

# What Can We Talk About?

A Guidebook for How Sexual Assault Response Teams Discuss Sexual Assault Cases





The Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault works within Minnesota and across the nation to improve the response to sexual assault across all disciplines. We equip multidisciplinary teams and allied professionals with the concepts, tools, training, and resources needed to create a victim-centered response to sexual violence within their local communities.

Our location within the Minnesota Coalition Against Sexual Assault connects the Institute's work to philosophy and experience grounded in the voices of victims/survivors and those who work most closely with them.



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V20120406

This project is supported by Grant No. 2007-TA-AX-K011 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on violence Against Women.

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## INTRODUCTION

### WHAT ARE CASE CONVERSATIONS?

The phrase "case conversations" refers to the formal or informal process that Sexual Assault Multidisciplinary Response Teams (hereinafter, "teams") use to discuss what is happening with individual sexual assault cases or the system in general. Teams most typically hold case conversations to evaluate how response protocols may or may not be making a difference in those cases, although there are many reasons why teams choose to hold case conversations.

The topic of case conversations will undoubtedly come up on your team. Sometimes teams refer to case conversations as case review, system consultation or case management. Regardless of the name, the process of discussing current or past sexual assault cases can be quite challenging and should be carefully planned and implemented.

This guidebook is meant to help team leaders explore the topic of case conversations and will address reasons why teams discuss cases, rules that might shape how teams approach case conversations, victim confidentiality and safety concerns, a variety of ways that teams have chosen to take on case conversations, and suggestions for how to troubleshoot if things don't go as planned. This document will help prepare team leaders and members to guide the way your team thinks about case conversations and set you up to model appropriate and effective practices if your team chooses to partake in some sort of case conversation process. This document does not intend to promote case conversations as something that teams must be doing. In fact, many teams refrain from any type of case conversation or only begin them once they feel the timing is right. If your team is currently doing case conversations it can be beneficial to take a step back and re-evaluate how the process works on your team and what you might improve in the future.

### WHY DO TEAMS WANT TO DISCUSS CASES?

Teams handle case discussions in many different ways, but the desire or need to discuss them tends to come from the same place. Typically, the team feels a desire to discuss case specifics because there is a desire to:

- Identify and fix a problem, either a one-time problem or a recurring problem;
- Improve the response to victims as it is happening or shortly after the initial response has taken place;
- Evaluate the response protocol - "Is it working?"
- Be successful- "Am I a good nurse? Advocate? Officer? As a system do we make a difference together?"
- Be victim-centered- "Are we considering the victim along the way? Is the current response victim friendly?"

The bottom line comes down to making change. Is there something that can be happening differently to result in a better outcome for victims, responders and cases? Teams are a great setting for this type of work to take place because it can lead to the most meaningful, widespread change. The grid below compares three different change mechanisms. The first level, individual case advocacy, represents an immediate response between two individuals, in this case an advocate and a medical provider who did not

offer a sexual assault victim options around emergency contraception (EC). The second level, system advocacy- agency to agency offers a slightly broader opportunity for change between two agencies and responders within them. The third level, system change- via interagency team, offers the broadest impact and learning opportunity and is possible through multi-disciplinary collaboration and investment. The team environment offers a unique setting for large scale system improvement to occur. One way that change can occur is through the case conversation process. How that process occurs, however, varies tremendously and should be carefully considered.

## Making Change .....



	Example	Pros	Cons
<b>Individual case advocacy</b>	Advocate reminds medical provider to provide options around EC	Can be immediate feedback, specific to individual	May/may not affect lasting change, not always transferable to others
<b>System advocacy—agency to agency</b>	Advocacy agency notices LE requesting polygraphs of several victims—asks to meet with investigative supervisor	Notice patterns, can affect policies, can get at mid-level structural issues that affect practice	Direct learning limited to the 2 agencies involved
<b>System change—via interagency team</b>	Team researches problems, designs, trains, and evaluates proposed changes	Way to get at deeper structures, Move toward self-correcting/adapting behaviors Joint learning can create new thinking	Requires long-term commitment, heavy investment, turnover of team members inevitable

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### POSSIBLE BENEFITS TO CASE CONVERSATIONS

Through the case conversation process, it is possible to improve team and system response to one or many cases. The process can also increase individual and team capacity to become more victim-centered and self-correct. Self-reflection becomes normalized as the team continues to work toward a shared mission or goal. Case conversations can provide opportunities to adapt to changes or unforeseen challenges that weren't anticipated when current protocols or procedures were implemented. Finally, case conversations promotes multi-disciplinary learning instead of keeping things at the individual advocacy level. The potential benefits to implementing a case conversation process are significant so it is worth spending time up front to develop responsible practices and lay a proper foundation.

