1 n=1	2 n=2	26
Advocate (n=10)	23 n=9	12 n=7	3 n=3	20 n=9	11 n=7	69
Law Enforcement (n=7)	17 n=6	6 n=4	1 n=1	1 n=2	1 n=1	26
Total	49	24	12	22	14	121

* *The top number in each cell of the table represents the number of times the strategy type was mentioned by interviewees within the corresponding profession. The bottom number represents the number of unique interviewees who discussed the strategy type.*

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PAPER 3

INSTITUTIONALIZING AN ETHIC OF COORDINATED CARE FOR RAPE VICTIMS: EXPLORING PROCESSES OF LEGITIMACY AND DECOUPLING IN SEXUAL ASSAULT RESPONSE TEAMS

Every year in the US, approximately 1.3 million women are raped (Black et al., 2011). Victims of rape are at higher risk of a range of health and mental health consequences, including PTSD, depression, anxiety, unwanted pregnancy, exposure to sexually transmitted infections, and injury (Campbell, Dworkin, & Cabral, 2009; Kilpatrick, & Acierno, 2003; Koss & Harvey, 1991). In addition to the potentially devastating impact on individual victims, the broader society must bear the costs associated with sexual assault. These costs, mostly the result of legal, health, and mental health services provided in response to rape, are estimated to equal approximately \$240,000 per rape (McCollister, French, & Fang, 2010) or about \$261 billion annually (Clark, Biddle, & Martin, 2002; Post, Mezey, Maxwell, & Wibert, 2002). From the birth of the modern violence against women movement, rape crisis advocates and others have identified numerous ways that current service delivery systems fail victims (Matthews, 1994; Martin, 2005). For example, advocates have criticized service providers for blaming victims, not taking rape seriously, failing to prosecute and convict offenders, and providing inconsistent services to victims especially when comparing stranger and acquaintance rape cases. Many communities have taken on the task of improving the services provided to sexual assault victims, often adopting a coordinated model of care known as Sexual Assault Response Teams.

Literature Review

Services for Rape Victims

The term Sexual Assault Response Team (SART) describes a multi-professional, coordinated model of delivering services to victims of sexual violence. Generally, included in this category are models that bring together responders from multiple professions such as law enforcement, rape crisis advocacy, and health care, regardless of whether the community chooses

the name SART or a different moniker (“SART Toolkit: Resources for Sexual Assault Response Teams,” 2011). Most often included under the umbrella of SARTs are services such as conducting preliminary criminal investigations, collecting forensic evidence, performing medical exams, and providing crisis counseling for victims and their friends or family.

Communities have, of course, always provided some version of these services to sexual assault victims. What makes the SART model different is the focused attention on the coordination of these services at an organizational and systemic level. It is a model of practice that has grown in popularity in the past two decades. While communities have been experimenting with various kinds of coordination since the 1970s, it’s really been since the 1990s that the conceptual model of SART has been developed and disseminated (“SART Toolkit: Resources for Sexual Assault Response Teams,” 2011). The emergence of SARTs is concurrent with the enactment in the US of the Violence Against Women Act, first passed in 1994 which encouraged coordination across systems (*Violence Against Women Act*, 1994). Recent years have seen an increase in federal endorsement of the SART model (Black et al., 2011; United States Department of Justice, 2004) and a growth in information available to communities about how to design and operate their own SART (see “SART Toolkit: Resources for Sexual Assault Response Teams,” 2011).

Insights from Institutional Theory

While research evidence on SARTs is limited and inconclusive (Moylan, Lindhorst, & Tajima, forthcoming; Nugent-Borakove et al., 2006; Wilson & Klein, 2005), there is no doubt that many in the practitioner community enthusiastically embrace the model. The widespread support for SART models is, perhaps, indicative of the acceptance of collaboration as a beneficial approach as a matter of common sense. The imagined ideal of numerous professions

setting aside their historic differences to work together for the benefit of victims and in pursuit of justice is understandably appealing. It is not clear, however, whether the reality of SARTs lives up to this idealized version, judging by the limited empirical evidence and anecdotal evidence that suggests that the operation of SARTs is fraught with tension. The taken-for-granted quality of the assumption that SARTs improve services for victims suggests the need for a theoretical lens that attempts to tease out how ideological forces drive organizational behavior. Institutional theory may prove useful in understanding the factors driving the shift toward SARTs in the organizational field of sexual assault service delivery (Moylan, Lindhorst & Tajima, In Press).

Institutional theory was developed in response to rational models of organizational behavior that seemed unable to explain why organizations sometimes act in ways that defy purely rational explanations (Deephouse & Suchman, 2008). For example, some communities choose to adopt a SART model even when they receive no funding to offset the time and resources that must be devoted to the work of coordination. To understand why communities take on unfunded programs, theory needs to account for the non-tangible benefits that organizations accrue when they conform to norms in their field of practice. An institutional theory perspective focuses on the way that organizational forms gain *legitimacy* within an organizational field (Greenwood, Oliver, Suddaby, & Sahlin-Andersson, 2008). As an organizational behavior becomes seen as the norm or ideal, organizations face increasing pressure to adopt the new form in order to appear legitimate and retain access to the resources needed to survive (DiMaggio & Powell, 1983). At the same time, organizations want to maintain autonomy and may therefore *decouple*, or disconnect their technical operation from more formal structures (Hasenfeld, 1992; Meyer & Rowan, 1977). Organizations can then appear aligned with the prevailing legitimacy norms while still retaining the autonomy to

structure frontline operations in ways that diverge from the legitimized practices. Decoupling can lead to situations in which organizations adopt new innovations, but do so only on a superficial level, substituting the appearance of change for actual change. In other words, organizations might adopt an innovation but not fully implement it. Decoupling might be indicated when the activities of frontline workers occur out of sight of organizational leadership, when organization goals are vague or lack substance, or when little attention is given to implementation and evaluation of operations (Meyer & Rowan, 1977).

Although institutional theory focuses attention on the way that widely held beliefs shape organizational behavior, it does not assume that organizations and actors within them are passive or simply responding to external forces. Of interest to institutional theorists is the way that *institutional entrepreneurs*, or the actors who advocate for innovations to be adopted, deliberately draw on notions of legitimacy to create organizational change (Suddaby & Greenwood, 2005; Tracey, Phillips, & Jarvis, 2010). To understand the process by which certain organizational practices gain legitimacy, institutional theorists have explored the way that individual actors attach meaning to organizational forms, including the way that actors draw on larger discourses (known as institutional logics) to justify and advance particular organizational behaviors (Greenwood, Suddaby, & Hinings, 2002; Suddaby, 2010). This discursive and ideological realm is the scaffolding that supports certain organizational forms as legitimate, meaning that these forms gain traction not solely on the merits of their technical efficiency. Organizational forms might emerge based on the discursive power of the form in a particular context. In other words, whether the organizational form has ideological salience with prevailing norms, values, or trends may influence the adoption of that particular organizational behavior. The discourses that are most powerful in shaping organizational behavior in a particular context

may be primarily ideological rather than rationalized around efficiency goals (Suddaby, 2010). Organizational forms can then take on symbolic meanings, with organizations creating *rational myths* that attempt to link the symbolic realm of meaning with more traditional technical/rational explanations of their behavior (Meyer & Rowan, 1977). When actors discursively position an organizational form in a way that resonates, and are able justify the form as a solution to increasing legitimacy, then the form gains traction in the field. This process, called theorization, suggests possible pathways that connect discourses of legitimacy with organizational change (Greenwood et al., 2002).

