CRISIS INTERVENTION & ADVOCACY

PRESENTED BY:
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CRISIS INTERVENTION AND ADVOCACY RESPONSE

LEARNING OBJECTIVES

Upon completion of this module the participant will be able to:

- Explain different types of advocacy and different types of advocates
- Identify the roles, duties and responsibilities of advocates
- Explain the basic elements and communication skills key to effective individual advocacy
- Demonstrate techniques to effectively respond to victims in crisis.
- Discuss and apply ethical standards for victim advocates.
Crisis Intervention and Advocacy

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Justice

“...justice demands three things: that
  o The truth be told
  o The harm be repaired to whatever extent humanly possible, and
  o The conditions that gave rise to the injustice be changed.”
    --- Archbishop Desmond Tutu

Types of Advocacy

- Individual advocacy—advocating for or protecting the rights of a person
- Self advocacy—advocating for oneself
- System or political advocacy—advocating to change the system and/or promote cause
- Legal advocacy—advocating for legal rights and protections
- Legislative advocacy—advocating to change laws
Types of Advocates

- Community based advocates
- Law enforcement based advocates
- Prosecution based advocates
- Federal system advocates
- Corrections system advocates

Actions of Advocates

- Act on behalf of victims
- Support victims to act for themselves
- Provide and explain information
- Assist in weighing choices
- Referrals and connections
- Anticipate future actions
- Stand with victims
- Collaborate with others
- Represent your agency

What sort of advocate are you?

- What is your job?
- Do you see yourself as an “advocate”?
  - How so?
- What is one important thing you want people to know about what you do?
- What is one misunderstanding people often have about what you do…and what would you like them to understand instead?
Power of Naming

- Who did what to whom with what impact?

- Moving our language and practices forward to create a framework of accountability that applies to the perpetrator

David Mandell: www.endingviolence.com

But First, a Word About Language

- Victim vs. survivor
- Empower
- “My victims”
- Jargon

Effective Communication

In effective communication, one person conveys information or a message to another, and they both agree on the meaning.
Individual Advocacy

Crisis Intervention

- **Validate** feelings
- **Educate** about how there is no right or wrong way to feel.
- **Support**
  - Open-ended questions
  - Summary
  - Focus
  - Contract

Support

### Open
- What...?
- How...? When?
- And then what happened?

### Closed
- Did you...?
- Would you...?
- Could you...?

Awkward...to bad....

- Why?
- You should...
- Everything will be fine.

Practice
Ethical standards for victim advocates

- Do no harm
- Promote the good of the victim
- Maintain confidentiality
- Assess immediate safety concerns
- Create a safe environment
- Believe and support (if allowed by your job)

Ethical Standards (continued)

- Foster and respect the victim’s right to information and to make decisions based on that information (informed consent)
- Leave behind personal agendas
  - Maintain appropriate boundaries
  - Honor the limitations of your role
  - Keep your word.

Ethical Standards (continued)

- Avoid conflicts of interest.
- Mandated reporting.
- Self care
- Seek supervision to assure adherence to ethical standards.
Trauma Stewardship

“Trauma Stewardship refers to the entirety of how we interact with others’ suffering, pain, crisis and trauma”
- Laura van Dernoot
INTRODUCTION

WHAT IS ADVOCACY? A special type of problem solving which serves to protect the personal, legal, and societal rights of an individual

Act on behalf of; promote; liaison

TYPES OF ADVOCACY:

Individual advocacy—advocating for and/or protect the rights of another

Self-advocacy—advocating for oneself

System or political advocacy—Advocating to change the system and/or to promote causes

Legal Advocacy—advocating for legal rights and protections

Legislative Advocacy—Advocating to change laws

TYPES OF ADVOCATES

- Grass roots advocates-community based e.g. employees and/or volunteers of nonprofit organizations working with crime victims, most often victims of sexual assault or domestic violence. They may be the first advocates to connect with a victim, and they often stay connected over a period of time (including the victim's involvement in the legal system). Therefore, they may have the broadest range of advocate roles and responsibilities

- Law enforcement based advocates- Employees of law enforcement agencies e.g. Portland Police Department’s Advocate whose primary responsibilities are to assist a victim through the law enforcement investigation process.

- Prosecution based victim witness advocates- Employees of the District Attorney’s Office (ME), County Attorney’s office (NH), Attorney General's office. Their primary focus is supporting the victim through the court case (prosecution)
• **Federal system advocates** - federal employees who work with victims of federal crimes (e.g. kidnapping, drug trafficking across state lines, Internet crimes) through the investigation and prosecution. There are many different types of Federal advocates--prosecution based, system based (FBI, Homeland Security, Postal) and advocates within other Federal law enforcement agencies.

• **Corrections System Advocates** - Their primary responsibility is to give voice to victims within the corrections system and to provide relevant services to victims whose offenders are incarcerated in the prisons.

While not formally called Advocates, others might act in or join with you an advocacy role:

• **Members of the clergy** are often professionals to whom victims turn following the crisis of victimization. As such, clergy members are important partners in any effort that seeks to help victims cope with trauma and loss.

• **Mental health and public health professionals and agencies** possess expertise and resources that can assist victims of crime

• **Public policy makers** have historically had a significant role in effecting changes in laws that define and protect victims' rights

• **The news media** wield tremendous influence over public policy and program development in the disciplines of victim assistance and public safety. Timely information about trends in crime and victimization, model programs, and responsive public policy is available to concerned citizens, elected officials, justice practitioners and victim advocates through the news media.

• **Researchers and practitioners** have much to contribute to the discipline of victimology.

**ROLES**

As an advocate you work with the victim in the “here and now”, helping the victim identify their needs and working with them to get those needs met.

The overall goal of victim advocacy is to help victims move through and beyond their victimization experience. The specific goals may be dictated by the type of advocate and their role within the system.
• **Advocate for crime victims:** Treat the victim with respect and dignity. Help them and help the system respond to them more effectively. For example, in the Emergency Department during a rape examination it is critical that the chain of evidence be preserved. This requires the examiner to maintain control of any gathered evidence or officially pass it along to the next person. If in the middle of the exam the examiner says “Just a minute I forgot something. I’ll be right back.” then leaves the room without signing over the evidence it would result in a broken chain of evidence. It is the advocate’s responsibility to remind the examiner that the chain of evidence must not be compromised and to suggest that either someone else bring the forgotten item or that any gathered evidence be officially turned over.

• **Empower crime victims to advocate for themselves:** Help the victim recognize the power they own. Give them the tools and information they need to meet their needs. Successful advocacy does not result in victims who stop making their own decisions and become dependent on others. Instead it encourages and promotes independence and victims acting on their own behalf.

• **Provide support:** Support can take many forms. It may be as concrete as accompanying the victim to a difficult task/situation, or it might involve teaching, emotional support and validation.