## WHAT COULD GO WRONG?

When teams have case conversations they face several significant risks. First, there is the potential for negative impact on the team. Conflict and disagreements on how the case should have been handled can arise and could pull the team apart. Another risk is to the criminal or civil case. The potential exists for compromising information to be shared about the case. This will be addressed further in the RULES section of the guidebook. Perhaps the most significant risk that teams face when holding case conversations is the risk to the victim. The conversations could lead to victim-blaming or inaccurate information about the victim or the case being spread. The risk of loss of privacy for the victim should be carefully considered. Loss of privacy is a significant concern for victims and is one of the main reasons victims cite for not reporting sexual assault. Case conversations, if not carefully planned, can exacerbate this concern. Arguably, the largest risk to victims is captured by the phrase *loose lips sink ships*. Responders are busy people and hear a lot of information about a lot of different cases. If a responder hears information about a victim's whereabouts during a case conversation and forgets that this information is confidential (as opposed to hearing it in a public setting such as open court), and later shares it, it could be devastating to the victim's safety. Another less commonly thought of risk of the case conversation process is the risk to the suspect. Depending on how the team is talking about the case and the people involved, it's possible that case conversations could lead to gossip or unfair profiling of a suspect, his or her family, the "bad" part of town, or a particular demographic. Teams should always consider the difference between morally reprehensible behavior vs. actual evidence. It can be important to question if information is feeding community safety or just rumors about the suspect.

## CONSIDERATIONS BEFORE BEGINNING CASE CONVERSATIONS

There are several things that team leadership and all team members must consider prior to beginning case conversations. If your team is already holding case conversations, go through these steps to evaluate whether your team could or should modify the process that is currently in place. By considering these things, teams can lay the proper foundation to hold responsible and effective case conversations and minimize or avoid some of the common pitfalls associated with case conversations.

Attached in the Appendix is a handout titled, "What Can We Talk About? Considerations for how SART Teams Discuss Sexual Assault Cases Assessment Tool." This tool is intended to assist team leadership with walking team members through these considerations, and provides ideas for stimulating conversation on the topic.

Before beginning case conversations, consider:

- How long has the team been formed? Are the team members familiar and comfortable with one another? Do the team members have a good understanding of each other's professional roles and responsibilities?
- Has the team held case conversations in the past? If so, was it a good experience for the team?
- Has the team developed a **mission** and/or **definition of 'victim-centered'**? If so, was either the mission or the definition developed with the idea of case conversations in mind?
- Has the team developed a separate **philosophy** about *how* the mission will be carried out? Is so, does the team philosophy contemplate using case conversations as a way to further the mission?
- Has the team already developed **expectations** for the case conversation process? For instance, has the team already decided how often case conversations will be held?
- Has the team discussed **why** they want to hold case conversations?
- Has the team discussed **which cases** will be discussed and why (i.e., only cases which were adjudicated not guilty at trial)?
- Has the team discussed how information learned during case conversations will be shared and used? Has the team discussed whether/how any information learned will be recorded (i.e., will notes on the conversation be reflected in team meeting minutes)?
- Has the team discussed how to ensure **victim privacy and safety** through the case conversation process?
- Has the team developed a **Memorandum of Understanding (MOU)** or any other formal agreement that demonstrates the team members' commitment to hold case conversations in a particular way?

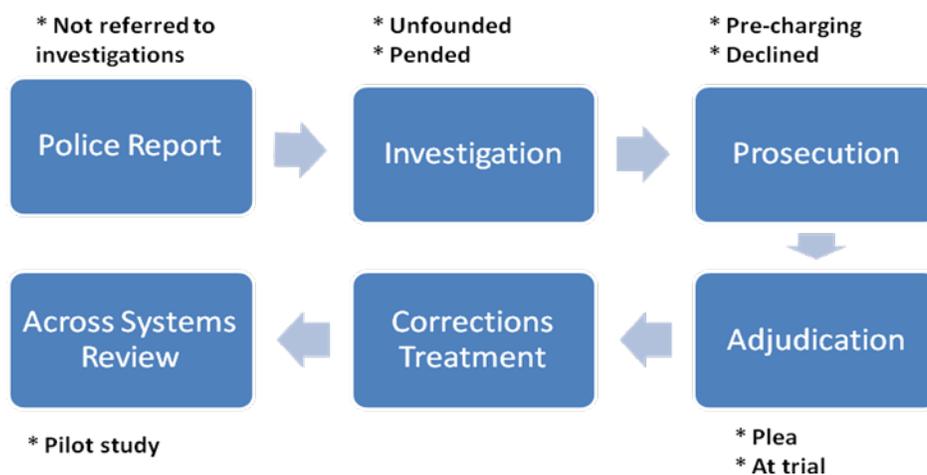
Knowing this information will help your team identify whether or not they are adequately prepared for case conversations, what risks they might face and where additional work needs to happen to best equip the team to be hold successful conversations.