Given the rise in popularity of the SART model, the taken-for-granted assumption of the benefits of SART, and the contested territory of sexual assault service delivery, institutional theory is uniquely positioned to investigate questions of meaning and the role of legitimacy in SARTs. Drawing on this theoretical perspective, this study explored how professionals understand the organizational dynamics that shape the adoption and practice of SART models of service delivery. What are the processes by which SARTs have been discursively positioned as legitimate? If decoupling is occurring, how do participants describe the divergence between the ideal of SART and actual street-level practices?

Methods

Qualitative research methods were selected for this study as the research questions concern issues of meaning, discourse, and process. Suddaby (2010) advocated use of qualitative methods for the exploration of institutional questions about meaning and other “ideational” aspects of organizational behavior. In addition, given the small amount of pre-existing literature on SARTs, this study is exploratory in nature and therefore well-matched to qualitative research methods (Miles & Huberman, 1994). The study used two sources of qualitative data: semi-

structured interviews with SART professionals and a variety of textual documents concerning SART practice. The study was approved by the Human Subjects Division Institutional Review Board at the University of Washington.

The author conducted interviews with twenty-four professionals involved in multi-professional, coordinated responses to sexual assault (e.g., SART). Interview participants were recruited using a theoretical, purposive sampling procedure. Of particular concern was recruiting a sample that represented professionals from the three primary SART professions (rape crisis advocates, medical forensic examiners, and law enforcement officers). Recruitment included both professionals currently embedded in service response in a local community, as well as professionals who provide technical assistance and support to SARTs at a regional, state, or national level. Specific effort was made to recruit technical assistance providers in order to capture the perspectives of those who are familiar with the needs of SARTs more broadly and who are tasked with helping communities implement SART in practice.

To locate potential interview participants, the author consulted lists of SARTs, SANEs, and rape crisis centers in one Northwest state, as well as records of presenters at the National SART conference. A small number of participants were initially identified upon recommendation of other interview participants. Table 3.1 describes the final sample which includes 7 criminal justice professionals (primarily law enforcement officers), 7 health professionals (primarily SANEs), and 10 rape crisis advocates. Just over half of these professionals (n=13) were providers in a local community, with the remaining interviewees (n=11) serving technical assistance roles in addition to being a local responder or having previously served as a local responder.

The majority of the interviews (n=21) were conducted by telephone, with the remaining three interviews conducted in person. Interviews ranged in length from 45 minutes to 105 minutes. All interviews were recorded with permission from the participant using a digital audio recorder. Interviews were semi-structured, with questions such as “How would you describe the benefits of using a SART model?” and “How has SART changed the behavior of responders?”

To supplement interview data, the author collected documents regarding SARTs from regional and national organizations. Documents were used as contextualizing data meant to help the researcher ground the analysis of the interview data in the broader field of information available about multi-professional sexual assault service delivery. Some documents were provided by interview participants, while others were selected because they were used as models or guides for practice (i.e., readily accessible, advertised as “best practice,” offered as technical assistance). Examples of documents include program brochures, SART websites, community protocols and memorandums of understanding, SART training manuals, and other technical assistance documents. A total of [35] documents were analyzed in this research, ranging in length from 1 page to [>100]. All documents were electronically available or transferred to electronic format (e.g. scanned into PDF) and loaded into Atlas.ti (v.6.0) (Scientific Software GmbH, 2010).

Data Analysis

Immediately after completing an interview, short summaries of the content of the interview were prepared to capture key concepts that emerged during the conversation. All interviews were transcribed and checked for consistency and accuracy. Transcripts and documents were read multiple times prior to and during coding and other analytic activities.

During this process and all subsequent analysis activities, the author engaged in memo writing to track the emergence of interpretive concepts.

For this analysis, theoretical constructs drawn from institutional theory were used as a conceptual framework. In particular, the data were read with an eye toward understanding how processes of legitimacy and decoupling manifested in regards to SARTs. As described above, both legitimacy and decoupling can be seen as discursive processes and, therefore, analytic techniques associated with discourse analysis were utilized (Fairclough, 2003; LeGreco & Tracy, 2009). For example, the author attended to how participants used certain kinds of language to establish SARTs as a legitimate organizational form.

Interview summaries, memos produced while immersed in reading the data, and initial coding of a subsample of transcripts were used to develop broad conceptual categories. These initial conceptual categories were then applied to all of the interview data and were further explored and refined using a within case and cross case analysis method (Miles & Huberman, 1994). Once codes were identified in each interview, the author created corresponding data matrices (using Excel 2010) to arrange the data so that each interview transcript was assigned a row in the table, and columns were for conceptual categories. As each transcript was reviewed and coded, summaries of relevant details were noted in the appropriate row and column. Each cell containing a summary of data was linked to the portion of the transcript that generated the summary to allow for easy cross-reference to the raw data. After every transcript was coded, the matrix was used to investigate whether and how the categories manifested within each interview (looking at each row of the matrix) and compared the concepts across interviews (by reading down the columns). Rows in the matrix were also color coded according to the profession of the interviewee to allow for simultaneously consideration of whether identified concepts appeared

differently across professions. Throughout the process of examining within and across cases, the author consistently referred back to the transcripts to ensure the fidelity of interpretation to the raw data. As the conceptual framework that emerged from the data was refined, the collected documents were reviewed for further insight, contextualizing, and to look for evidence that confirmed or contradicted the evolving interpretation.

Results

Analysis of the data revealed that SARTs experience two concurrent and competing processes regarding the institutionalization of multi-professional, coordinated models of service delivery for sexual assault victims. One process serves to create a moral imperative to improve services for sexual assault victims, envisioning coordination as the primary means of operationalizing this imperative. Simultaneously, people within these core service delivery systems resisted the moral imperative and the mandate of coordination in various ways. The result of this resistance was the decoupling of work at the frontlines from the idealized formal structures associated with coordination. Figure 3.1 depicts the legitimacy and decoupling processes apparent in SARTs and the components of each process, all of which will be discussed in more detail below.

Legitimacy Processes

Interviewees described three aspects of the process of legitimizing SARTs. The establishment of SARTs as an ideal organizational form included a discursive process of framing the issue of service delivery for sexual assault victims in moral terms and illuminating the ways that traditional models of service delivery failed to demonstrate an ethic of care. Also, participants described a rationale for coordination that cast coordination as the best way of

operationalizing the moral imperative. Legitimizing SART was furthered through the institutionalization of networks of support for coordinated models of care.

Creating a moral imperative. Participants framed the issue of service delivery in such a way as to garner sympathy for victims not just for the victimization experience itself, but specifically for the many ways that formal helping systems compounded the injustices that victims experienced by failing to respond adequately to their requests for assistance and justice. In doing so, they created a moral imperative for coordinated services that demonstrate compassion and sensitivity to the needs and desires of the victim, a perspective often referred to as being “victim-centered.”

One way that the participants cast the discussion in moral terms was through the telling of stories that illustrated the way that formal helping systems failed victims. These stories were told either about a neighboring community or about the interviewee’s own community prior to the initiation of SART. The moral message of these cautionary tales is clear: formal system services are too often inadequate or harmful, and victims deserve better care. As one nurse described

I had one poor gal show up at my hospital. She had spent five hours sitting at a nearby hospital and finally somebody said ‘Well, you really need to go to this other hospital.’ She leaves and goes to the other hospital and sits there for three more hours. She finally got tired, went home, went to bed. The next day, she comes to my hospital and ours is reasonably fast-tracked. She comes in, gets checked in, she’s into a room and we’re getting people to her. But it’s pathetic that she can spend eight hours in two hospitals and

not even have somebody talk to her, no advocate, no law enforcement, no SART nurse.