• **Analyze issues and information that may affect the victim and the services they need.**

• **Assist with identifying and examining options:** Many victims have difficulty broadening their thinking. Our role is to help them identify possible choices/options to meet their needs. We are not telling them what to do or providing all the answers. Although we do have a responsibility to point out concerns about potentially unsafe choices. One method of identifying options is to “brainstorm” and ask questions. Here is a dialogue to illustrate:

• **Referral when requested or appropriate:** Referrals are generally done either when the victim requests one or when the advocate feels unable to sufficiently meet the victim’s needs. “I can help you with X but not Z. I know someone who could help with Z if you think you would like help with that.” A referral may be as simple as arranging housing and food stamps or it may be a more complex referral to a therapist for mental health issues. The advocate should remain sensitive to the victim’s experiences with being referred. It is important the victim not feel “dumped” or like a ping pong ball going from place to place without resolution or assistance.

• **Prepare for future events** (medical exam, law enforcement interview, court proceeding, etc.) This is the primary role of the law enforcement and Prosecution based advocates. It’s providing the victim with the information they need to understand what happened, what’s happening now, what will happen in the future, who will be involved, what they do and, for some circumstances, ascertaining that the process is something the victim is agreeing
to participate in. For prosecution based advocates, there may also be an obligation to prepare and support witnesses to the crime.

- **Help victims understand what their specific rights are in a given situation.** For example, victims should be told that they do not have to talk to a defense attorney prior to trial, and that they should notify the prosecuting attorney or the victim advocate if such an approach is made.

- **Provide accompaniment to hospital, police station, court or other sites per organizational policy:** This is a form of support for the victim provided upon the victim’s request.

- **Work with other advocates to provide a comprehensive level of assistance to the victim.** Let each advocate work within their area of expertise, and coordinate services in the best interest of the victim.

- **Represent your agency to the person with whom you are working and the people with whom you interact.**

**A WORD ABOUT LANGUAGE**

The language we use will frame people's understanding of our role, and can also communicate philosophy and attitude.

**Victim vs. Survivor:** What do these words imply and how do they apply to the person we are working with? It is important to find out from the person you are assisting which term they use and what it means to them. Victim is often used to refer to people who have very recently been targeted by a crime and have not even had the time to begin the healing process. Survivor is often used to refer to people who are in the healing process and are regaining some equilibrium in their lives. However, people often attach values to these terms (I'm a VICTIM....this was DONE TO ME, or "I'm a SURVIVOR because I am here to tell about it, or "I don't feel like I am a SURVIVOR yet....") and so it may be an important discussion to have with the person you are assisting.

**Empower:** The word empower implies that we are giving power to someone. In this context, it means helping victims to realize and effectively use the power that they already possess.

"My victims" This is a phrase which is too commonly used by advocates. They are not YOUR anything. They are the people you are working with, or the crime victims you are working with, or the survivors of crime that you are working with. To say "my victims" implies either that you are the victimizer, or that they somehow belong to you.
Jargon, or "I know something you don't know". Be very careful about your use of jargon. This can be seen as "professional ethnicity" and separates you from the person you are working with. Make sure that they understand all the jargon they might hear in a particular setting, but do not use acronyms without fully explaining what they mean and making sure the person understands them.

COMMUNICATION KILLS

WAYS TO BE A GOOD LISTENER?

- Don’t talk
- Don’t interrupt
- Don’t lecture
- Clarify and paraphrase to confirm you are hearing what is being said
- Don’t prepare your response while the other person is still talking
- Listen unconditionally
- Summarize when helpful
- Validate the experience-go for the feelings underlying the story
- Ask questions that require more than a “yes” or “no” answer
- Brainstorm possibilities
- Verify that you recognize that an important message is being conveyed and that you believe the victim and can offer assistance

UH OH….maybe I shouldn't have done that……

- Words not to use--"why" (puts person on the defensive and asks them to justify their thoughts, actions, feelings, etc.), "should" (there are no "shoulds"…advocates are not directing the outcome), "ought" (same as should), "you need to"(not the advocate’s place to determine what a victim needs to do). Ask group how they can reframe these statements:
  "Why" = can you tell me what was going on with you that created that feeling?
  "Should/ought"= one thing you might want to consider...
  "You need to" =it might be helpful to you if…..
- Take care of the situation if you say something insensitive or "stupid"--acknowledge what you said with a statement like "I'm so sorry. That was insensitive of me..."
- How do you respond if someone wants you to tell them what they should do? This is particularly likely to happen if you have let them know that you have had a similar experience. In this instance, you can say something like "The choices I made worked for me because of who I am and the circumstances of my situation. Let's try to figure out what the possibilities are and which ones will work best for you."
• Beware of false reassurance. You don't really know that "everything will be fine" or that "I'm sure he/she will understand".
• Avoid saying that you know how they feel. If this has never happened to you, there is no way you can know how they feel. And even if you have had a similar experience, the way they are feeling may be very different from the way you felt.
• Touch. Be very careful about touching a person, even putting your hand on their arm or giving them a hug. Always ask for permission before doing that. If you are not comfortable with touch, don't try to do it. And if you impulsively reach out to someone and they stiffen or recoil, apologize.

A
Attending: This is part of active listening, and involves things that will either help or hinder you interactions with a victim.
• tone of voice
• eye contact
• body language
• facial expressions
• emphasis (can give the impression that you favor a particular option)
• time spent on a given topic...may also create impression that that topic is more important

What if the person's story causes you to begin crying? If your eyes tear up, it may communicate empathy to the victim. If you begin sobbing, you have clearly crossed an appropriate boundary and will need to talk to your supervisor about your ability to do this work.

Empathy: This is a basic stance in effective advocacy. Differentiate between empathy which is an adjoining and attempt to understand where the victim is coming from. “From what you’re telling me it sounds like you were really afraid.” versus sympathy which is a self-centered response “I feel so bad too” “I am so sorry this happened to you.” “I know how you feel because this happened to me too.”

Silence. Be comfortable with silence. Don’t rush to fill up the spaces. The victim may need a chance to think about a question you have asked. They may just be trying to sort out a lot of jumbled feelings and thoughts. If you are with the person, you can see what is going on with them. Be patient and let them be. If you are on the phone, this might be a bit harder. When you can’t stand it any longer, ask "how are you doing?" or "I'm just checking in...do you need more time?"

Appropriate boundaries. As discussed in previous section. This is an important element of advocacy. Know your appropriate role and also what is inappropriate for the victim-advocate relationship.

Stay open to possibilities. People’s lives take unpredictable turns. Stay open to the fact that this may have happened no matter how incredulous it sounds. Stay open to the notion that the victim’s choices are theirs to make for their life.
**Collaboration.** Effective advocacy means knowing when you are beyond your skills and abilities to provide the best assistance. Work with others in the best interest of the victim.