## WHEN DO TEAMS DISCUSS CASES?

There is no right or wrong time within the "life" of a case to hold a case conversation, it really just depends on what your team is most interested in learning from the case conversation. Often, we see that teams assume that cases must be **closed** to be discussed. This isn't necessarily true. This guidebook includes options for discussing **open** cases, and the precautions that should be in place if that is something your team wants to do. A good starting place for deciding at what point cases should be discussed is to think about the various places that cases commonly "die." There might be cases that are

reported but not referred to a detective, cases that are unfounded or pended after an investigation, cases that are declined by the prosecuting attorney's office for charging, cases that are resolved by a plea, cases that are adjudicated at trial, or cases where the offender has received treatment, probation, prison, etc. Another option is to discuss one case as it moved through the entire system-examining all critical juncture points. The graphic below shows the range of options available of when cases could be discussed.

## When do teams discuss cases?



## RULES THAT SHAPE CASE CONVERSATIONS

In addition to discussing *what stage in the process* case conversations could occur, your team needs to have a complete understanding of the various rules, both formal and informal, that apply to case conversations. This section isn't meant to be a complete tutorial on all of the "rules" associated with case conversations, but is an overview of what rules color the discussion of case conversations. It is important that team leaders and members are exposed to the types of rules that color the way case conversations should be held. Commonly, teams either discuss cases with no thought to the "rules" at all or forego the benefits of case discussions because they are paralyzed by the "rules." The perfect balance is to have enough information about the "rules" to give teams pause but not paralysis.

### Federal Laws and Case Law

- *Brady v. Maryland*, 373 U.S. 83 (1963)  
In the simplest of words, *Brady v. Maryland* says that a prosecutor must disclose certain exculpatory evidence to the defense. The United States Supreme Court held that withholding evidence "where the evidence is material either to guilt or punishment" violates due process. The Brady rule applies to evidence that is favorable or material to the defendant. Exculpatory evidence opposes the guilt of the defendant, undermines the credibility of a prosecution witness or supports testimony of a defense witness. Material evidence is relevant, meaning it is evidence that has "any tendency to prove or disprove any disputed fact that is of consequence to the determination of the action" and there is a reasonable probability that disclosing the evidence could affect the outcome of the proceeding. Withholding this evidence may violate due process.
- *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*  
Most medical providers, including Sexual Assault Nurse Examiners (SANEs), are bound by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA provides national standards for protecting the privacy of health information. If medical professionals are on your team, it isn't appropriate for that medical professional to share medical information about the patient/victim with the other team members. In addition, it is imperative to protect the neutrality of individual SANEs and SANE programs in order for their evidence collection expertise to be accepted in court with a minimal level of bias toward the victim or prosecution process.
- *Title IX Education Amendments of 1972 and Jeanne Clery Disclosure of Campus Security and Campus Crime Statistics Act (Clery Act)*  
These federal laws address how public and private institutions of post-secondary education participating in federal student aid programs must respond to or report crime that occurs on and around campus.

### Laws that Vary by State

- **Victim's Rights Laws**  
These laws detail what victims need to be informed of and when.
- **Mandated Reporting**  
Requirements for various professionals on who must report certain information & when.
- **Privilege and Confidentiality**  
Certain professionals enjoy the protection of having their conversations with clients protected from disclosure. For example, in some states, advocates have this privilege. There are limits on privilege, however. While attorneys have an attorney/client privilege, prosecutors do not represent victims (they represent the community prosecuting the defendant) and therefore have a duty to disclose

exculpatory evidence to the defense under *Brady v. Maryland*. This also includes acknowledgement of who is a mandated reporter. Team members should be aware of the confidentiality or privilege obligations held by members of the team and devise a case conversation process that handles this accordingly.