We're still not serving the victims as we should (7⁸).

The story shared by this nurse exemplifies the common discursive elements of these moral tales. The victim is cast in a sympathetic light ("poor gal"), formal system responses are shown as inadequate (eight hours of waiting, two hospitals, and no response), and the storyteller ends with a moralizing judgment (naming the response as "pathetic").

In addition to telling specific moral tales, SART professionals also described the broader context of the service delivery systems' failure to meet the needs of victims of sexual assault. Again, the message of these discussions is to create a moral imperative for establishing efficient, effective, and compassionate services for victims of sexual assault. A law enforcement officer claimed, "The whole point of the criminal justice system is to get justice. How can you get justice if your victim is worse off after you've gone forward with the case than they were before. It makes no sense. So I think any type of program like a SART, they all have to be victim based. You have to focus on your victim" (16). This officer identifies a moral failing of services (injustice of a victim being "worse off" after seeking services) and points toward a more ethical way of providing services (a victim-centered approach). A rape crisis advocate describes feeling troubled that "we really put so much onus on the survivor to challenge the system which I don't think is fair... I feel like in some ways they're banking that we have an invisibly silent population" (15). The advocate identifies the moral failure of a system that requires victims, who may be feeling particularly vulnerable after an assault, to "challenge" formal helping systems in order to get what they need. Her comment makes clear that the moral failing is not

⁸ Each participant is referred to by their study ID throughout this manuscript.

only that the services are inadequate, but that the systems seem to show a willful resistance to improving the quality of care (by counting on victims to be “silent”).

Interviewees purposefully used moral arguments to either justify or create buy-in for a coordinated model of service delivery like SART. One law enforcement officer described purposely deploying a moral-imperative discourse in order to gain cooperation from key stakeholders by evoking sympathy for the plight of rape victims. He illustrated his foregrounding of the moral imperative metaphorically by evoking the fundraising practice of putting emotionally-laden pictures on collection jars to prompt donations.. He explains, “[who’s] going to say no to a victim? You’re going to look like the biggest asshole in the world... you put the picture of your victim on the jar and they’ll put a dollar in every time” (18). Here the effects of moral framing are visible: the potential for embarrassment (looking like an “asshole”) when one fails to support the established moral imperative, and the motivation created by the desire to avoid this embarrassment. The various ways that interviewees established and described the issue of service delivery as a moral imperative serve to legitimate the coordination of services and to correspondingly de-legitimize traditional service delivery.

Rationalizing coordination. The second aspect of legitimizing SARTs was the rationalization of coordination. Legitimizing a change in service delivery was dependent not only on a sense of the moral failings of the current method, but also on the benefits of the desired change. In this process, coordination came to take on a symbolic quality in which multi-professional service delivery models, like SART, were used as a proxy for services that aligned with the moral imperative. Coordination became normalized, idealized, and valued as a marker of legitimacy.

When asked to explain why they coordinated service delivery, interviewees described what they see as the prevailing wisdom of coordination. One advocate explained “it’s the contemporary thing to do. We work together. The more we work together, the better for everyone, society in general and particularly the victims” (6). This participant anchored their support of coordinated care in a broader societal discourse about the benefits of teamwork, casting the decision to form a team as mere common sense.

Other participants described more concrete reasons for using a coordinated approach to service delivery. As an example, one law enforcement officer described that in a community that adopts a coordinated response to sexual assault,

The lines of communication are much better. There are hospitals in our area that don’t have [SART] programs in place... and it makes it very difficult to deal with them if we have to get evidence picked up or if we have to get reports from them or even just getting access to the victim. Because we are a team, we’ll understand the expectations each has of the other and it makes us able to work more smoothly, which in turn benefits the victim and makes things easier for her and makes an allover traumatic event a little bit more bearable (23).

The officer described a specific benefit of coordination: that it simplified and streamlined communication between service providers and facilitated a smoother experience for the responding officer. The officer’s comments included an attempt to connect this provider benefit to the broader moral imperative to care for the victim.

Both the officer and the advocate who supplied the previous quotations discursively linked the rationale for coordination to improving the experience of receiving services for victims. An advocate described this link more explicitly when she explained,

When you've got somebody coming forward in those first stages of reporting, if the people around them know what they're doing and clearly know who they're talking with and can say 'oh yes, if you call this person, this is what's going to happen'... that reassurance can go a really long way for survivors (10).

According to this logic, familiarity, trust, and efficiency born of coordination helped victims feel comfortable moving through the difficult process of reporting.

Several participants suggested that there might be another, less often voiced, logic underlying the push for coordinating service delivery. A technical assistance provider described how "most advocates just realize 'hey, I think we don't have a lot of explicit power in this situation, we have to have the cooperation of other people'" (13). In other words, coordination was sometimes seen as a way for certain professions (usually rape crisis advocates) to increase their influence with the medical and law enforcement systems. When asked why her state was pushing for communities to use a SART model, one nurse explained "I think it's based in the fact that this will give advocacy a better chance of being at the table and encourage everyone to work together" (12).

Each of these quotations illustrates an institutional logic, or discourse, that is used to rationalize coordination as the best way to operationalize the moral imperative. By drawing on institutional logics with broad societal appeal, these professionals sought to enhance the legitimacy of coordinated, SART models of care.

Establishing systemic support for change. The third aspect of legitimizing SARTs was the creation of supportive structures. The establishment of technical assistance programs, formal guidelines, and state or national initiatives all served to institutionalize support for coordination, and thereby further legitimized the use of SART-like models of service delivery.

Interviewees described the effect that supportive resources have on SARTs. For example, one interviewee who provides technical assistance regarding the health care response to sexual violence said,

I think one of the most important things you can do for a community is to provide them with a framework. And I think statewide support is important... It makes a big difference for local communities who want to be able to start a SART when they know that the state is supporting the project (17).

State support of SARTs, both in terms of providing guiding conceptual resources ("a framework") and in terms of the symbolic nature of support from influential state authorities (e.g. Attorney General, Governor, state police union, sexual assault coalition), sent a message to communities that SART is a legitimate and recognized way of providing services for victims of sexual violence. This endorsement, in turn, provided motivation for communities to work to establish and maintain a SART in order to be seen as legitimate.

Another interviewee described the need she saw for an even greater institutional commitment to SARTs, including a state level mandate that all communities use a multi-professional, coordinated approach to providing services. This advocate explained,

I think sometimes people don't like to hear about mandates but I'd really like to see that happen and for there to be some consistency around resources and having SARTs in every county... I think it would give some communities the message that this really is important. I think there are some places that are trying to prove themselves and [mandates] would actually really help, and it would help give a push to the other counties who just haven't been able to do it yet (11).

Quite explicit in this interviewee's commentary was the idea that formal institutionalized support for SARTs, perhaps even using coercive methods (e.g., a state policy mandate), was a motivating factor and an effective means of furthering the use of legitimized organizational practices (in this case, SARTs).

