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“Catching Flies With Honey”: The Management of Conflict in Sexual Assault Response Teams

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Abstract

Sexual Assault Response Teams (SARTs) are models of service delivery characterized by coordination between rape crisis, health care, and criminal justice sectors. Expanding on research documenting the extent and nature of conflict in SARTs, this study qualitatively explores the strategies used to manage conflict and variations in the use of strategies between professions. Analysis of interviews with SART members ($n = 24$) revealed five types of strategies: (a) *preventative* strategies sought to prevent conflict and build capacity for resolving conflict, (b) *problem-solving* strategies identified and responded directly to conflicts, (c) *forcing* strategies involved one person attempting to force a perspective or solution on others, (d) *unobtrusive* strategies covertly worked toward change, and (e) *resigned* strategies limited direct responses to conflict to protect the coordination. Rape crisis advocates talked the most about conflict management strategies and were almost exclusively responsible for unobtrusive and resignation strategies.

Keywords

sexual assault; intervention; support seeking

The emotional, health, and legal consequences of sexual assault require the intervention of professionals from a variety of organizational contexts. Many communities attempt to acknowledge this reality by adopting multi-professional, collaborative models of service delivery, often called Sexual Assault Response Teams (SARTs). SARTs coordinate the services provided by law enforcement officers who are responsible for investigating criminal complaints of sexual assault, prosecutors who make decisions to issue charges and try cases in the criminal courts, Sexual Assault Nurse Examiners (SANEs) or other forensic/medical personnel who collect forensic evidence and provide medical treatment to victims, and rape crisis advocates who provide emotional and practical support to victims (“SART Toolkit,”

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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 (Campbell, Greeson, Bybee, & Fehler-Cabral, 2012). The concept of a SART approach has diffused rapidly in the United States, with hundreds of SARTs in existence (Greeson & Campbell, 2013). These SARTs vary widely in their structure, leadership, funding, and activities (Greeson & Campbell, 2013; “SART Toolkit,” n.d.; Zajac, 2006, 2011).

SARTs appear to show some success in improving victims’ experiences receiving services, improving some legal outcomes, and enhancing the relationships between service sectors (Greeson & Campbell, 2013). However, the process of joining together and bridging professional boundaries is understandably complex and not always smooth. SART coordination, research suggests, is a contested process in which conflict between disciplines is frequent (Cole, 2011; Cole & Logan, 2008, 2010). 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 lead to innovation (De Dreu & Weingart, 2003). Because team conflicts can contribute to difficulties in service delivery, it is 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 tensions that emerge during the course of collaborating across service delivery sectors.

Conflict in SARTs

Evidence suggests that conflict is a common feature in SARTs (Cole, 2011; Cole & Logan, 2008, 2010; Greeson & Campbell, 2013). 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), 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). While research has not directly examined whether conflict is associated with reduced team effectiveness, 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 and these tensions have been discussed since the 1970s (Brownmiller, 1975). These tensions are 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).

Understanding Team Conflict Management Strategies

Conflict in teams is not unique to SARTs and there is a large body of literature available about team conflict and conflict management strategies within health care (Lemieux-Charles & McGuire, 2006) and other organizational contexts (De Dreu & Weingart, 2003). Conflict in team settings is generally divided into three categories: (a) *interpersonal relationship conflict* which refers to conflicts that stem from personality conflicts, (b) *task conflict* which emerges from disagreement about the focus of the team's work together, and (c) *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, similar to members of SARTs, team members engage in turf struggles as a means of protecting or expanding their claim to legitimacy (Fast, 2003). Studies 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 to develop creative solutions (De Dreu & Weingart, 2003). How conflict is managed 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.

Much of the research on strategies for managing conflict in team/group settings draws on an application of dual-concern theory which 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, motivated primarily by high concerns for self, are those that involve one party attempting to impose their will on others. *Yielding* strategies reflect low concern for self and high concern for others and often manifest as one party accepting the other's perspective or desires. *Avoiding* approaches are those that seek to suppress or reduce the amount of attention given to the conflict. The final category, *compromising* approaches, though sometimes viewed as a diluted version of problem-solving approaches, reflect intermediate concern for self and others and involve a process of matching concessions and finding middle ground (De Dreu et al., 2001).