- **Laws Specific to Case Conversations**

In some states, there are laws that describe what type of information can be shared for the purpose of Domestic Violence Fatality Reviews. These laws, or others specific to sexual assault cases may impact how case conversations happen on sexual assault teams.

- **Data Privacy Laws**

### **Funder Restrictions**

State or agency money that comes through the Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), the Family Violence Prevention and Services Act (FVPSA), and similar sources typically comes with requirements about how information can be shared. For example, recipients of VAWA money must protect victim confidentiality by not releasing *personally identifying information*. Personally identifying information is defined as information that is likely to disclose the location of the victim, identify the victim by name, address, contact information, Social Security number, or any combination of information such as date of birth, racial or ethnic background, or religious affiliation that, in combination, would identify a victim. Teams must consider that personally identifying information varies depending on the size of the community or community demographics. For example, saying that the victim is Ethiopian may be identifying information if there is a limited number of Ethiopian people within the community or if this is the only case involving an Ethiopian victim. Similarly, saying that the victim was the perpetrator's niece may in fact identify the victim in some circumstances. Teams should be mindful that seemingly insignificant pieces of information could disclose victim identity.

### **Agency Policies**

Agency policy or protocol is more likely to be negotiable. Some agency policy and protocol is based on laws. For instance, the hospital may have a policy not to discuss cases or release records without a release in order to be sure that the hospital is in compliance with HIPAA. Other agency policies may not be based on law, however, and may be negotiable. Spend time with your team to understand the *purpose* behind individual agency or individual restrictions on discussing cases.

### **Licensure and Certification Requirements**

Team members that have licensed or certified professionals on the team should take the time to discuss any information sharing obligations that may accompany their professional status.

Overall, it is important for your team to take the time to carefully outline the various "rules" that shape what they can share with others. A great way to do this is to use this list as a guide to your discussions and take turns having team members speak to the rules that apply to them. As each rule becomes more clear, consider what impact they might have on a case conversation process. It can be helpful to develop examples of what fits within each requirement and what violates it. Consider creating a written document that outlines each rule that can serve as a quick resource to turn to if questions arise about what is okay to discuss. This can help to eliminate confusion and avoid team members taking it personally if another professional cannot provide information. Remember that this list is not meant to cover all sources of "rules" but to provide examples of rules that commonly apply to teams. Your team may have additional rules that are not included in the list above.

## SAMPLE APPROACHES TO CASE CONVERSATIONS

Perhaps the best way to illustrate how case conversations work is through example. The three models included in this guide are not the only ways to approach case conversation but are examples of methods chosen by teams that illustrate the variety of ways teams can responsibly discuss cases. Each method serves a slightly different purpose, involves different strategies and players and offers different pros and cons.

### SYSTEM CONSULTATION

Many teams regularly do some form of "system consultation" already. The key word in this method is *system* instead of *case*.

<b>Goal</b>	Focus on emerging system issues in order to identify: <ul style="list-style-type: none"> <li>• successes</li> <li>• gaps and problems</li> <li>• solutions or adaptations</li> <li>• strategies to improve the community response to sexual violence</li> </ul>
<b>Features</b>	
Who	The whole team can be involved
When	Reactive- a response (positive or negative) to something occurring at any stage of the process
Outcome	Changed protocol, identifying new training need or issues for team action
Need for Case Details	Low
Preparation Needed	Moderate
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Team member identifies a system issue</li> <li>• Team member talks with involved parties in advance- no "gotchas" or surprises</li> <li>• Team member alerts team leader ahead of time. The team leader can therefore ensure that the information that is discussed will be at a more helpful <b>system</b> level as opposed to a case level and can prepare or notify the team accordingly.</li> </ul>
<b>Presentation</b>	<ul style="list-style-type: none"> <li>• Explain the system issue, stripped of as many case details as possible</li> <li>• Maintain confidentiality of victim throughout</li> <li>• Review for victim-centered response</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Assess for the right "fix" -protocol, training, personnel issue?</li> <li>• Document the nature of the issue, the decision and expected next steps</li> </ul>
<b>Tips for System Consultation</b>	<ul style="list-style-type: none"> <li>• Keep the focus on the system, not individual responders or cases                     <ul style="list-style-type: none"> <li>○ For example, perhaps there is an advocate who routinely does not respond to the hospital in a timely manner when called. Although this appears to be a problem specific to that advocate, the issue shouldn't be about "you need to better supervise your advocates." Instead, team</li> </ul> </li> </ul>

members should try to elevate the problem to a **system** level by posing questions such as, "Is there currently a timeframe specified in the protocol for advocate response at the hospital? Should we institute one? What should we do if that timeframe isn't being honored?"