This analysis indicates that as SART emerged as a new model of practice, supporters developed a discourse that connected the model with existing, recognizable problems with the current context of sexual assault service delivery. In the case of SARTs, the moral imperative to provide effective services to victims of sexual assault became the motivating factor for change, coordinated service delivery was rationalized as the solution, and an infrastructure was developed to support the new model of practice.

Decoupling Process

While the process of legitimizing SARTs was a recurring theme in the interviews, there was also resistance to these efforts to legitimize coordination efforts on both ideological and behavioral levels. This analysis identified two types of ideological resistance: resisting the moral imperative and questioning the benefits of coordination. Resistance manifested behaviorally as teams losing steam and struggling to maintain a focus on managing and improving their SART. Resistance also resulted behaviorally in the disconnection, or decoupling, of formal language about the benefits of SARTs and the actions of responders at the "street level."

Resisting the moral imperative. Despite the efforts of many to frame coordinated sexual assault service delivery as a moral imperative facing communities, there was continuing resistance to shifting core beliefs about sexual assault. Sometimes, this resistance was strongest from those who were not directly involved in the leadership of SART, but who still played a crucial role in the response to sexual assault victims.

For example, some of the resistance to the moral imperative of coordination centered on the way that the SART model changed notions of what counts as sexual assault and what kinds of rape were valid and worthy of receiving sometimes limited system resources. One law enforcement officer explained her frustration at her supervisor's resistance to broadening their understanding of rape cases to include acquaintance assaults. She said,

I think it goes back to trying to educate my chain [of command] on sexual assault and still, again, [my commander] coming around to 'OK, well, do we have any stranger cases?'...(sighs)... It's a constant education, is the best way I can put it, because I can't push back above me too hard (21).

The officer continued to explain that she also faces "push-back" when she tries to explain why non-stranger rape cases are important from officers who "don't always want to change, especially if he worked in sex crimes and thinks 'I know [these cases]'" (21). Her statements revealed two things: 1) there remains an entrenched resistance to expanding definitions of sexual assault from frontline responders and organizational leadership and 2) there is inconsistent adherence to the moral framing of service provision (here, meaning the idea that all cases of sexual assault are equally worthy of the full attention of law enforcement). The interviewee, who played an active and instrumental role in the SART in her community, demonstrated her alignment with the shifting moral imperative for victims, but also illustrated that others at higher and lower levels of the organizational hierarchy do not always share this perspective.

Other participants described their frustration at the hospital for not being more supportive of the SART model. For example, one advocate explained that the hospital decided the specially designed SART exam room was not getting used often enough and so decided to repurpose the room. Despite evidence that the special room was most convenient and comfortable for victims,

the hospital prioritized an institutional logic centered on business efficiency, thus de-prioritizing the discourse of the moral imperative of SART. Another participant expressed frustration that the emergency room physicians were not willing to sign on as supporters of the SART. Despite the attempt to legitimize SART through a moral framing of the issue of service delivery for rape victims, participants described examples such as these that suggest a lingering resistance to the moral imperative for rape victims.

Questioning coordination. Other interviewees described resistance not only to shifting understandings of sexual assault, but also to the use of coordination. A rape crisis advocate explained,

The city police department has two detectives that are horrible with victims. We get numerous complaints about how they treat victims. They've publicly said they believe most of these victims are making it up... But getting leadership to do something about that is really, really hard because law enforcement says 'you don't know anything about how we do our job.' You weigh pushing things a little bit more versus pissing them off so much they take their marbles and go home (14).

In this example, resistance occurred both to shifting knowledge about sexual assault and also to the underlying logic of coordination. The advocate described what she perceived as an unwillingness of some to consider input from those in another profession. She conveyed a sense of hostility between service systems and insecurity in the coordination relationship, as if the partnership could be revoked at any time. In this way, the ideal of coordination of services rests on a fragile set of systemic connections.

A nurse described her sense that communities are,

a little overwhelmed by the scope of what it really means to have a victim-centered SART... There seems to be a general reluctance to actually dive in and have the tough conversations about how are we going to deal with confidentiality, what are our policies going to look like, how are we actually going to put this together (17).

She suggested that despite agreeing to a SART model of providing services, many in the community are holding back from actually committing to the hard work of negotiating the terms of coordination. These examples illustrate that despite the glowing rhetoric about the benefits of coordination, there was considerable resistance to implementing coordination and lingering doubts about the logic of coordinating services across systems.

Disconnecting street level practice. Interviewees identified inconsistencies between formally adopted language of victim-centered, multi-professional service delivery and the actions of those rape responders actually providing the bulk of services. Common in the data were stories about official protocols not being followed, rape crisis advocates not being alerted as policy required, and other seemingly isolated moments that together paint a picture of the gap between formal agreements and informal actions. For example, one law enforcement officer listed several examples of how street level practice diverged from formal agreements:

There's times when an officer will tell an advocate 'you need to leave the room while I interview her,' not understanding that [the victim] has the right to have an advocate present. I know there's been some complaints from the advocates that the hospitals weren't calling them... Some of the advocates are volunteer advocates and so some of them, I think, have an idea of how things should be done and they might interfere or speak out when the officer's interviewing the victim and that's not ok" (2).

Some interviewees expressed explicit concern that the formal adoption of coordinated services did not necessarily translate to changes at the level of service provision. For example, a technical assistance provider with a rape crisis center background expressed her doubt that the official position of coordination and victim centered care is consistently and enthusiastically adhered to by all involved with the SARTs she oversees. She stated “I think the true test that is hard to measure is whether it is a philosophy that they’re putting into place when they go out and work these cases. I think we get the theoretical buy in, but I don’t know what’s happening in practice” (11).

Interviewees suggested that this disconnect happens in part because there is not an efficient or effective way of transferring knowledge from the governing body of the SART to the street-level responders. For example, a nurse asked

How does the attitude of the commander or the representative sitting on the SART get down to the street? You have really good verbalization of understanding and support and everything from the officer at the top but then you’ve got street officers that are responding to the victims and treating them terrible (22).

A law enforcement officer expressed her concern that she does not receive briefings from her superior saying,

Most of the information that gets discussed in those [SART coordination] meetings, I hear about it from my nurses or one of the advocates. That’s where I get my information. We’re not getting a ‘Hey, this was discussed at the meeting’ kind of email from our captain (23).

A technical assistance provider with a legal system background referred to those that sit on the SART board as “figureheads” (24) to illustrate that the official, formal face of the SART is often

quite different from those that provide much of the service to rape victims. Another technical assistance provider with a rape crisis advocacy background expressed her concern about this phenomenon by saying “you can have a policy, but if no one is implementing it... we’ve only advanced in inches if at all” (13).

Losing Steam. Interviewees described the tendency for SARTs to struggle to maintain momentum after the initial process of adopting a coordinated protocol is completed. Once formal structures reflected the newly legitimated organizational form of coordinated service delivery, some SARTs seemed to lose focus or run out of steam, and sustainability suffers.

The work of creating mutually agreeable service delivery protocols provided a natural focus for teams. When that work was complete, however, SARTs often found it difficult to sustain motivation. A technical assistance provider with a rape crisis advocacy background claimed that “the most common thing” she heard when talking to SARTs was “Our SART has lost focus. Our SART is fizzling out. Not as many people come anymore. Our members aren’t invested.” She further explains this loss of momentum by saying “I think after they established the protocols they really didn’t know where to go from there. That’s actually something that I’ve heard from a few communities” (11).

