# DISCIPLINARY SILOS IN SEXUAL VIOLENCE WORK

SILOS?

Silos occur when people working on the same issue work in isolation, detached from and uninformed by one another, unaware of the roles and responsibilities of others working on the same or similar cases (Kelty et al., 2013; Mason et al., 2017).

The large system of sexual violence work (here, comprised of professionals working in some capacity with survivors of sexual violence) is challenged by silos between subsystems - between the mental health, healthcare and legal systems - where fault lines between disciplinary systems weaken the broader one.



#### **HUMAN SERVICES**



#### **HEALTH CARE**

nurses and doctors doing sexual violencespecific work



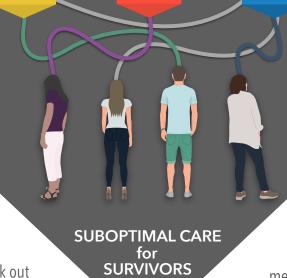
#### **CRIMINAL JUSTICE**

sex crimes detectives and various prosecutors

Most people who are sexually assaulted by other people do not seek help from the legal, medical, and mental health systems (Campbell, 2008).

For those who do attempt to seek help, which systems are accessed, when, in what order, and for what reasons will differ as much as each person who seeks help.

When systems are siloed, people must identify and seek out resources multiple times from each individual system.



If those who work within the system are unclear about the work done and how it is all connected, how are survivors expected to navigate it?

Struggling to make sense of the system can lead to fatigue and to giving up on the system completely (Greeson & Campbell, 2012).

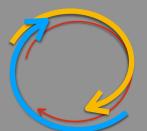
As a result, significant opportunities to improve people's psychological, physiological, and legal outcomes, and to meet their courageous help-seeking experiences with support, are missed.

OTHER CONSEQUENCES OF SILOED WORK INCLUDE INSUFFICIENT COMMUNICATION | WORK DUPLICATION | BLINDSPOTS | MISGUIDED WORK | BURNOUT

[ Please see our bibliography for all works cited , referenced, and generated for the purposes of this system mapping. ]

### WHY DO SILOS PERSIST?

#### **MOST ROLES ARE BRIEF and/or NON-SPECIALIST**



- sexual violence work represents a temporary or small area of career focus with little additional sexual violence focused training for those in healthcare and criminal justice
- human services workers' training is immersive and ongoing, but many transition out for better pay

#### **DISCIPLINARY HIERARCHY SUBORDINATES SPECIALISTS**



- human service workers have the most specialized training, spend the most time, and work closest with survivors, and this work is often intangible (e.g., unlike
- human service workers are thus often devalued, and sometimes even excluded from multidisciplinary work

## PEOPLE, NOT ROLES, DEFINE RELATIONSHIPS



- bridges between disciplines are produced by the *people* who occupy leadership roles, not by expectations in leadership itself
- leadership changes can therefore require redesigning or rebuilding bridges entirely

partnership

training

## **RESOURCES PROMOTE COMPETITION**

- funding opportunities often require the positioning of sexual violence as a single-issue problem, treatable within the context of a single discipline
- seeking funding therefore often promotes crossdisciplinary competition, not collaboration

## **SOLUTIONS LANDSCAPE**

cooperation





Human services help survivors navigate healthcare and legal systems, serving as a thread connecting disciplines together.

- survivors receive support through medical and legal processes
- healthcare and legal systems need not create cross-disciplinary bridges

COLLABORATION between **PROFESSIONALS and ACADEMICS** 



- fruitful feedback cycle where research informs practice, practice informs research
- mutually beneficial roles fostered between professionals and researcher

coordination

**MULTIDISCIPLINARY RESPONSE TEAMS** 



Professionals from all systems collectively respond to a person who has been sexually assaulted by someone.

- survivors need not seek out systems • professionals are equal team
- members
- multidisciplinary engagement is brief and people are not constant
- turf wars can emerge

**EVIDENCE-BASED, CROSS-SECTORAL TRAINING** 



- multidisciplinary training with multidisciplinary professionals enriches perspectives
- fosters appreciation of cross-disciplinary expertise and the benefits of multiple vantage points

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**MULTIDISCIPLINARY CENTRES** 



Representatives from various disciplines are physically located together at one site to work on sexual violence cases.

- offers a one stop shop for survivors
- proximal work promotes relationship building
- ongoing facilitation is necessary to sustain meaningful collaboration

COMM

"COMMUNITY in CONVERSATION"



- informal lunches to facilitate cross-disciplinary conversation, communitybuilding, and collaboration
- individual and group analyses of cross-disciplinary commonalities and differences

## WHAT GAPS WERE DISCOVERED?

collaborative relationships require cultivation and nurturing



**Actively and** intentionally facilitate formal and informal cross-disciplinary **sharing** and learning

opportunities.

disciplinary leadership requires collaborative capacity and intent



Mandate that leadership roles model, encourage, and continually facilitate multidisciplinary collaborative

engagement.

human service workers are an undervalued wealth of knowledge



**Invite** and incorporate human service workers' **knowledge** and insights into

practices about

survivors.

interacting with

are needed to facilitate meaningful collaboration

resources



These initiatives can be linked up, undertaken within the same multidisciplinary sites, and could be studied in collaboration with researchers.

Seek out or promote the creation of resources that privilege collective work and

multidisciplinary

activities.

**LEVERS of CHANGE** 

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