- Do not use forum inappropriately such as for personnel issues
- Consider the timing when bringing issues to the team
  - Is it best to discuss something while the issue is fresh, but potentially emotional, or is it better to put the issue in the "parking lot" to have a discussion about it at some point in the future after tempers have cooled? This is part of the art of being a good team leader; there is no right or wrong answer.
- Team leader's role is critical to successful consultation

#### **Examples of Appropriate System Consultation**

- A medical professional on the team notices that law enforcement officers seem confused about where to pick up collected sexual assault forensic exam kits at the hospital for transport to storage at the law enforcement facility. The team member has noticed this occurring over and over again, across time. The team member brought the issue to the team leader and they presented it to the team as a system level issue. Through the system consultation process, they discovered that their protocol was outdated and described old features of the hospital which had recently changed during construction. The team decided that a protocol change needed to happen and also announced the update in a memo to responding law enforcement agencies. This information came from several cases and, over time, became a noticeable system issue. The specific case details were irrelevant as were the identifies of the victims and responders.
- On another team, a problem arose when both the sexual assault victim and the suspect were taken to the same emergency department, by separate responders, at the same time for forensic exams. This clearly created tension as well as safety and privacy concerns for everyone involved. Rather than the responders bringing those case specific details to the group (which case it was, who the victim and suspect were, who the nurse and law enforcement officers were, etc.), the responders presented it as a system issue by asking the question, "How can we ensure that victims and suspects are not receiving services in the same place at the same time?" The team discussed this as something that may not only happen at the hospital but also at the police station, government building or courthouse, etc. The team decided to change their protocol to say that, whenever possible, suspect forensic exams would be conducted at the jail so as to prevent these sorts of encounters from happening again. This example shows how a team discussed a very case-specific problem at a system level.

## CASE REVIEW

Case review is the review of a closed case that has gone all the way through the criminal justice system. This model came out of the idea of domestic fatality review teams.

<b>Goal</b>	<p>Conduct a detailed, in-depth study of a case from reporting to post-conviction in order to identify:</p> <ul style="list-style-type: none"> <li>• effectiveness of protocols</li> <li>• gaps and successes</li> <li>• flow of the process</li> <li>• victim-centeredness of the intervention</li> <li>• potential areas for early intervention with the offender to stop the offending behavior</li> </ul>
<b>Features</b>	
Who	The whole team or a subset can be involved. Consideration for who worked on the actual case should be made. The goal is to have as many of the actual responders present as possible.
When	Reactive- after the case is closed
Outcome	Systemic look to surface patterns and gaps that may not be immediately obvious. Changes in policy, training, procedure, etc.
Need for Case Details	High
Preparation Needed	High
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Select a closed case for review- work with your prosecutor to determine whether the case should be post all appeals as well</li> <li>• Obtain signed releases from victim and offender (if the team wants offender's treatment/probation records)</li> <li>• Develop team guidelines for process and signed agreements</li> <li>• Develop a list and invite all responders who were involved in the case along the way</li> </ul>
<b>Presentation</b>	<ul style="list-style-type: none"> <li>• The team hears from actual responders who talk about what they did</li> <li>• Team members can ask questions</li> <li>• Copies of written reports are tracked or numbered, shared, reviewed, re-collected and destroyed</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Learning from individual closed case to inform system change through protocol adaptation, training, etc.</li> </ul>
<b>Tips for Case Review</b>	<ul style="list-style-type: none"> <li>• Good preparation is essential             <ul style="list-style-type: none"> <li>○ MOUs/signed releases should be the foundations for how the process will work. If releases are obtained, they should spell out exactly how the information will be used and who it will be shared with.</li> </ul> </li> </ul>

- Select an appropriate case for review
- Review team mission
- Be careful about document use, distribution and destruction
- Design the process first
  - Assign roles of a timekeeper and monitor for the process to ensure that the focus remains on system fixes
- Discuss victim-centered options
- Use what you learn
- Plan for ongoing evaluation of the Case Review process