The loss of momentum may, according to some interviewees, also be a natural stagnation due to feeling that the meetings are not productive. A nurse explained, after years of meeting, people get tired of coming to the meeting and unless the facilitator of the SART can maintain a reason for coming, like providing education or troubleshooting cases, I think people become stagnant and they think that it’s not an effective use of their time (22).

This interviewee described the loss of momentum as a byproduct of a lack of focus and direction for their continued work as a team. Once coordination protocols were firmly in place, interviewees suggested that SARTs found little motivation to sustain ongoing collaboration.

Others suggested that the loss of momentum was not only due to the lack of a natural focus, but a sense that some systems were only interested in thinking about multiprofessional coordination in a narrow, surface level sense. A rape crisis advocate with a leadership role in her SART explained,

once we created the program we found that some of our partners kind of fell away. They didn't want to keep coming to meetings because in their minds, particularly law enforcement, in their mind they had created what they wanted which was a program to collect evidence and to have better coordination around stuff like that (14).

This interviewee clearly attributed the loss of momentum to a narrow understanding of the benefits of coordination. She suggested that some systems, such as law enforcement, only saw SART as a means of better coordinating what was needed for their own jobs, rather than what was needed in service to sexual assault victims. Once they felt their needs were met, they no longer had motivation to participate in further multi-professional coordination initiatives.

Discussion

This analysis of interviews with members and leaders of SARTs identified two competing processes, one that worked to legitimize SART as a model of practice and another that resisted both the logic and practice of multi-professional, coordinated service delivery. It is easy to assume that the legitimacy process has successfully institutionalized SART when one examines the popularity of the model and the growth in its adoption, both in terms of communities using SART and the frequency with which it is named as a best practice (“SART

Toolkit: Resources for Sexual Assault Response Teams,” 2011). The analysis presented here, however, offers a more nuanced and less enthusiastic interpretation of the state of SART implementation. Even among communities that adopt SART, there continues to be resistance to the model’s underlying logic. This results in a pattern of street level activities that inconsistently matches the rhetoric of victim-centered coordinated services. Some of the ways in which SART has been legitimated and theorized, for example by drawing on discourses of coordination, may have created the space for the ongoing resistance and decoupling that ultimately limits the potential of SART to accomplish its goals.

Institutional theory provided the analytic framework for this study and, likewise, this study suggests potential areas for future development of institutional theory. Suddaby (2010) suggested the need for institutional theorists to return to questions of meaning and an exploration of processes of legitimacy and decoupling. Boxenbaum & Jonsson (2008) suggested the need for further research that explores whether certain organizational or environmental characteristics are associated with decoupling behaviors. This study speaks to both of these areas of need by exploring discursive processes that legitimate a particular organizational form and how those same processes can lead to the decoupling of formal adoption and street-level implementation.

The analysis of the data in this study suggests that SART is discursively positioned as legitimate, in part, by drawing on moral language and concepts about what victims deserve and how they should be treated. The deliberate moral framing of sexual assault response creates a compelling normative pressure to change existing service delivery practices. Hasenfeld (1992) suggests that all human service work is moral work. This may be particularly salient in the case of sexual assault because of the historical context of widespread, systemic failures to appropriately respond to rape victims, something that feminists and rape crisis advocates have

worked to bring to public awareness for over forty years (Martin, 2005; Matthews, 1994). In other words, current rape responders are likely to resonate with a discourse that draws on the moral implications of service provision because it is familiar. A moral discourse, therefore, has particular discursive power in the context of sexual assault service delivery to legitimate organizational forms. This finding suggests the need for institutional theorists to explore how certain discourses may be better positioned to legitimate organizational behavior in any given context. For example, are moral discourses particularly powerful in all human services organizations? What other discourses emerge in other human service contexts? How do environmental and historical characteristics contribute to the emergence of certain discourses as powerful in shaping organizational behavior? These questions have the potential to advance theory by highlighting the role of discourse as a mechanism that creates and maintains the legitimacy structures that shape organizational behavior.

If the moral framing of sexual assault service delivery creates a compelling motivation for change, the results of this study suggest that the logic of coordination provides a vision for what that change should look like. The idea of collaboration itself has discursive power, something one interviewee alluded to when she described teamwork as "the contemporary thing to do" (6). It is this broad, societal trend toward adopting teamwork to manage increasing complexity and fragmentation that makes the idea palatable and attractive to service delivery systems, and that therefore lends discursive power to the logic of collaboration (Payne, 2000). While moral framing discourses speak to the specific task environment of sexual assault service delivery, the logic of collaboration resonates to the broader social environment in which services are provided. What this suggests is that the legitimizing of SART happens through a process of

drawing on discourses that have salience and are compelling in the particular context of sexual assault service delivery as well as in the larger social context.

This research also identified indicators of decoupling processes that, while specific to the context of SARTs, may also prove fruitful for institutional theorists investigating decoupling in other organizational environments. Findings from this study identify ways that decoupling of formal structure and street level behavior is occurring in SART communities. Decoupling is often characterized by situations in which the work occurs out of the sight of leadership and where individual frontline workers are left to negotiate the details of implementation (Meyer & Rowan, 1977). As interviewees described, SARTs are often largely organized and administered by a small group of committed individuals who are “true believers” in the idea of coordinating service delivery. The sample used in this study is drawn from this group of institutional entrepreneurs, all of whom were involved with and committed to coordinated service models. However, the interviewees described scenarios in which the set of possible street-level responders and upper level managers was much larger, and much less consistently committed to the idea of SART. Furthermore, interviewees suggested that SARTs did not always adequately ensure that the ideals of victim-centered, coordinated service delivery were translated and communicated to this larger base of responders. The end result is a scenario in which the committed core are able to enact the formal structure of SARTs, but struggle to generate the corresponding changes in the frontline of sexual assault response. The very structure of SARTs, in which committed individuals from multiple service organizations spearhead a SART initiative, may be a risk for decoupling.

Resistance to the moral framing and logic of coordination, as well as evidence of a disconnect between the idea and practice of coordinated service delivery, are consistent with

established notions of decoupling. The analysis of this study identified an additional aspect of decoupling that has larger implications for institutional theorists. The phenomenon described by many interviewees as teams losing steam suggests a need for institutional theorists to look not only at adoption and implementation phases, but to also examine longer-term sustainability for evidence of decoupling. In the case of SARTs, the enthusiasm about the model seems to carry teams and communities through adoption and initial stages of implementation. Where decoupling also emerges is at the stage when teams move toward long-term growth, refining implementation, improving protocol and practices, and sustaining the model.

The participants in this study described an institutionalized logic connecting coordination with improved service delivery. They identified, for example, increased communication and familiarity between responders as potential benefits of coordination. However, many of the explanations provided relied quite heavily on broad, sweeping generalizations about the power of teamwork. As an example, recall the law enforcement officer who said that teamwork “makes an all-over traumatic event a little bit more bearable” (23). Teamwork and coordination take on an almost mythical quality, as if the mere act of coordinating service delivery has the potential to reduce the traumatic impact of sexual assault for victims. This exemplifies what institutional theorists talk about as rational myths that organizations create in order to justify their organizational forms and fit themselves into prevailing legitimate discourses (Meyer & Rowan, 1977). The problem with myths is that they might mask reality, by focusing on the intended benefits of SART rather than the actual improvements in service delivery.