Take care that the victim does not perceive a referral as being passed around or like a ping pong ball. Identify those areas where collaboration is more frequently encountered. For example a victim of domestic violence may also have some sexual abuse issues.

**CRISIS INTERVENTION**

**WHAT DOES IT MEAN TO BE IN CRISIS?**

**Definition of crisis:** Crisis is a state of mind, not necessarily an event. The victim feels a loss of control. It can be a single event or a series of events. Sometimes it’s not about the crime when it happens, but later something triggers a crisis. Crisis is defined by the victim...they may feel like they are in crisis even without a precipitating event.

**Failure of normal coping mechanisms.** Crisis can be initiated when the normal coping mechanisms that work for a person no longer are working and they are left with raw emotion/anxiety/despair. For example a victim of childhood sexual abuse may have developed some coping mechanisms which allow them to function very well on a day to day basis. Then one evening, when they are tired and feeling overwhelmed by other things, they watch a television show that triggers a new memory of the abuse. Suddenly their normal coping mechanism fails and they are unable to soothe themselves and may be thrown into crisis.

**Short term and time limited:** By definition crisis is short-term and time-limited. Some literature puts a time frame of about 6 weeks. But it varies with each individual. It’s just not something that lasts only a few hours or for years. With support and resources, the victim should be able to move beyond feeling in crisis.

**PEOPLE IN CRISIS OFTEN EXPERIENCE:**

- Difficulty concentrating or completing daily responsibilities
- Difficulty carrying on normal interactions or conversations
- Short term memory loss (forgetfulness)
- Inability to be still because of anxiety
- Fear
- Change in sleeping or eating patterns
- Mood swings
- Desire to be taken care of
- Inability to make decisions
• Withdrawal from normal activities and contacts
• Numb, detached, blank, disoriented
• Self destructive behaviors
• Much more willing to accept suggestions or seek advice

CRISIS INTERVENTION PROCESS

Identify feelings: This a primary focus of effective advocacy. When someone is telling you a lot of things, or reciting their “story”, reach for the feelings underneath the victim’s story. This gives the victim an opportunity to let you know that you are right on track, or to explain their feelings differently.

Explore and clarify: Be certain that you, as the advocate, know what happened and how the victim feels about it. It is actually more important to find out how the victim felt about what happened than to find out the actual details about what happened. It is their perspective and their reaction that is going to frame their response and whether or not they feel in crisis.

Validate feelings with the victim. Explore options and be sure the victim understands what choices are available to them.

Summarize: Create a summary of the victim’s story. It makes it more manageable and also allows you to check in and be certain you heard what they need you to hear/know.

Focus and Plan: Primarily, once you know the situation and the feelings you can plan how to move forward. Some plans are actions plans with specific activities and timelines. This may be as basic as agreeing to think about what to do next. Other plans are contingency plans to do X if YZ occurs. Victim should have specific actions in mind that they are comfortable doing, are able to do and agree to do.

CRISIS INTERVENTION TOOLS

Before entering into the crisis intervention process outlined above, it may be helpful to assist the person in feeling more grounded and able to engage in the process. There are some techniques that may be helpful in those circumstances.

Grounding techniques: Sometimes victims need help managing intense emotions/feelings or feelings of dissociation. Before you can really help them or before they may even be able to talk about what their needs are, they may need help getting grounded (present and somewhat secure in their surrounding). There are techniques that you can use to help the victim feel more grounded.
If they call crying hysterically in panic or terror, it will be helpful to get them to slow down. Coaching them through some simple breathing techniques can help slow things down to where they can begin to take control again.

Sometimes asking them to get and hold a favorite item can help them to feel more grounded. A soft blanket wrapped around them can increase the warmth they feel and also make them feel more secure and comforted. Another grounding technique which might be helpful is to get them to put their hand into a cup of ice, and then describe the sensation.

If a victim disassociates (mentally removes themselves from the here and now -- “zones out”) ask them to put their feet flat on the ground. Have them really concentrate on feeling the floor, the solidness of it, the presence of it. Ask them to touch the chair they are sitting on and describe what it feels like. Then ask them to describe the room they are in. Ask them what they see, what they hear, what they smell. Try to connect them with where they are and what’s happening around them.

**Containment techniques:** Sometimes victims are completely overwhelmed by the event or events. It’s too big for them to deal with. They need help moving beyond their initial emotions so they can begin to do other interventions that will help them feel more in control. Containment techniques are symbolic ways that people can manage the enormity of their feelings either by dividing it up into smaller, more manageable pieces, or by putting them aside for the present, with an agreement to deal with them at a later time. Before using one of the containment techniques, ask the person if they want to try something that will relieve some of the pain and anxiety which they are currently feeling.

Victims who are having flashbacks often experience the feelings associated with the actual experience, as if they are in that experience again. You can help them differentiate between that experience and the present by asking them to imagine a TV or computer screen and putting the image on the screen. Then ask them to divide the screen with a line down the middle, and move the image to one side of the screen. Ask them to describe the line…what color is it, how thick is it, etc. Then ask them to fill in the other side with what is currently happening…the present. Have them describe that in detail, and contrast the flashback with the current image. The ask them to slowly move the line over so that the flashback image is replaced by the current reality. Emphasize the safety of the current situation, and remind them that they are now adults and have some strength to deal with this that they didn’t have when it happened.

Counting back/dialing down: On a scale of 1-10, establish the intensity of the experience. Agree on a tolerable goal level (probably won’t be a zero). Have them imagine a big clock or a big dial, and ask them to describe it in detail (how big, what color, etc.) Ask them to take a breath, and as they breathe out, move the dial or the clock down one notch. Ask them to feel the difference in the intensity. Continue to the desired number, and continue to focus on the decrease in the intensity of their feelings.
TV: Have them put the image on the TV. Then have them slowly dial down the brightness, contrast, clarity of the image. They can also change the channel to something lighter, or they can turn the TV off. Ask them what they are watching now...have them describe it.

Another technique that works for some people with flashbacks is to ask them to smell something lemon. For some reason, the scent of lemons seems to work to interrupt the flashback for some people.

Sometimes you can interrupt a panicky thought process by asking a simple question "What is your favorite color?" By getting the person to focus on something else for a moment, it might bring the swirling thoughts under control.

Sometimes it is just not safe for a person to be dealing with a particular issue at that time, but it is an important issue that they need to deal with when they are safer and maybe have some professional guidance. If they agree that this is not a good time to deal with this, you can ask them to imagine a container of some sort that is very safe and secure. Ask them to describe the container in detail. Then have them "put the issue in the container" and close the lid, perhaps even locking it. The idea is to put the issue somewhere safe, with the promise that they will open it up when it is safe to do so (in their therapist's office, in the morning when they are not feeling so scared, in your office face to face instead of over the phone, etc.) Don’t deal with it right now, keep it stored and let’s go back to it when it’s a better time for you.