**Examples of Appropriate Case Review**

- A team decided to review a specific case of intimate partner sexual violence. The case involved a woman and a man who had separated. The man broke into the woman's home and sexually assaulted her. The case was charged and proceeded through the system resulting in a conviction. Post conviction, the case reviewed by the team as a way to determine how the protocols had worked. During that review, the team learned that some information known to several responders was not communicated with the defendant's treatment provider. Specifically, the treatment provider was under the assumption that the assault was an isolated incident. In reality, the victim had made previous reports in the past and had obtained protective orders citing sexual assault in the past, prior to the charged incident. The team had discussions about where the information was lost and discussed ways to prevent this from happening in the future. This was somewhat surprising to the team who initially viewed this particular case as a success because it had been prosecuted, the perpetrator had been convicted and was enrolled in a treatment program. This process changed their perspective and illuminated many areas where the system had failed or could have done things that might have changed the course of action along the way. Perhaps if the system had responded more effectively in the beginning, subsequent acts of violence may have been avoided. Note: In this example, the team decided to obtain signed releases from both the victim and the offender in order to have the case discussed. Getting a release from the offender allowed treatment records to be shared with the team.

## ACTIVE CASE MANAGEMENT

The main difference with this approach is that it looks at open cases. Another key difference is that it typically involves a subset of the team rather than the full team. This approach is not commonly used, but it is an interesting approach that, if handled with care, is potentially very effective.

<b>Goal</b>	Provide "front end" coordination in <b>open</b> cases in order to: <ul style="list-style-type: none"> <li>• attend to the timely and effective processing of cases</li> <li>• ensure that cases are appropriately investigated and prosecuted</li> <li>• catch cases that may otherwise slip through the gaps</li> <li>• brainstorm ways to make a tough case more "chargeable"</li> </ul>
<b>Features</b>	
Who	Typically a subset of the team
When	Proactive- related to open cases
Outcome	Case-specific ideas and actions to improve response to that particular case. May or may not be able to be generalized to other cases.
Need for Case Details	High
Preparation Needed	High
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Team member(s) select cases for review and notify coordinator</li> <li>• Coordinator sends out update to team one week prior to meeting including law enforcement report (via confidential email)</li> </ul>
<b>Presentation</b>	<ul style="list-style-type: none"> <li>• The investigating officer or prosecutor presents the case and sticking points</li> <li>• The team discusses ideas to move the case forward including feedback from other investigators or prosecutors</li> <li>• All reports shredded before participants leave the discussion</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Improved system response for individual cases</li> <li>• Improved system response overall</li> </ul>
<b>Tips for Active Case Management</b>	<ul style="list-style-type: none"> <li>• Agree upon goals and the process to be used                     <ul style="list-style-type: none"> <li>○ What is the role of the team in making any charging decisions?</li> </ul> </li> <li>• Determine which types of cases will be discussed</li> <li>• Ensure that team members understand each others' roles and limitations in terms of information sharing</li> <li>• Create confidentiality agreements</li> <li>• Will victims be notified of review? If so, how?</li> <li>• How will cases be presented?</li> <li>• What documentation will be made if any?</li> <li>• If advocates are going to be involved, the best option is to have an advocate who did NOT provide advocacy services with the victim in the actual case. This allows general advocacy information or ideas to be</li> </ul>

	<p>presented without risking violating confidentiality or advocate privilege.</p> <ul style="list-style-type: none"><li>• If medical professionals are going to be involved, remember that their role is to provide independent forensic evidence collection. Similar to how advocates will participate in this process, a representative from the SANE program or hospital could participate to comment <i>in general</i> about how the results from a medical forensic exam could be interpreted, but it is not advised to have the SANE who worked with the particular victim present to comment on the medical exam.</li></ul>
<p><b>Examples of Appropriate Active Case Management</b></p>	<ul style="list-style-type: none"><li>• An investigator was working on a difficult sexual assault case and decided to bring it to the subset of the team that handled active case management. The investigator encountered several challenges and dead ends with the investigation and wanted insight from others on how to proceed. He presented the case facts to the group and identified the challenges he faced. The prosecutor offered a new strategy and suggests obtaining search warrants for specific pieces of evidence based on what has worked in previous cases. The advocate offered suggestions for ways to support victims during lengthy investigative processes and the medical professional explained the medical terminology from the sexual assault exam report to the group so that they could better understand its significance. The advocate and the medical professional who were present had not worked directly with the victim so there was no risk of confidential information being shared. The victim had signed a release of information for the investigator to obtain the exam report as part of the case investigation. Even in this scenario, identifying information about the victim and suspect was not shared because it was not pertinent to advancing the case. The investigator was able to use the suggestions to continue the investigation and ultimately deliver a stronger case to prosecutors. Additionally, he knew the potential impact of the prolonged case on the victim and was able to better explain the challenges to her while minimizing the risk that she would disengage from the process. The strategies learned during this process may have been relevant in future cases.</li></ul>