The mythic quality of the justification for adopting coordinated service models might actually create space for decoupling to occur. When institutional logics are vague, actors within those institutions find little guidance for how to actually carry out the organizational form

(Meyer & Rowan, 1977). At the same time, there is high pressure to adopt the organizational form in order to adhere to the legitimacy standards. So, communities are facing increasing pressure to use coordinated models of service delivery, yet have little guidance beyond general statements about the benefits of teamwork to guide the implementation of SARTs. And because coordination is loosely defined and no longer tied directly to the deeper issues of the ethic of care, communities can appear to be meeting the imperative by adopting some kind of coordinated model of care, even if that adoption is no more than surface level.

This shift in focus toward coordination might insulate street level responders from the forces pushing for changes in how services are delivered. In other words, rape responders may actually feel less pressure to change their actions to be aligned with the moral imperative because the primary focus is on coordination, not changing behaviors to be less harmful and more beneficial for victims. Communities may then appear as if they are changing services by adopting a coordinated model, when little or nothing is actually changing for the victims seeking help.

Based on this analysis and the institutional theory literature, I have several suggestions to offer to communities that may be interested in either protecting against decoupling or improving the impact of their SART. Increased accountability and oversight may help to reduce the likelihood of decoupling. Because the bulk of sexual assault services are delivered by those on the frontlines, SART leaders need to develop ways to assess whether and how practices are changing at the street-level. According to a study conducted by the National Sexual Violence Resource Center (2011), only 23% of SARTs have engaged in an evaluation of the services provided. All SARTs should systematically evaluate actual practices at the street level in order to assess whether implementation is truly carrying out the ideal of coordinated care.

Several participants in this study described how messages about SART logic and protocols were inconsistently communicated to street level responders. These responders rely on the leadership of SART and of their own organization to disseminate important details about proper protocol. SARTs may, therefore, want to review how decisions are communicated to all those who provide direct services to victims. SART steering committees may also consider inviting representation from those not in leadership positions but still involved in sexual assault service delivery. This might open additional channels of information dissemination as well as provide SART leadership with the opportunity to hear feedback from those tasked with carrying out service delivery. SARTs may also want to consider whether there are additional things they can be doing to reduce decoupling. For example, if street level responders resist coordination and seem disconnected from the larger mission of SART, perhaps they should be targeted for ongoing training aimed both at building commitment to and skills for coordination but also at providing services that align with the moral imperative.

SARTs represent the potential for significant, beneficial changes in sexual assault service delivery. Simply having representation from committed “true believers” in multiple disciplines might be an improvement in some communities. However, the findings of this analysis suggest the need for communities to continue to delve deeply into the difficult work of changing the problematic, yet deeply embedded norms of sexual assault service delivery.

Table 3.1, *Sample Characteristics*

	Local SART Professionals	Technical Assistance Providers*	Total
Criminal Justice	2	5	7
Health Care	4	3	7
Rape Crisis Advocacy	7	3	10
Total	13	11	24

*Note: Participants in this category also have current or past experience working in a local community and coordinating frontline service delivery.

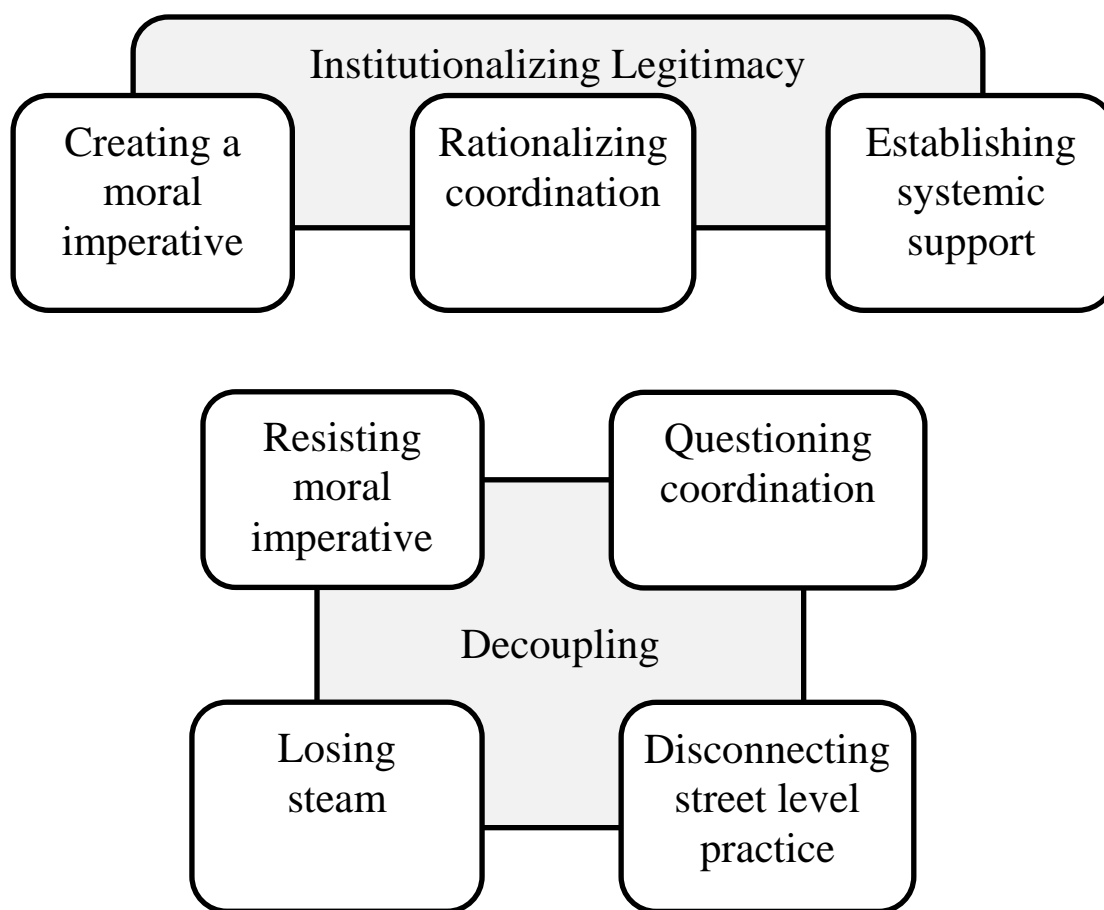


Figure 3.1, Legitimacy and Decoupling Processes

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CONCLUSION

Each of the three analytic papers included in this dissertation explore questions stemming from the apparent disjunction between the ideals of a coordinated model of practice and the reality of SART practice. Together, these papers reveal the complex dynamics at work under the surface of coordination and provide explanations for the seeming disconnection that occurs between the ideal of SART and the reality of how these services are actually implemented at the street-level. In this concluding chapter, I synthesize the findings in order to identify lessons to be learned, provide suggestions for improving SART practice, and discuss implications for future research and investigation.

Discourses of Power and the Power of Discourse

All three analyses attended to the ways that discourse both reflected and shaped power and the organizational practice of SARTs. In the first paper, the analysis revealed the connection between conflict and the methods that SART members use to discursively position one another in terms of authority, expertise and credibility. The target of this positioning-work is the relative balance of power in the team, both the power to define one's own role and the power to shape the collective identity of the team. As team members engage in the process of discursively positioning themselves and others, they actually reinforce the professional boundaries by marginalizing and suppressing perspectives that originate from another profession. This causes a dilemma for SARTs because coordination and teamwork requires at least some degree of openness to the perspectives of other professions. While SARTs are attempting to build a team identity and develop a common purpose to guide their coordination, they simultaneously engage

in processes that reinforce professional divisions. This leads to conflict which, in turn, complicates the team's ability to coordinate service delivery.

