



WCSAP
Washington Coalition of
Sexual Assault Programs

**THE
ADVOCACY STATION**

Multidisciplinary Teams & Advocacy

A multidisciplinary response to sexual assault cases is beneficial to our work and our communities. It cultivates communication and collaboration among service providers and system professionals; increases the effectiveness of criminal justice, social service, medical, and community interventions; and ultimately, it improves the response to and experiences of survivors. This approach is most often supported through the development of teams comprised of the primary stakeholders who work with children and nonoffending caregivers. Although there is consensus that

multidisciplinary partnerships are best practice, there is no single “right” model for success.

Rather, each team will be shaped by the unique context of its community and adapt to the changing needs and challenges that inevitably surface.

“Systems work *is* direct advocacy for survivors.”

-Adam Shipman,
Sexual Assault and Family Trauma Response Center

Considerations for Community-Based Advocates

Role on the MDT

Community-based advocates are an essential component of the multidisciplinary response to child sexual abuse. In 1999, RCW 26.44.180 solidified this in Washington State by specifying that prosecutors and law enforcement should coordinate with community sexual assault programs during criminal child sexual abuse investigations and should involve these agencies in the development of each county’s child abuse protocols. In many areas, the protocol development process spurred the creation of multidisciplinary teams and partnerships or reinforced those that already existed.

Regardless of who facilitates or coordinates the team, community sexual assault advocates should be actively involved. Advocates’ ability to respond to survivors’ needs is greatly enhanced when they have a consistent and valued presence on

the MDT. Defining and clarifying an advocate's role within the MDT is an ongoing process which helps to ensure that the team has a comprehensive response to sexual assault. Specifically, advocates:

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

Confidentiality

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

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

client information without the informed, written, reasonably time-limited consent of the person about whom information is sought.”

These provisions apply regardless of any cooperative or confidentiality agreements that may be established within an MDT (NNEDV, 2008). In addition, during the 2019 legislative session, legislation was passed to clarify language regarding information sharing between MDT members.

"Team members may share information about criminal child abuse investigations with other participants in the multidisciplinary coordination, but no member is required to do so if sharing such information would constitute a violation of that team member's professional ethical obligations or disclose privileged communication as defined by statute." (HB 5465, section 3, 2[b])

It must be reiterated that agency policies should represent these requirements and be upheld by advocates in multidisciplinary teams and partnerships. This will be easier to do if advocates clarify their confidentiality restrictions with team members and work to shift perceptions that information-sharing is the only way to collaborate meaningfully with system partners. Here are some examples of ways that advocates can actively contribute to the team and its goals while maintaining confidentiality:

- Advocates can share general trends, system coordination concerns, sexual assault dynamics, and hypothetical examples.
- Advocates can educate team members on child development and how this might impact a victim's disclosure, response to the assault, or feelings about the criminal justice process.
- Advocates bring a victim-centered approach to problem-solving and can provide recommendations to the team based on survivors' feedback.
- Advocates can help to increase team members' knowledge of other community-based programs and their services.
- Advocates' work with the team to improve the local system's response to reports of sexual assault may encourage others to come forward.
- Advocates' coordination with system partners and work with survivors during the criminal justice process can support successful outcomes.

Preserving confidentiality should be at the forefront during advocates' participation in any type of multidisciplinary meeting, but it is especially important

for case review meetings that are detail-oriented in nature. Teams should also respect survivors' confidentiality by limiting the number of people and agencies who participate in case reviews to those that are directly involved. Larger team meetings with broad representation from the community are more appropriate for general discussions focused on system coordination issues.

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

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

But it's about child abuse so why is it confidential?

While it is true that advocates are mandated reporters, your role ends once the report is made to CPS or law enforcement. It does not waive minor privacy for all time or on a continued basis. Only if you receive new information about the same child and nature of their abuse, then you would make those additional calls.

Parental Consent

Washington law expressly and implicitly provides minors with the right to access advocacy services. In order to fully effectuate these rights, minor victims must

have agency in choosing to work with an advocate. That agency is undermined if parental consent is required.