Compromising and problem-solving approaches are considered the most effective for managing conflict (Behfar, Peterson, Mannix, & Trochim, 2008; De Dreu & Van Vianen, 2001; Somech, Desivilya, & Lidogoster, 2009). However, when managing interpersonal conflicts, avoidance may be the best strategy, perhaps because other strategies 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 focus narrowly

on individual instances of conflict or address 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, 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; 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 and rape response more generally suggests that conflict stems from role negotiation (Cole & Logan, 2008) and differing professional norms (Martin, 2005), 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 questions: (a) What kinds of conflict management strategies are described by SART professionals? (b) 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 first author conducted semi-structured interviews with 24 rape responders involved in coordinated models of service delivery. Theoretical, purposive sampling was used to target criminal justice, health care, and rape crisis professionals involved with SARTs for interviews. The researcher identified potential interviewees by reviewing various state and national resources related to SARTs, including lists of rape crisis centers and SANE programs and presenter lists from relevant conferences. Individuals who appeared to fit the criteria for the study, namely that they worked in a community that used a coordinated model like SART and that they themselves were knowledgeable about the community-level implementation of coordinated services, 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 7 with forensic examiners (mostly SANEs), 7 with criminal justice professionals (primarily law enforcement officers and detectives), and 10 with rape crisis advocates. Participants worked in 11 states spanning the United States, representing primarily urban and suburban locations. SARTs represented ranged from well established to newly emerging. The majority of SARTs had a leadership team that met regularly (e.g., monthly) to discuss the operation of the team. Efforts were made to recruit multiple service providers within the same community to allow for triangulation of responses. In four communities, we were able to secure participation from at least two providers representing different disciplines within the same SART. Information shared by providers within the same SART was generally consistent.

Most interviews ($n = 21$) were conducted over the telephone, and three were conducted in-person. A semi-structured interview guide was used, 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?” Follow-up questions were used to probe deeper and elicit further detail. The length of the interviews ranged from 45 min to 110 min. All the interviews were transcribed verbatim and the resulting transcripts were checked for accuracy. Data management, retrieval, and analysis were 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 (Ayres, Kavanaugh, & Knafl, 2003; Miles & Huberman, 1994). Analysis began with the first author reading each transcript multiple times. Thematic codes regarding how conflict was described and strategies for managing conflict were determined inductively, based on information in the transcripts. After concepts were iteratively refined, matrices were developed to track and summarize how conflict was discussed by each of the interview participants. These matrices were used to systematically explore how concepts emerged within and across the numerous interviews. For example, the authors 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, relevant passages in Atlas.ti were marked 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 and inductive analytic process of developing, refining, and checking emergent concepts from the raw interview data, while also creating an audit trail of the analysis process. Multiple matrices following this format were created to explore emerging conceptual categories and the patterns in which they manifested throughout the data. Throughout the analysis phase, several strategies were employed to enhance the trustworthiness of the interpretations. For example, while the first author did the majority of the coding and analysis, she met regularly with other members of the research team to discuss the findings and look for alternate explanations. The authors also engaged in a reflexive process, involving discussions and the writing of analysis memos as a means of exploring potential subjectivity or bias in the interpretations.

Results

The strategies for managing conflicts described by SART professionals were categorized into five distinct approaches. The first category, *preventative strategies*, included those approaches that sought to prevent conflict from occurring in the first place. The second type included strategies that were characterized by cooperative *problem-solving*. *Forcing* 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 a solution.

Analysis also revealed that these five strategies were unevenly engaged in by the different professions, with unobtrusive and resigned strategies reported almost exclusively by rape crisis advocates. Table 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. We include numbers not to suggest statistical relationships, but to demonstrate patterns in the data (Sandelowski, 2001).

Preventative Strategies

One set of strategies to manage 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. Preventative strategies were the most frequently discussed type of strategy, and almost all the interviewees from each service sector described using preventative strategies.

Some of the preventative 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. 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 ... So I think the "us versus them" is gone. It's more [like] she's a co-worker. (18¹)

Seeing one another as people, this interviewee suggested, builds a sense of team identity and overcomes 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 [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)

The advocate acknowledged the possibility of conflict in this excerpt, and suggested that a foundation of strong, well-maintained interpersonal relationships is a prerequisite for successfully managing conflicts that might arise in the future.

Another preventive strategy was to offer a predictable opportunity to discuss the challenges of multi-professional work. For example, a regular case review process built in to every team meeting provided an opportunity to discuss any issues causing tension or disagreement among the team members, often 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

¹To preserve confidentiality, we have chosen to refer to interviewees by a unique numerical identifier.

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" ... 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.

Problem-Solving Strategies

When a conflict arose within a SART, some respondents described strategies that utilized a problem-solving framework in which conflicts were understood as discrete incidents, information about the situation 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 straightforward 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" (2).