Just as conflict is the result of discursive processes that are used to negotiate power and authority, the strategies that SART members use to manage conflict are similarly shaped by power. In particular, the strategies available to SART members vary based on their position and access to power within the team context. Some strategies, such as assertively enforcing a particular conception of team role boundaries, reveal a different construction of power than the choice to "pick your battles" and relinquish hope of change.

The final analysis revealed a discursive process of creating SART as a legitimate practice by foregrounding a moral imperative for the treatment of rape victims and positioning coordination as the solution to past moral failings. However, the analysis also indicated that there is a simultaneous process of resistance to both the moral imperative and the logic of coordination. This resistance is linked to indicators of decoupling, including inconsistent adherence to the SART model at the street level and teams losing steam after getting the initial formal structure of SART established. Discursive processes may be sufficient for establishing legitimacy, but successful discourses alone did not guarantee that SART was fully and consistently implemented.

Recommendations for SARTs

The ultimate goal of this research is to shed light on core processes in SARTs that account for the disconnection between the ideal of SART and the reality of coordinating service delivery in the hopes of identifying ways to improve the services provided to rape victims. Communities adopt SART for a number of reasons, including because they believe it offers a solution to the history of inadequate services for rape victims. The analyses presented here

describe how discursive processes of conflict and decoupling may compromise the ability of SARTs to fully realize the benefits of a coordinated approach to delivering supportive services. These findings, however, also suggest potential opportunities for SARTs to improve their practice and close the gap between the ideal and the reality of coordinated services.

First, teams may want to consider the advantages of incorporating a neutral leadership role into their SART. Several of the interviewees in this project described the important role that leaders can play in helping SARTs develop and implement common goals. Research suggests that only 49% of teams have a paid leader, though often these leaders are embedded in and aligned with one of the service delivery systems (National Sexual Violence Resource Center, 2006). Again, interviewees described the importance of having a leader who can be seen as credible by all the disciplines and who is not seen as too closely aligned with one discipline. The structure of conflict observed in this study emerged at the boundaries of professions and involved issues of power, authority, expertise, and credibility. A neutral leader could be trained to observe for signs of tension and to intervene in a way that facilitates dialog about power and discursive processes that work to suppress certain perspectives.

Case conferencing, as some research participants suggested, is a promising tool for SARTs. Regular opportunities to discuss cases provides a natural focus on the actual street-level behavior of rape responders and may, therefore, reduce decoupling. Discussing current or former cases, while challenging at times due to varying confidentiality mandates among the professions, also provides an opportunity for team members to demonstrate their particular expertise and to expand their understand of how others' perspectives might differ based on their professional obligations and training. One law enforcement officer described a case conference in which a social worker expressed concern that the officer had seemed to downplay the seriousness of the

crime when interviewing the suspect. The officer was then able to explain that she purposely downplayed the severity of the crime as an investigative technique designed to encourage the suspect to confess, not because she actually believed the crime unimportant. The social worker, then, was able to better understand the specific disciplinary practice and the knowledge supporting the practice, instead of being left wondering whether the officer actually thought the offense was minor. This anecdote is powerful evidence of the potential for case conferences to be true opportunities for cross-disciplinary learning and engagement. Opie (2000) similarly suggests that case conferencing meetings are an important element in what she calls “knowledge based teamwork,” a concept that recognizes that working across professional boundaries necessarily involves a process of learning to engage with the differences in accounts of clients and their needs. It would, of course, be important that such a process involve explicit attention to whether and how power dynamics between the service delivery systems influenced the case and how it affects the process of discussing the case. For example, are accounts offered by some service providers challenged as lacking expert knowledge or credibility, as this research suggests might happen?

Engaging in this kind of self-critical power analysis is not without its challenges. It is unclear whether SART service providers are adequately prepared for this kind of process. In fact, interviewees described hesitance to have hard conversations and open up to potential critique in case conferences. This suggests a need for increased trust, careful facilitation, and training specific to the skills necessary for engaging in inter-professional dialog about cases. SARTs could look to other fields of practice for insights about processes that seem particularly effective in promoting inter-disciplinary conversations about practice, such as the well-established morbidity and mortality conferences held in health care settings. These morbidity and mortality

conferences bring together health care providers from a variety of disciplines and specialties to discuss recent cases with a focus on learning from errors and identifying system failures (Deis, et al., 2008). Key to their success is the non-punitive nature of the discussion, the focus on learning and teaching, and the promise of confidentiality.

It may be that certain structural characteristics of SARTs are not well-matched to the realities of coordinating services across numerous professional boundaries and service delivery systems. For example, most SARTs seem to use a model of having liaisons from each profession form a steering committee of sorts. Liaisons are responsible for bringing their profession's unique expertise and perspective to the decision making process and for carrying information back to a much broader pool of service responders. However, as these results illustrate, this structure might engender decoupling by creating a scenario in which the committed core is able to have SART adopted, but are not able to ensure sufficient follow through at the street level.

Furthermore, because street level responders are often not invited to the spaces where inter-professional conversations take place, they are isolated from opportunities to learn from perspectives from outside their discipline. Frontline workers may also be deprived of opportunities to build trust and familiarity with the other responders they are likely to meet in the course of a service delivery episode. Therefore, SARTs may want to consider finding ways to build rapport between all of the possible responders. Some interviewees described holding regular multi-disciplinary trainings for the full pool of responders. This was both a way to increase the knowledge and capacity of responders, but also a means of encouraging the building of relationships between the disciplines involved. Other communities avoid using patrol officers for the initial response, opting instead to send the sexual assault detective who generally is more familiar with the SANEs and advocates. Alternately, SARTs may want to experiment with team

structures that utilize a consistent team of frontline workers from each profession who respond together on a regular basis. The logistics of such a team structure may be hard to resolve, especially in large geographic regions that encompass numerous law enforcement agencies, hospitals, and rape crisis centers. However, protecting against decoupling may require rethinking the way SARTs are structured.

Another promising practice for SARTs is to engage in regular evaluations, not just of the outcomes SART may be achieving, but also of the process of service delivery. Several participants described engaging in a needs assessment or evaluation of service delivery as a catalyst for the community establishing a SART. Sharing concrete data about service delivery helped to galvanize support for the need to change how services are delivered to victims of sexual assault. However, only 23% of SARTs have engaged in on-going evaluation of their services (NSVRC, 2011). Planning and implementing an evaluation might reinvigorate teams that have stalled or are unsure how to maintain a focus within the SART. Evaluation can also help teams to focus on the actual street-level behaviors of responders and whether or not the experience of service delivery is improving in a SART model. In order to use evaluation as protection against decoupling, SARTs need to identify what *should* be happening at the street level if SART were implemented fully. The analysis in the first paper suggests that there is tension around which profession gets to define the goals of the team. Teams may find that the process of designing and implementing an evaluation prompts discussion about the actual intended purpose of SART. For example, how do individuals and the team balance the various goals of SART, including the goal of improving criminal justice outcomes and that of providing a “victim-centered” response? Discussing these questions will not only lead to a more useful evaluation, but can also help teams to identify the ideological gaps that lead to decoupling.