Communications between a minor and the minor's sexual assault advocate may be protected from parental access under Washington and federal law. Advocacy records are confidential. Although parents generally have rights over their minor-child's records, those rights are not absolute. Violence Against Women Act, which requires minor consent to release information held by grantees and subgrantees, provides an additional basis for nondisclosure (NCVLI, 2013).

In Practice


Strong relationships are critical components of comprehensive advocacy for survivors. Building them requires creativity and persistence; maintaining them requires patience and intention. To sustain community team response to sexual assault and promote increased collaboration:

- Host lunches to keep team members connected and invested
- Meet new members for coffee to establish introductions outside of the MDT when possible
- Encourage and facilitate site visits between MDT members so as to gain a better understanding of each member's work and possible input
- Reach out to potential partners by offering education on sexual assault and your agency's services
- Have a clearly stated approach to working with others and representing the rights and perspectives of survivors. An understanding of your role and limitations on the front end of relationships is vital to creating expectations.
- Re-build damaged relationships with system partners by making space to hear what they had to say about the agency's advocacy services and how collaboration could be improved
- Maintain communication with system partners outside of the MDT meeting when coordination issues arise or a complex case surfaces
- Recruit new team members by inviting them to provide a training at your MDT meeting or agency staff

Navigating Information Sharing

While the confidentiality is centered in an advocate's approach, other members of the MDT may become frustrated with your boundaries. Strong relationships and upfront expectations are a part of navigating information sharing but there


are also case by case approaches an advocate can make to foster cooperation while balancing confidentiality. Let's look at a few scenarios and see what this can look like in practice.



Scenario: The Mom of the client is in a domestic violence relationship. Understanding the dynamics of domestic violence would be helpful to the discussion.

Think about ways to bring general educational information about domestic violence dynamics that could be in play without discussing the particulars. This can look like:

- Sharing the Power & Control Wheel or the Spiral of Violence.
- Speaking to your experience in general: "In my experience working with survivors..." to discuss things like lethality or patterns of leaving or recantation.
- If you do not have experience with domestic violence, asking someone from your local DV program to join the MDT for an in-service to increase the entire team's competency.



Scenario: You can see there is a perception of parental noncooperation from some members of the MDT. You understand this as an issue related to the culture of the family.

Think about ways to bring general educational information about cultural dynamics that could be in play without discussing the particulars. This can look like:

- Discussing the culture of the family in general terms. Asking questions to the team to spark a deeper discussion like, "I know this family is Hmong. I wonder how this might be a factor in this case and if we can learn more about that culture to help us provide the best services to the family."
- Pointing to language access. "Could language be a barrier in this case?"

- Speaking to your experience in general: “In my experience working with survivors from the Hmong culture...”
- If you do not have experience working with Hmong survivors, asking someone from a culturally specific program to join the MDT for an in-service to increase the entire team’s competency.
- Locating recorded webinar or other reading material.

Defaulting to educational or hypothetical discussions can be a good approach. Because the ROI will need to be specific to what is shared and list all the members in the MDT meeting with whom the information will be shared. The best ROIs include both “what info about me will be shared” and “why I want my info shared”. Including the purpose will further guide an advocate in navigating information sharing.

If an ROI has not been signed, would following up and getting one in place be helpful to the survivor? Whenever releasing information about a survivor, programs and advocates should keep in mind the “minimum necessary concept,” meaning that even with a release, share only the information necessary to accomplish the survivor’s purpose, and only have that release open for the amount of time necessary to meet the survivor’s needs.

Protecting confidentiality is dynamic. It is not a one-time act we engage in, but rather a series of acts over time that we engage. Every action that sexual assault advocates or rape crisis centers do is to ensure that a survivor’s information is not shared with or disclosed to any third parties. It is not only an expectation in your relationship with a client, it is a legal protection.

Reading and Resources

- [Multidisciplinary Teams, Advocacy Station](#), WCSAP.
- [Sexual Assault Response Team Development: A Guide for Victim Service Providers](#).
- [Multidisciplinary Teams and Collaboration in Child Abuse Intervention: A Selected, Annotated Bibliography](#)

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