Contracts: In some situations a more formalized agreement (contract) is beneficial for the victim. It can be as casual as “Ok, so you will get some sleep then will call XYZ in the morning.”

It can be more formal where the victim verbally agrees to do something. This can be helpful if the victim is self-harming. “So if you feel like hurting yourself again we agree that you will call XYZ first”

Contracts need to be meaningful and doable. They need to be at the conclusion of a long conversation. A contract with a teen to stop using street drugs is neither meaningful nor doable if it’s for 6 months. Twenty-four hours might be feasible.

Contracts can be an effective tool or may fail. Sometimes contracts are made in good faith but circumstances change or an impulse hits the victim. The advocate needs to prepare for the fact that not all contracts are honored. This is especially difficult in a suicide case.

Referral: It is the responsibility of advocates to know the emergency systems and community resources, how to access them and when it’s appropriate to refer to them or obtain a consultation. You should also have a clear understanding of how to intervene in an emergency case, and what you will tell the client about the intervention (agency protocol or practice).
SELF HARM

It is not uncommon for victims and survivors to engage in self harming behaviors. These can include turning to drugs or alcohol to ease the pain, or they can include self mutilation. Self mutilation can include picking at one’s skin, pulling out one’s hair, slamming oneself into hard objects or walls, burning or cutting the skin. As bizarre as this might seem to you, the self mutilation generally accomplishes something for the person that they can’t accomplish in other ways. For example,

- Experiencing and concentrating on physical pain may alleviate the emotional pain they are feeling.
- It also may serve to give them a sense of control over the pain.
- Some survivors say that creating an opening in their bodies by cutting helps them to feel that there is a way for the pain to flow out of their bodies.
- Some people use self injury to escape from emotional numbing.
- And sometimes it is used as punishment of the self, for a perceived wrongdoing or thought.

It is important to talk with the victim about their self harming behaviors, and understand their significance. It is also important to know that most self-harming behaviors are not suicide attempts. That’s not to say the cutting couldn’t become dangerous, but generally it is not meant to result in death.

People often feel great amounts of shame about their self harming behavior, and will feel some relief at being able to acknowledge to the advocate that they do this. If you feel a need to help them limit their behavior, or they ask for some help with that, make sure the agreement is “doable.” It is unrealistic to ask someone not to hurt themselves ever again if this has been an effective technique. A more realistic approach may be to have them agree to call a crisis line before they self harm, to give them a chance to interrupt that urge.

SUICIDE

Most of us as advocates are not equipped to do suicide assessments. It is not part of our job, and we are not formally trained to do those. It would be dangerous for us to undertake a suicide assessment if we really don’t have the knowledge and skills to do so. However...we often talk with victims who are feeling so overwhelmed by the experience and the trauma that they may think about suicide. Those feelings may be scary to the victim, or they may be intrigued by the idea of ending their pain. They may want to talk to someone about how these thoughts or feelings.

Advocates need to understand that there is a difference between a person who feels like killing themselves versus a person who has plans to kill themselves. People in pain may see ending their life as the only option to escape the pain. They need to talk to someone and get help managing their feelings. They may not tell you directly that they have thought about suicide.
Instead, they may make broad hints such as “I don’t think I can take this anymore” or “I would really just like to go to sleep and not wake up.” Listen for words that convey hopelessness. “There’s no use trying anymore.” “I can’t go on like this.” “There’s no use, nothing is going to get better.” When this situation presents itself the advocate needs to ask questions. Ask “Is killing yourself something you’ve been thinking about? Do you have a plan? Tell me about your plan.”

This may sound hard to do, but being direct and sensitive opens the door for them to discuss their feelings. You can say something like “I’m wondering if you have been thinking about killing yourself?” My experience is that most people are pretty honest about that if you ask them directly.

If hints are given and you don’t ask the question, the person may feel like you just aren’t hearing them, and you may lose credibility. In addition, you lose the opportunity to gently ask questions that give you an idea of how seriously they are thinking about suicide.

If you find that someone has a definite plan, you need to ask further questions. What are they planning? Do they have a time frame? If the time frame is imminent, you need to get immediate intervention for the person. Call the police or an ambulance and have them transported to a hospital for evaluation. Or call your crisis intervention system and have them contact the person for intervention. When trying to figure out the level of intervention you need to do, you need to find out if the plan is “doable” (do they have the means), what is the lethality of the plan (if implemented, will it kill them immediately?) and is it imminent. If a person is deemed a danger to themselves by a professional assessment, they may be put on an involuntary 72 hour hold at the hospital. This is often referred to as “being blue-papered” (involuntarily held at the hospital). After 72 hours, the hospital staff would have to get a judge to order an involuntary commitment if they believe the person is still at great risk of harming themselves or others.

It’s also important to remember that some victims are savvy to the system and may not tell you they plan to kill themselves because they don’t want to be stopped. This is a painful experience for you as an advocate if the person is successful in carrying out their plan. Be sure you get supervision to help you realize that you cannot do anything to help someone if they don’t give you the information you need to help them.

**ETHICAL STANDARDS FOR VICTIM ADVOCATES**

- **Do no harm.** Make sure that you have sufficient training and preparation to provide appropriate and helpful services. Always keep in mind the best welfare of the person with whom you are working. Be diligent in your work so as to avoid causing any harm to that person.
• **Promote the good of the victim.** The good of the victim should always be central when you are interacting with the victim and advocating with others on behalf of the victim. The victim has the right to self determination in making choices that he/she believes to be for their good. As an advocate, your job is to make sure they have enough accurate information to make appropriate choices.

• **Maintain confidentiality:** Make certain victim understands your limitations of confidentiality—what can be kept in confidence and what can not. Advocates are mandated to report certain situations/events (i.e. child abuse, elder abuse). Be clear that if they share certain types of information that you must follow through by reporting it to authorities.

• **Assess immediate safety** concerns of crime victim: Is the victim safe both generally and at this moment? Are you as the advocate safe? Longer term, help victims think about ways to enhance their safety and minimize the risks of further or additional victimization.

• **Create a safe environment for interactions** with crime victim: Ask victim question like “Is it safe for you to talk? When and where would it be safe?” “If I call you back how should I identify myself? Will you remember it’s me?” “Can I leave a message?” Also, create an environment that is free of distractions. For example, if taking a call from home, try to avoid a blaring TV or screaming kids in the background. If distractions may potentially occur (barking dog, chiming clock, children crying, etc.), let the victim know ahead of time that that may happen.