Forcing Strategies

Forcing 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 forcing approaches were reported by nurses.

One nurse described her frustration with advocates crossing a boundary:

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 going to be working in Safeway when I lose my license. (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 and accept 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:

He actually brought me the tape [of a police interview with a victim], 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 addressing in a firm and straightforward manner her concerns about the officer's behavior and beliefs. 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. Unlike problem-solving approaches, forcing strategies revealed contested domains of practice and suggest deeper rifts between the professions involved in SART models.

Unobtrusive² Strategies

Participants also described using more subtle strategies to manage conflict. Different from strategies which directly targeted a conflict, these unobtrusive strategies sought to influence through less direct means. Notably, this strategy was almost exclusively reported by rape crisis advocates, with almost all advocates describing unobtrusive management strategies.

²This term is sometimes used to describe rape crisis center activism that focuses on mobilization from the inside using subtle or covert strategies (Martin, 2005; Schmitt & Martin, 1999).

Some unobtrusive strategies were adopted with the hope of preventing future conflicts. For example, several advocates talked about acknowledging 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 explained, "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 shift the behavior of another discipline through positive rewards. Like preventative strategies, these appreciation gestures sought to reduce the likelihood of conflict in the future, but their predominant focus on indirectly encouraging change aligns more closely with the key components of unobtrusive mobilization. This kind of strategy allowed SART members to illustrate how they think responders should behave without having to directly confront problematic behaviors and risk provoking more conflict.

When concerned about the actions of a member of another discipline, respondents who used unobtrusive strategies found a subtle, indirect way of communicating their concern or otherwise finessing the situation. For example, one advocate described deliberately centering the wishes of the victim when approaching a law enforcement officer with a concern about their behavior:

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 called attention to the victim in hopes of reducing the likelihood that the officer saw the advocate as obstructing his work, thereby reducing the overall level of conflict among providers. 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." This could undermine the advocate role if victims interpret playing dumb as indication that the advocate is not, in fact, knowledgeable about services for rape victims.

Respondents implicitly and explicitly acknowledged that they chose unobtrusive strategies out of a fear of alienating other disciplines or damaging the collaborative relationship. For 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.

Resignation Strategies

Some interviewees described losing hope that recurring conflicts could be resolved. Instead of wasting energy in a fruitless attempt at resolution, the participant chose to resign from direct engagement with the conflict. 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 concerns brought to other disciplines. An advocate explained an unofficial policy in which the advocates

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, those are received well, that they’re not just perceived by the law enforcement as being whiney. (4)

In this example, the advocate appeared worried that raising 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 is 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.

Similar to unobtrusive strategies, 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 cautionary tale 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 multi-disciplinary coordination is that building relationships can have 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 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 to benefit from collaboration. This kind of calculation was at the heart of many of the resignation strategies described.

Discussion

This study explored five strategies that SART members used to negotiate conflicts that can arise in the process of coordinating service delivery to victims of sexual assault, including strategies meant to prevent conflict from occurring as well as strategies used to resolve conflicts once they have emerged. Preventative strategies were used to reduce the likelihood of conflict occurring or to increase the team’s capacity to successfully resolve conflict when it did arise. Problem-solving strategies were primarily employed when the conflict was seen as discrete and easily resolved by consulting formal policies and procedural agreements. Forcing strategies, however, revealed deeper rifts between SART responders, such as territorial struggles, that prompted responders to attempt to control the outcome of a disagreement or conflict. Unobtrusive strategies were more subtle in their approach, covertly managing relationships to prevent or resolve conflict. Resignation strategies were the result of a calculated decision that addressing the conflict would be unsuccessful and might damage the coordination bonds.

The categories identified in this analysis overlap with a dual-concern framework of conflict management (De Dreu et al., 2001), but also differ in important ways. For example, the problem-solving and forcing categories align with the dual-concern framework. However, the resignation and unobtrusive strategies in the SART context challenge this framework. While resignation might seem like yielding or avoiding, it differs because it is motivated by a desire to protect the collaboration, self-preservation, and involves an assessment that concludes other strategies could backfire and cause harm. Resignation strategies are not about suppressing conflict due to discomfort (avoiding) or accepting another party’s perspective or desire (yielding), both of which reflect low concern for self. 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 and therefore reflect high concern for self that is tempered by low expectations of one’s ability to successfully produce change. Unobtrusive strategies similarly defy the dual-concern framework. They are perhaps most like forcing approaches that seek to change others, but do so without the element of force. As one advocate described it, they “catch flies with honey” (4). By covertly approaching systems change, advocates can disguise their change agenda as something more palatable. The goal is similar to a forcing approach, but the methods are very different.