Each of these suggestions requires that SARTs engage deeply with questions about their core purpose, the role of power in shaping coordinated services, and how to ensure that SART in practice lives up to the ideal of coordinated services. This kind of engagement may prove challenging. Given that resistance is already interfering with SARTs' full implementation, SARTs may find it advantageous to address the challenges of engagement directly by having discussions that focus on the philosophy of each discipline and the overarching goals of the SART process.

Future Research Directions

In addition to generating suggestions for practitioners, the findings in this study indicate a need for further research and exploration. SARTs are still a relatively new model of practice and there is a need for additional empirical literature that documents the benefits of the model. Studies such as this one suggest that while there are important advantages to a coordinated model of service delivery, there is also a need for continued attention to the processes of implementation.

Future research could continue to focus on processes that affect the way that SART is carried out on the frontlines. For example, a qualitative study that specifically targets SARTs that seem to have low levels of conflict and decoupling could help identify key ingredients that support communities' efforts to successfully implement SART. This study could help generate further intervention targets by identifying successful methods for supporting the implementation of SARTs.

A wealth of information exists about organizational development and program implementation that could be used to formulate studies of SARTs. Communities adopt a wide range of practices and structures under the umbrella of SARTs and other coordinated models

(National Sexual Violence Resource Center, 2006). Using organizational concepts, studies could investigate which of these variations in structure is most likely to produce improvements in service delivery. Structural elements such as leadership structure, stages of group development, organizational culture, and others could be examined for evidence of links to outcomes. Results of this kind of study could directly inform teams as they design, implement, and work to continually improve their SARTs.

A qualitative project that asks victims about their experiences receiving services from a SART could also help us to better understand how coordination benefits victims and whether victims seem to be adversely affected by conflict or decoupling. Few SARTs regularly evaluate their practice and even fewer include victims in their planning and coordination processes, meaning that the voice and perspective of victims is under-represented in the ongoing efforts to improve service delivery. In-depth interviews with victims could help practitioners better understand the lived experience of victims who receive assistance from coordinated service delivery models.

There is also a need for evaluation research that investigates the link between coordinated services and victim outcomes. Evaluation research could identify potential causal or correlational relationships between SARTs and outcomes such as increased victim satisfaction with services, reduced negative psycho-social outcomes, and improved criminal justice case outcomes. This information could help SARTs counter decoupling-related resistance by confirming anecdotal evidence that coordination does lead to better outcomes. Evaluation research could also help SARTs justify requests for funding to support the work of SART. In addition, as an empirical evidence base develops, researchers could investigate whether processes like decoupling compromise the functioning of SARTs.

Sexual assault is a complex phenomenon that pushes the boundaries of our current service delivery systems. SARTs represent an improvement in the development of services that respond to victims with compassion, promote long-term well-being, and deliver justice. As this research illustrated, however, SARTs still struggle to fully realize these ideals of victim-centered coordination at the frontlines of service delivery. It is my hope that the findings of this research can contribute in some small way to the larger project of improving the quality of services that victims receive after suffering the trauma of rape.

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CURRICULUM VITAE

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EDUCATION

PhD	University of Washington , School of Social Work, Seattle, WA	2012
MSW	University of Michigan , School of Social Work, Ann Arbor, MI	2001
BA	Oberlin College , Oberlin, OH	1999

AWARDS & FELLOWSHIPS

GADE Doctoral Student Award for Leadership & Service	2011
J. Scott Briar Award	2011
Chambers Dissertation Scholar Award	2011
Magnuson Scholar	2010-2011
NIH TL1 Multidisciplinary Pre-doctoral Clinical Research Trainee	2008-2010

PEER-REVIEWED PUBLICATIONS

- Moylan, C. A.**, Lindhorst, T., Tajima, E. A., and Kruzich, J. (In Press). Sexual Assault Response Teams (SARTs): Mapping a research agenda that incorporates an organizational perspective on multidisciplinary service delivery. *Violence Against Women*.
- Hudson, K. D., Shapiro, V. B., **Moylan, C. A.**, Garcia, A. R., and Derr, A. S. (Under Review). Transforming our Training: Integrating a social justice framework into doctoral education.
- Tajima, E. A., Herrenkohl, T. I., **Moylan, C. A.**, and Derr, A.S. (2011) Moderating the effects of childhood exposure to domestic violence: Examining the roles of parenting characteristics and adolescent peer support. *Journal of Research on Adolescence*, 21, 376-394.
- Sousa, C., Herrenkohl, T. I., **Moylan, C. A.**, Tajima, E. A., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (In Press). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence*, 26, 111-136.
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- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., and **Moylan, C. A.** (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence and Abuse*, 9, 84-99.

PROFESSIONAL WRITINGS

- School of Social Work Continuing Education. (2007). Engagement, Safety and Support: A Domestic Violence Training Curriculum. Seattle, WA: University of Washington.
- Moylan, C.A.** (2003). SafeHouse Center Sexual Assault Response Team Training Manual. Ann Arbor, MI: SafeHouse Center.

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- Moylan, C.A.** & Corpolongo, C. (2003). Instructional Guide. For educational film *Dangerous Games: Power and Control in Teen Dating Relationships*. Seattle, WA: Intermedia, Inc.

PRESENTATIONS AT PROFESSIONAL MEETINGS

- Hudson, K.D., Garcia, A., Shapiro, V.B., **Moylan, C.A.**, Derr, A.S., Waithaka, E.N., Almgren, G.R., & Uehara, E.S. (2011). Transforming our training: Integrating a social justice framework into doctoral education. Panel conducted at the Council for Social Work Education Annual Program Meeting, Atlanta, GA.
- Moylan, C.A.**, & Lindhorst, T. (2011). Coordinated Services for Rape Victims: Exploring Negotiation of Power and Difference in Multidisciplinary Service Delivery Models. Paper presented at Society for Social Work and Research Conference, Tampa, FL.
- Moylan, C.A.**, & Lindhorst, T. (2009). Sexual Assault Response Teams: An exploration of coordinated service delivery models. Poster presented at International Congress of Qualitative Inquiry, Urbana-Champaign, IL.
- Sousa, C., **Moylan, C.A.**, & Herrenkohl, T. I. (2009). Domestic violence exposure and abuse in childhood: relationship to parent-child attachment and the impact of these risks on youth violence perpetration. Paper presented at the Society for Social Work and Research Conference, New Orleans, LA.
- Moylan, C.A.** (2008). Sexual Assault Response Teams: Exploring Effectiveness. Poster presented at Chautauqua, Center for Health Sciences Interprofessional Education and Research Meeting, University of Washington, Seattle, WA.
- Herrenkohl, T.I., **Moylan, C.A.**, and Sousa, C. (2008). Gender Differences in the Impact of Child Maltreatment and Domestic Violence Exposure on Psychosocial Functioning of Youth. Paper presented at the Society for Social Work and Research Conference, Washington, DC.

TEACHING EXPERIENCE

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|---|-----------|
| Sole Instructor , <i>Interpersonal Violence and Trauma, Social Welfare Research & Evaluation, Macro Practice II: Organizations Community and Policy Practice</i> , University of Washington School of Social Work. | 2010-2012 |
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| Domestic Violence Training Curriculum Developer , UW SSW Continuing Education | 2007 |
| Sexual Assault Services Coordinator , SafeHouse Center, Ann Arbor, MI | 2003-2006 |
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| Follow-Up Advocate , SafeHouse Center, Ann Arbor, MI | 2001-2002 |
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