• **Believe and support:** [This is fundamental to community based advocacy, but may not be an appropriate role for law enforcement or prosecution based advocates.] The victim is telling their truth. It is not up to the advocate to judge if the story makes sense, is true or possible. If the victim tells you that aliens landed in a spaceship, abducted and raped her then that is what she believes. You may not believe it, but as the advocate you work with the victim from the perspective that the victim believes this is what happened to her.

• **Foster and respect the victim’s right to informed consent.** You may be interacting with a victim at a time when they are receiving a lot of information about things they never thought they would need to know about. As an advocate, you can make sure that they have all the information they need in order to make an informed choice, including a review of any risks and benefits that you can foresee.

• **Leave behind personal agendas:** Aside from safety issues and needed medical care it’s not about what the advocate thinks should happen but about what the victim thinks should happen. [Victims who are engaged in the legal system may not have direct choices over what happens, but they should still have the ability to talk about
what they would like to happen.] In some instances, victims may want you to make decisions for them because they are feeling overwhelmed by events. But choices you make might not work for the victim. The victim needs to figure out what will work for their life.

- **Maintain healthy and respectful boundaries and honor the limitations of your role.** This is an important element of advocacy. Know your appropriate role and also what is inappropriate for the victim-advocate relationship. Know boundaries between personal and professional roles. For instance if a victim wants the advocate as a friend and invites the advocate to lunch or a movie the advocate should recognize that socializing in this manner is usually not within the role of an advocate and can lead to difficulties in your professional role. Also, recognize when what is needed to most effectively meet the victim’s needs can best be provided by someone else. For example, if there are significant mental health needs and you are not trained to provide mental health services then a referral to a mental health worker is in the best interest of the victim.

- **Keep your word/follow through.** Do what you say you are going to do in the time frame you said you would do it: This is extremely important. Let the victim know what time frame you plan to work within, when you will get back to them with a status report and verification that you are to continue. An example is “It’s been the three days we agreed upon and I’m calling to let you know that I have not been able to reach XYZ. Do you want me to keep trying?”

- **Avoid conflict of interest.** Ensure that your only interest is focused on the good of the victim and not on anything that might benefit you (i.e. a graduate study you are working on, asking the victim to provide a good reference for you for your next evaluation, etc.). If you know the victim in some other capacity, you might want to ask the victim if that prior relationship makes it uncomfortable for them to have you as an advocate. Or, you might know things about the victim that might compromise your ability to be objective in your assistance. In these situations it would be better to arrange for another advocate to assist the victim.

- **Mandated reporting:** Know what must be reported, how to report it and how to inform the victim that you must report. Sometimes this can sneak up on you. For example while talking with a rape victim she reveals that her young daughter is also being sexually abused. Your follow-up response could be: “I’m concerned about what you just told me. I need to ask you a few questions. Is your daughter safe right now? Did you report this to anyone? If you did not, can you report it now? I’m concerned about your daughter and I need to follow-up on this. I’m going to check in again tomorrow and as a mandated reporter must report this to DHS.”

- **Self care:** This subject will be addressed in another module, but essentially know when enough is enough and how to ensure your physical and emotional safety.
How do you take care of yourself so you can continue to do advocacy work? What do you do if your own issues are triggered while working with a victim? Your obligation is to take care of yourself. You should also think about the physical safety of advocates. Advocates need to know how to manage the risks (meet with victims in safe places, don't transport victims in your personal vehicle unless authorized to do so, carry a cell phone, etc.) and also need to know how to leave a situation and when (paying attention to environmental cues, feelings of discomfort, gut feelings, etc.

- **Seek supervision to ensure adherence to ethical standards.** Make sure that you have the availability of supervision from your job supervisor and also from a clinical supervisor if that is available to you. This will help to ensure that you are doing the right things and will also help you to avoid burnout.
Ethics In Victim Services\(^1\)

Introduction to Ethics and Ethical Standards

This section provides an introduction to the concept of ethics and to the Ethical Standards for Victim Assistance Providers developed by the National Victim Assistance Standards Consortium (NVASC). NVASC is a multidisciplinary group of victim service experts formed for the express purpose of creating standards of competency and credentialing in the victim services discipline.

The Evolution of Ethics

For thousands of years, philosophers, scientists, and teachers have contemplated matters such as the meaning of life, what behaviors are most valued, and the distinction between right and wrong behavior. Perhaps the tendency to pursue such matters is just part of being human or necessary for surviving peacefully. Aristotle in the neo-Greek era taught that leading a virtuous life was the path to happiness and life satisfaction.

As humankind evolved, societies developed their own systems of moral principles based on values. Values are ideals that society upholds as reflective of the way the world should be and how people should act toward one another. It is interesting to note that many of these moral principles are nearly universal regardless of culture or historical time period. For example, most societies expect members to refrain from murder, rape, theft, assault, slander, and fraud. The standards almost always reflect the virtues of honesty, compassion, and loyalty.

Moral principles are the foundation of ethics, which is the professional discipline dealing with standards of right and wrong that serve as a guide for human behavior. Ethics are usually stated in terms of obligations, benefits to society, fairness, or specific virtues. Developing a code of ethics has been an essential part of all professional disciplines since the ancient professions of medicine and law were established. The earliest known professional code, for instance, was developed in ancient Greece in the fourth century B.C. when Hippocrates initiated a movement calling for all physicians to exhibit a high level of professional and ethical behavior. As a guide

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for this behavior, the Hippocratic Oath was adopted by medical doctors throughout the ancient and medieval world and continues to serve as the inspiration for modern codes of ethics in the field of medicine.

Victim assistance began as a grassroots movement in the late 1960s but is now evolving as an established profession. As such, there exists the need for ethical principles to guide the practice of victim services. When a profession establishes a code of ethics, it serves several purposes. It safeguards the reputation of the profession, protects the public from exploitation, and furthers competent and responsible practice. The victim assistance ideals of do no harm, care for others, eliminate injustice, and treat others as one wishes to be treated are all rooted in centuries of ethical reasoning and inform most ethical codes in the helping professions.

Standards in Victim Services

The professional evolution of victim services has given rise to a wide diversity of organized community- and systems-based organizations whose service to crime victims range the entire gamut of the justice experience. As this evolution has continued, there has been a call on many levels for greater accountability by victim assistance providers, with many victim assistance organizations and coalitions drafting codes of ethics for use by their memberships. This is a natural progression paralleled in other disciplines and is well-founded for a movement increasingly recognized by the juvenile and criminal justice systems, academia, and the public at large as a credible and much-needed service. To facilitate use of such ethical codes and to promote consistency and quality of standards, the National Victim Assistance Standards Consortium (NVASC) developed a set of model program, competency, and ethical standards for the field of victim assistance.