## A Comparison of Three Approaches to Case Conversations

<b>Systems Consultation</b>	<b>Case Review</b>	<b>Active Case Management</b>
Brought to whole team	Brought to whole team	Brought to select subset of team
Protocol/system monitoring	Protocol/system monitoring	Case processing related to protocol
As issues arise that need attention	Infrequently – quarterly/ semiannually	Regularly - weekly /monthly
Based on MOU relationship	Based on MOU relationship	Based on MOU relationship
Focus on System	Focus on case and system	Focus on case and system
Reactive to emerging issue – positive or negative	Reactive to closed case	Proactive related to open cases

## WHEN THINGS DON'T GO AS PLANNED

Despite best intentions, there is always the possibility that the case conversation process may not go as planned. A team member may begin discussing the details of a case prior to the team laying out a process for talking about cases, a conversation may not adhere to team established rules and guidelines, a personnel issue may be intentionally or unintentionally presented to the team, or a team member or agency may become defensive during the case conversation process. While this is not an exhaustive list of unexpected challenges that may arise, it includes several that teams most commonly face. Below are some considerations for how to avoid challenges and what to do when they come up.

- **An ounce of prevention is worth a pound of cure.** Perhaps the most important consideration to make is this old adage; talking with your team about case conversations before something comes up is the best strategy. Raising the issue, regardless of whether or not the team decides to embark on some sort of case conversation process, can clearly establish rules and expectations about what type of information can be shared in the multi-disciplinary context, the process for doing so and alternative venues that may be better suited for certain conversations.
- **Does everyone know about the team policy or process?** Are there new members on your team who may not know what your team has laid out as the process for discussing cases? How long has it been since the policy was reviewed with the full team? Does everyone need a reminder so that conversations don't start slipping into less desirable or risky practices?
- **Are case conversations being brought to the team coordinator before the meeting?** Team coordinators should be made aware of cases being brought to the team for discussion. This step serves several purposes. First, it is a great checks and balances step to make sure that the information will be presented to the team in a manner that fits within the team established guidelines. If a team member isn't sure how to present a case in this manner, the coordinator can assist with flushing out the key issues and helping to identify the best way to hold a productive conversation without sharing restricted or sensitive information. Second, this gives the team member and coordinator the opportunity to alert involved parties in advance of the meeting. Finally, this helps the coordinator set aside an appropriate amount of time to hold the discussion so that the conversation can be fruitful.
- **Are involved parties being notified in advance?** If a case or system issue involves reviewing the practice of particular agencies, those agencies' representatives should be notified ahead of time so that there are no surprises and individuals or agencies do not feel attacked. Similarly, if an individual responder was involved in a case and may recognize the information presented to the team, it is beneficial for that person to know ahead of time to reduce both the surprise element but also the risk of the responder asking case identifying questions or otherwise providing unnecessary details that might compromise victim, suspect or responder privacy.
- **Does your case conversation policy need to be updated?** As your team does case conversations you're likely learning many things as you go. Has the team incorporated those lessons into your case conversation process? Teams may find that their policies need to be reviewed on a regular basis as a way to make improvements. Similarly, something may come up that was not previously included in the policy. If this is the case, it can be very helpful to engage the full team in creating the missing language. This process can reduce any hard feelings on the team or mistrust if an uncomfortable situation arises. It may be particularly important for the team coordinator to hear from any individuals that were directly impacted by a negative team experience about how to improve the process.
- **Are problematic conversations interrupted or allowed to continue?** If a team member begins talking about a case in a way that does not fit with the team's established process is there someone monitoring the conversation who can step in and stop the conversation from continuing? This practice should be outlined in the team established process so that all members are aware that they can step in and raise a concern. Likewise, there is a chance that they might be interrupted at some point to assess what information is being shared and how.

## **STEPS FOR TEAMS TO TAKE**

### **Complete the Case Conversations Assessment Tool (attached)**

### **Decide if case conversations are a "fit" with your team**

### **Compile a list of the 'rules' that impact each agency represented on the team**

Take turns having team members research and present on the 'rules' that either limit what information they can share or dictate what they must do with certain information that they receive. Allow time for team members to ask questions or give scenarios to ensure that the team has an understanding of how these 'rules' might impact case conversations.