Rape crisis advocates talked the most about conflict management, but responders from all disciplines named strategies they use to negotiate team tensions although the nature of those strategies varied by discipline. Forcing strategies were primarily described by nurses. This aligns with research documenting how SANes balance patient care and forensic demands, and often manage competing pressures from advocates and law enforcement by reinforcing the parameters of their role (Campbell, Greeson & Patterson, 2012; Maier, 2012a, 2012b). Almost every advocate described unobtrusive and resigned strategies, while only one or two nurses and law enforcement officers cited such strategies.

Together, these findings suggest that advocates may be uniquely invested in the process of managing conflict in SARTs. Advocates may experience the coordination as particularly tenuous and insecure. Previous research has suggested that advocates are at a disadvantage because their role is often not a statutory obligation for communities, and as such advocates are guests in hospitals and police stations (Cole & Logan, 2008; Martin, 2005). Advocates may find that SART offers a more central position in the system response to rape. If, however, advocates feel like the benefits of coordination are impermanent, they may feel compelled to hold back or find indirect ways of communicating their concerns about the collaborative process. This structural position of advocates in the larger nexus of power among service delivery systems predisposes them to use less direct methods of managing conflict.

This analysis also revealed that professionals in health care and criminal justice settings may request that advocates adopt an unobtrusive stance, or may subtly reward advocates with cooperation when they are unobtrusive or indirect with their approach to conflict. Given that rape crisis advocates developed as a way to hold traditional service delivery systems accountable, this dynamic may be the remnants of historical tension between advocates and other service systems (Martin, 2005). Perhaps nurses and law enforcement officers are 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.

It was unclear from these findings whether conflict management strategies were provoking the kind of beneficial outcomes of conflict that some literature suggests are possible (De Dreu & Weingart, 2003; Jehn, 1997). In terms of practice, this research raises questions about what SARTs could do to both prevent and promote the successful resolution of conflict and enhance the likelihood that teams are able to translate conflict into creativity and innovation. Team meetings, which many SARTs already have, could provide opportunities for SARTs to explore the ways that conflict manifests in their work together. These meetings could incorporate relationship-building preventative strategies, as well as provide opportunities to more deeply discuss conflicts as they emerge. Given the historical roots of conflict and the way that power is enacted in SART attempts to manage conflicts, these discussions would likely require a deeper level of analysis and engagement. SARTs, however, often lack the time and interest necessary for engaging on this deeper level. Regular meetings, a team leader with the skills to facilitate these conversations, and other structural elements could support the process of engagement. Given participants' straightforward description of conflicts that could be resolved by problem-solving strategies relying on formal agreements, SARTs should also consider adopting formal policies and procedures that delineate not only how SART responders should carry out their coordinated duties, but also how responders should act with one another. Both of these strategies would be enhanced by efforts to better integrate and enhance the status of advocates who currently experience SART coordination as particularly tenuous.

This study offers an exploratory understanding of the ways that these SART members manage the conflicts that arise in the course of their work with providers from other disciplines. Some of the limitations of this study include the use of self-reported narrative description of strategies, rather than *in vivo* observation of how conflicts arise and are managed. By relying on key informant reports, aspects of conflict that were not obvious to participants would be missed. We also originally wanted to interview SART responders from the primary disciplines in each community to triangulate data sources from the same SART, but it proved difficult to recruit multiple responders from some of the communities represented. As a result, we had to rely more heavily on self-report from individuals to understand their perception of conflict in SARTs. Finally, while we were able to recruit a broad array of SART providers from multiple locations throughout the country, people we did not reach, such as those in rural areas, may have reported different perceptions of conflict.

The study was not intended to generalize to the population of SARTs, but rather to closely examine processes of communication that affect how teams negotiate their work. 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 characteristics that enable conflict resolution. Future research that investigates the predominant strategies used by SARTs and relates these to team effectiveness and victim satisfaction with services would be useful. In addition, research that examines how victims are affected by conflict could help SARTs increase their motivation for resolving conflict.

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Table 1

Frequency of Conflict Management Strategies by Profession of Interviewee.

	Preventative	Problem solving	Forcing	Unobtrusive	Resigned	Total
Nurse (n = 7)	9 ^a 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 = 1	1 n = 1	26
Total	49	24	12	22	14	121

^aThe 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.