NVASC was created in 2000 by the Office for Victims of Crime at the U.S. Department of Justice with the express purpose of creating model standards of conduct for the field of victim assistance. To do this, NVASC researched existing standards in victim assistance and similar professions, polled the field of victim assistance, and utilized the expertise and experience of a representative and diverse core of victim assistance professionals. The result of this work is the NVASC Standards for Victim Assistance Programs and Providers published by The Center for Child and Family Studies, College of Social Work, at the University of South Carolina. The document can be accessed at: www.sc.edu/ccfs/training/consortium.html.

The book Ethics in Victim Services is based on the NVASC model of ethical standards. It is designed to help victim assistance professionals identify, analyze, and resolve the many ethical dilemmas they face in their work on a daily basis. A CD-Rom by the same name is a full training based on that text.

NVASC Ethical Standards

The foundation for the NVASC code of ethics consists of underlying values such as client autonomy, privacy, and self-determination; objectivity and abstention from abuse; honesty and equity of service; compassion and respect for individuals; social responsibility; confidentiality;
and working within one’s range of competence. This set of guiding values represents the foundation from which the NVASC developed the following 19 standards of professional conduct to guide victim assistance providers in resolution of common ethical challenges.

Section 1: Scope of Services

Ethical Standard 1.1: The victim assistance provider understands his or her legal responsibilities, limitations, and the implications of his/her actions within the service delivery setting and performs duties in accord with laws, regulations, policies, and legislated rights of persons served.

Many agencies do not provide this type of training and expect service providers to gain this knowledge on their own or on the job. A victim assistance provider who has an insufficient knowledge of the specifics of the legal authority under which he or she works may unintentionally follow unethical practices, violate the law, and/or cause harm to the victim. The final section of this chapter contains more information on educating oneself about legal and policy issues.

Ethical Standard 1.2: The victim assistance provider accurately represents his or her professional title, qualifications, and/or credentials in relationships with persons served and in public advertising.

The professional and educational credentials of victim assistance providers that pertain to their positions should be disclosed in order to avoid misconceptions about their role in the context of service to the victim or their responsibilities to the agency and their colleagues. Victim assistance providers should exercise discretion in terms of self-promotion or advertisement. For example, they should not represent themselves as counselors, therapists, or specialists in a specific type of advocacy if they have not received the training and accreditation that the discipline requires. They are discouraged from using victim testimonials or descriptions of the uniqueness of their services as a means of self-promotion.

Ethical Standard 1.3: The victim assistance provider maintains a high standard of professional conduct.

This means that providers must not only avoid improper behavior, but avoid even the appearance of impropriety. In maintaining a high degree of professional conduct, providers must not use their positions to obtain special favors, privileges, advantages, gifts, or access to services that are unrelated to agency interests or that serve them personally. Moreover, providers must distinguish between agency and personal points of view, and refrain from communicating a personal viewpoint as if it were agency opinion or policy.

Ethical Standard 1.4: The victim assistance provider achieves and maintains a high level of professional competence.
Achieving and maintaining professional competence serve the interests of the victim, the field of victim services, and the victim assistance provider. Victim assistance providers must keep informed of new and pertinent developments within the field, including research findings, newly enacted statutory guidelines, and policy changes. Being competent also means recognizing the need for supervision or consultation and providing appropriate referrals when task demands fall beyond the provider’s defined role and responsibilities. Providers must also be aware of the signs of severe stress and burnout and refrain from providing services if impaired. More information on self care is provided in Chapter 11, “Developing Resilience.”

**Ethical Standard 1.5: The victim assistance provider who provides a service for a fee informs a person served about the fee at the initial session or meeting.**

Full and accurate information concerning when payment is expected, whether insurance may cover any expenses, how payment is handled, and the policy regarding missed or canceled appointments must be clearly communicated before services are delivered. Bartering—that is, the trading of goods or services for victim assistance services—is not appropriate except in situations wherein the victim’s culture provides for such customs, when it would be offensive to the victim to refuse such an arrangement, when the bartering creates no potential conflict of interest, and with the full knowledge of the provider’s supervisor.

**Section 2: Coordinating within the Community**

**Ethical Standard 2.1: The victim assistance provider conducts relationships with colleagues and other professionals in such a way as to promote mutual respect, public confidence, and improvement of service.**

Since the field of victim services is one of public service, it is important for providers to contribute, whenever possible, to public confidence and betterment of victim services. When engaged in professional communication or public speaking, providers should clarify that they are speaking on their own behalf, as a representative of their agency, or on behalf of all victim assistance providers.

**Ethical Standard 2.2: The victim assistance provider shares knowledge and encourages proficiency in victim assistance among colleagues and other professionals.**

Knowledge sharing in the field of victim assistance should be carried out in the spirit of continuing improvement of the quality of victim services. Victim assistance providers must be ready, willing, and eager to share their knowledge and skills with other practitioners both in and out of the workplace, including both paid and volunteer workers. In the case of volunteer workers, victim assistance providers should do everything within their power to ensure that volunteers have access to the information, training, and resources they need to do their jobs properly and effectively. Particularly in the field of victim assistance, service to victims involves
a team approach and the willingness to share with and listen to colleagues from various cultures, disciplines, and philosophies.

**Ethical Standard 2.3: The victim assistance provider serves the public interest by contributing to the improvement of systems that impact victims of crime.**

Providers are expected to take part in professional or community activities that support the goals of their own program or of victim services more generally, including the improvement of justice system(s), victim services, and/or access to such services.

**Section 3: Direct Services**

**Ethical Standard 3.1: The victim assistance provider respects and attempts to protect the victim’s civil rights.**

In addition to basic civil rights, many state statutes and guidelines provide for the protection of other rights, including rights around confidentiality (discussed further in Ethical Standard 3.5) and the right to nondiscrimination (Ethical Standard 3.9).

**Ethical Standard 3.2: The victim assistance provider recognizes the interests of the person served as a primary responsibility.**

The provider should advocate for what the victim desires (see Ethical Standard 3.4) and for what is in his or her best interests within the limits of ethical standards, program policy, and state and federal laws. It is never appropriate for a provider to offer a service only if a victim agrees to a particular course of action. A provider may deeply disagree with a victim’s proposed course of action, but the only ethical response is to provide as much information as possible so that the victim can make a fully informed choice. If a conflict develops between the provider and the victim over these choices, the provider should explain the situation, make a referral for an alternative provider, and/or seek outside assistance to resolve the issue.

**Ethical Standard 3.3: The victim assistance provider refrains from behaviors that communicate victim blame, suspicion regarding victim accounts of the crime, condemnation for past behavior, or other judgmental, anti-victim sentiment.**

To maintain professional trust with the victim and effectively advocate on his or her behalf, a victim assistance provider must be vigilant to avoid doing or saying anything that might communicate suspicion, blame, doubt, or condemnation of the victim’s actions, nonactions, feelings, beliefs, and so on, about the crime.