### **Create a team goal for the case conversation process**

### **Regularly review the case conversation process**

### **Develop or revise Memorandums of Understanding (MOUs)**

It is recommended to have a current team Memorandum of Understanding (MOU), sometimes called an interagency agreement, as a foundation prior to discussing active or closed cases. The MOU makes clear that all involved agencies are committed to improving their response to sexual assault. The MOU uses the power of the entire team to prompt necessary change. It is best practice to add to or create a new MOU among team members to describe 1) the agreed-upon purpose of discussing cases 2) the role of each team member during the case conversation process 3) the limitations of each team member during case conversations 4) how victim privacy will be protected during case conversations and 5) an articulated process for amending the case conversation process in the event of a concern or grievance.

## **CONCLUSION**

Case conversations can be very effective in helping teams identify successes, gaps and challenges within current response. It is important, however, that teams take time to develop a process that fits with their goals, does not violate any 'rules' that govern how information can be shared, and preserves victim privacy and safety. Following the steps outlined in this guidebook will take time but hopefully will assist your team in determining if case conversations are a fit and establishing a more productive, responsible process should you choose to move forward.

## **ADDITIONAL RESOURCES**

- Victim Rights Law Center [www.victimrights.org](http://www.victimrights.org)
- SafetyNet Project of NNEDV [www.nnedv.org](http://www.nnedv.org)
- Sexual Violence Justice Institute @ MNCASA [www.svji.org](http://www.svji.org)

## **APPENDIX**

## WHAT CAN WE TALK ABOUT?

### Considerations for how SART Teams Discuss Sexual Assault Cases

## Assessment Tool

The topic of case conversations will undoubtedly come up on multi-disciplinary teams. Sometimes it is referred to as case review, system consultation or case management. Regardless of the name, the process of discussing information about current or past cases can be quite challenging and should be carefully planned and implemented.

This assessment tool is meant to help teams evaluate their desire and capacity for having case conversations, assist them in developing an approach that will best fit their needs and identify steps that may help them prepare for having case conversations for the first time or strengthening their existing practice. Due to the complexity of this issue and the uniqueness of every multi-disciplinary team, this document should only be looked at as a starting point and is not meant to indicate whether or not a team will be successful.

This document may be used in a variety of ways based on team need or preference. This document may be completed independently by the team coordinator, as a group by the entire team, or each member may complete it on his or her own before either passing it along to the team coordinator or taking part in a full team discussion.

### A. *What is the team's history?*

How long has the team been in existence?

How long have team members been part of the team?

Has the team discussed cases previously? If so, was it a positive, negative or neutral experience? What worked well and what didn't work well?

### B. *Is the team ready to begin case conversations?*

The team has:	Strongly Agree	Somewhat Agree	Don't know	Somewhat Disagree	Strongly Disagree
• Developed a guiding values or philosophy statement.					
• Defined victim centered and discussed how that looks in practice.					
• Created a written Memorandum of Understanding or Interagency Agreement that outlines information sharing obligations and restrictions for each team member.					
• Discussed how it will ensure victim privacy and safety.					
• Thoroughly discussed the process that will be used for case conversations.					
• Talked about how diverging from the established case conversation process will be handled.					
• Established a process for orienting new team members to the case conversation process.					
• Ensured that each team member has a thorough understanding of the <b>internal/agency</b> rules or policies that guide how and when information will be shared.					
• Ensured that each team member has a thorough understanding of the <b>external</b> limitations and requirements about information sharing (statutes,					

funding requirements, etc.).					
<ul style="list-style-type: none"> <li>Ensured that each team member has a thorough understanding of the <b>internal and external</b> rules or requirements that influence <b>ALL</b> disciplines and agencies represented on the team.</li> </ul>					
<ul style="list-style-type: none"> <li>Developed dynamics that will allow for team members to be self-critical and openly receive feedback from others.</li> </ul>					

**C. Which method of case conversations is the best fit?**

What do team members hope to achieve from the case conversation process? What is the purpose of discussing cases?

How much preparation work do team members or the coordinator want to do in advance of each conversation?

How often does the team wish to have case conversations (monthly, quarterly, annually, etc.)?

What is the size of the community in which the team exists? What implications will this have on victim, offender and responder anonymity?

What types of cases does the team want to discuss? At what stage in the criminal justice process will cases be in when case conversations occur (closed cases, active cases, cases never charged)?

Has the team discussed who will be part of case conversations (whole team or sub-committee)?

This project is supported by Grant No. 2007-TA-AX-K011 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on violence Against Women.