**Ethical Standard 3.4: The victim assistance provider respects the victim’s right to self-determination.**
Victims have the most informed perspective regarding their personal history, victimization, and risk, and therefore they have ultimate authority over their interests. If the provider’s perceptions of what is best for a victim are at odds with that victim’s point of view, information can be presented to enhance the victim’s perspective, but ultimately, the provider should encourage victims to make their own decisions. If there is a conflict between what the victim wants and the applicable state, federal, or agency authority, then the provider must take steps to resolve that conflict, including disclosure of the conflict to the victim and possible referral to an outside professional.

**Ethical Standard 3.5: The victim assistance provider preserves the confidentiality of information provided by the person served or acquired from other sources before, during, and after the course of the professional relationship.**

A violation of confidentiality can be extremely harmful to the victim; it can also potentially leave the victim assistance provider and/or his or her agency open to legal liability. Since confidentiality is a complex area of ethical consideration, due care should be taken by all providers to be fully informed and continually current regarding any and all legal, statutory, policy, and agency authority. Information about confidentiality should be provided to the victim at the first meeting, or at least at the first available opportunity if exigencies of the first meeting do not allow it. In disclosing information regarding confidentiality or in communicating to a victim the fact that certain confidential information may need to be disclosed, the provider should be prepared to address the victim’s reaction to this disclosure. While a provider or agency cannot provide specific confidential information for statistical purposes, it is appropriate to provide it without identifying its source. Exceptions to confidentiality are discussed later in this chapter.

**Ethical Standard 3.6: The victim assistance provider avoids conflicts of interest and discloses any possible conflict to the program or person served, as well as to prospective programs or persons served.**

Conflicts of interest can arise as the result of past professional relationships, either within the current position or through some past employment. Previous relationships, be they familial, professional, personal, or business, with individuals who come to a victim assistance provider for services create potential conflicts of interest. Providers who have survived a crime and, as a result, have entered the field of victim services may at times be tempted to refer to their own victimization during the counseling relationship with another victim. The transfer of focus from the client victim’s experience to the provider’s experience can be considered another kind of conflict of interest. Victim assistance providers must be rigorous in their efforts to discern potential conflicts of interest and step down from any job where the conflict will lessen the quality of service they deliver.

**Ethical Standard 3.7: The victim assistance provider terminates a professional relationship with a victim when the victim is not likely to benefit from continued services.**
The provider should prepare the victim for the eventuality of termination of services, particularly if the victim is unusually vulnerable and/or derives a great deal of support from their relationship. If referral to another professional is indicated, the provider should obtain as much information as possible and provide this to the victim in a timely manner. Providers are strongly discouraged from terminating a relationship with a victim in order to pursue a business or personal relationship with the victim.

**Ethical Standard 3.8:** The victim assistance provider does not engage in personal relationships with persons served which exploit professional trust or which could impair the victim assistance provider's objectivity and professional judgment.

Dual relationships are sometimes difficult to avoid, particularly in small communities. The application of the standard to avoid dual relationships is therefore explored in the context of the potential to cause harm. Whenever there is the potential for loss of objectivity, conflict of interest, or the exploitation of a victim seeking help, the mixing of personal and professional roles is not appropriate. When a provider cannot avoid a personal or business relationship with a client, the provider should seek counsel and supervision from colleagues regarding his or her objectivity regarding the case and best interests of the client. Under any circumstance, sexual relationships with victims are the most serious violations of this ethical standard. Further, a provider should not behave in a way that verbally or physically indicates sexual interest toward current or former clients. It is the provider’s responsibility to act appropriately with clients and maintain appropriate boundaries regardless of the client’s attempts to initiate a personal or business relationship.

**Ethical Standard 3.9:** The victim assistance provider does not discriminate against a victim or another staff member on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious affiliation, residency, or HIV status.

If there is any doubt about a provider’s ability to offer judgment-free and objective assistance, the provider should seek consultation and/or supervision. More information about personal values and responses to victims is provided later in this chapter.

**Ethical Standard 3.10:** The victim assistance provider furnishes opportunities for colleague victim assistance providers to seek appropriate services when traumatized by a criminal event or client interaction.

It is common for victim assistance providers to “process” traumatic events or other difficulties experienced in the course of their everyday jobs. Because of limited resources, it may be difficult—if not impossible—for providers to pursue outside intervention or support. However, if possible, providers who are in need of formal support in the wake of trauma should try to seek assistance from allied professions or providers in other jurisdictions, so as to minimize the possibility of potential professional conflicts of interest.
Section 4: Administration and Evaluation

Ethical Standard 4.1: The victim assistance provider reports to appropriate authorities the conduct of any colleague or other professional (including oneself) that constitutes mistreatment of a person served or that brings the profession into dishonor.

A victim assistance provider must report clear violations of ethical standards to the appropriate authorities. This would include governing boards, funding entities, administrators, and supervisors. The victim assistance provider should never knowingly participate in actions that violate ethical standards. Furthermore, providers are encouraged to self-report violations that require a written report be filed.

Since the classical Greek era, ethicists have contemplated codes of human behavior that manifest their values and belief systems. As societies expanded and grew more complex, ethical theories increased in scope from rules of behavior for individuals to rules that addressed societal well-being. Professional ethics have grown out of a need to set performance standards within specific disciplines. The field of victim assistance has now matured to the point where a code of ethics has become useful to establish standards of excellence in the delivery of services to crime victims.

Values and Response to Crime Victims

This section is intended to raise awareness of personal attitudes, biases, and beliefs and how these may affect the victim service provider’s responses to victims.

Personal and Professional Values

Providing quality services to the victims of crime depends on many factors, but begins with the personality, moral orientation, and subjective beliefs and opinions of the victim service provider. Victim services are about relationships between providers and crime victims. Therefore, the personal values of the provider and the ethical codes that support these values will directly influence his or her interactions in the relationship.

Before beginning, consider the following terms and their definitions:

- **Values** are the ideals or beliefs to which an individual or group aspires.
- **Morals** relate to making decisions between right and wrong.
- **Ethics** is the articulation of standards of behavior that reflect those values or morals.
Victim assistance providers should remember that, when ethical challenges arise, they may have little time to distinguish between right and wrong before they are required to act. Inaction is often the fallback position when stressful events happen too quickly to think through the appropriate response. Socrates’ advice to “know thyself” is a reminder of the importance of undertaking a serious moral inventory. Few know the strength of their moral fiber or the depth of their character until it is tested. Victim assistance providers sometimes have only a minute to decide what is right or wrong.

Knowing oneself ethically requires self-awareness. It is important that providers understand their own definition of a morally good person. They must understand how their personal values may influence their response to challenging situations, how their religious beliefs may influence their judgments, and how their attitudes toward the rights of individuals may come into conflict with the broader principles of justice.

As important as it is to understand their own moral orientation, providers must also understand how willing they are to act on their values and to uphold their personal ethics if they are challenged. Being aware of the need for action, determining the right course of action, and having the emotional and intellectual commitment to follow through are all important factors when assessing personal values.

Professional values grow from the same basic desire as personal values (to do no harm, help others, and make the world a better place), but they are different in focus and content. Any conflict between a provider’s personal and professional values could affect the ethical decision-making process and compromise the capacity to serve effectively in a particular circumstance. Therefore, personal values must be recognized and dealt with appropriately. A provider’s character and commitment, motivation, and personal viewpoint are all authentic components of their ethical decision-making process. Searching for ethical self-knowledge is necessary if they are to understand their innate reactions when value conflicts appear.

When providing services to victims of crime, it is providers’ professional values (i.e., ethical code) that must be the key determinants in the ethical decision-making process. Their competency, integrity, responsibility, respect for the victim’s right to self-determination, concern for others’ welfare, and social responsibility are the professional values they will rely on to help them deliver ethically responsible services. If a situation requires them to choose one objective over another, it is these values that will inform their choices.

**Competing Priorities and Conflicts of Interest**

Some of the ethical questions that victim assistance providers may face in the service of crime victims will revolve around personal issues. Competing priorities are part of modern life, and it is not unusual that the pursuit of personal interests has the potential to conflict with professional responsibilities. That is why it is important that providers develop the tools they need to recognize and resolve situations where their personal interests might cause ethical
conflicts in their work. This can be done by identifying their personal ethical standards, coming to terms with the values they support, and becoming aware of their significance in the ongoing service to crime victims. For example, when providers have personal interests in their relationships with clients, colleagues, or outside agencies and organizations, the objective exercise of their duties and responsibilities may be affected. Not only will providers’ personal perceptions be challenged, but there may be viable reasons for acting in ways that could be contrary to a victim’s interests.

Competing priorities between personal interests and professional responsibilities become conflicts of interest when a personal or private interest conflicts with the provider’s official duty or interferes with the provider’s objective professional judgment. Some examples of personal activities that create professional conflicts of interest in the field of victim assistance include dual relationships, inappropriate use of confidential information, and accepting unofficial perks. Whenever possible, it is best to avoid any situation where there is even a potential conflict of interest. Conflicts of interest can limit the providers’ ability to act in the best interest of the persons served and/or interfere with their independent judgment. Trust is the core issue. Conflicts of interest involve the abuse, either actual or potential, of the trust people have placed in providers as professionals. When a provider is faced with unavoidable ethical concerns, open communication with colleagues on these matters will be invaluable. It is important that providers share their concerns with trusted colleagues and test their professional objectivity in questionable situations.

**Multicultural Competency**

Sometimes, providers’ own cultural biases and/or limited understanding of other ethnicities and cultures can result in ethical conflicts that have important and far-reaching consequences for the delivery of services to crime victims. This area of potential ethical conflict should be taken into account as providers assess their personal values and moral orientation relative to their work.

While personal values and professional values often stem from the same beliefs, they are different in content and should not be confused. Questions over competing priorities will likely appear on a regular basis. To make choices effectively, it is critical that providers be clear about both their own values and the professional values and roles inherent to carrying out professional responsibilities.

**Ethical Decisionmaking and Common Dilemmas**

This section describes how to use a standard process to make ethical decisions and to explore common ethical dilemmas that victim assistance providers face.
A Decisionmaking Model for Resolving Dilemmas

The practical application of professional ethical standards is not clear-cut when circumstances involve multiple interests and perspectives. Adherence to standards must be prioritized based on the needs of the person served, agency policy, and state law. When a question arises as to what is the most ethical course of professional conduct in a particular situation, an ethical “dilemma” may exist. A dilemma suggests that the answer is not obvious; there may be more than one “right” answer for the situation, depending on the various interests of the parties involved. These issues may be so complex that arriving at a clear and ethical course of action becomes a difficult process—and may be further complicated by common pitfalls in the resolution process.

Ethical decisions should be made in a systematic and logical way that recognizes that there are multiple points of view in most dilemmas. Many ethical decisionmaking models can be useful for analyzing and resolving ethical dilemmas in victim services. Here is a six-step model:

1. Assess facts. Review all relevant documents and legislation; and verify sources of all information.
2. Identify the ethical standards and the corresponding practical considerations that are in conflict.
3. Brainstorm at least three (preferably more than five) courses of action and the consequences of each.
4. Consult peers or supervisor.
5. Choose the best option and act.
6. Evaluate—How can this situation be avoided in the future?

This model affords providers opportunity to analyze a given dilemma, identify the practical considerations, review the relevant standards, and reflect on actions and outcomes.

Next, we examine common ethical issues faced by victim assistance providers, including boundary issues and multiple relationships, confidentiality, legal advocacy versus legal advice, and professional competence.

Boundary Issues and Multiple Relationships

If providers offer friendship (or love) to clients outside the purview of their duties, or if they exchange goods and services with a victim, then professional boundaries have been violated.
and a dual relationship has been created. In a counseling or advocacy relationship, the provider has professional influence over the victim. When a second or dual relationship is established, the provider’s influence and the victim’s subordination are generally replicated. The victim remains vulnerable to the provider’s position of power, creating an unfair dynamic in the second relationship. This blurring of the boundaries between the primary and secondary relationships permits intentional or unintentional abuse of power.

Victim assistance providers who enter into dual relationships with victims often rationalize their behavior by asserting that the circumstances are unique or that they cannot serve the client without making efforts that exceed normal boundaries. However, regardless of these well-meaning intentions, crossing the boundaries of ethical practice creates a potentially exploitative situation for the victim and impairs the good judgment of the provider. Any time providers venture outside the boundaries established in the professional code of ethics, they do a disservice to the victim, who may ultimately experience distrust and anger.

If providers engage in dual relationships or have an inclination to do so, they should seek assistance in identifying their motivations and request intensive supervision of their interactions with victims. If necessary, they may need to leave their job until the ability to maintain appropriate boundaries has been reestablished.

Confidentiality

Confidentiality is the foundation from which trust in the provider-victim relationship is developed and nurtured. Serving victims often requires that providers become involved in private and personal areas of people’s lives. Respecting the privacy of the victims served and keeping all aspects of the relationship confidential to the fullest extent possible is an ethic that applies to every client served. Many providers are required to sign confidentiality agreements with their agencies. They are also required to maintain the confidentiality of agency records and are held accountable for adherence to the agency policy on confidentiality.

However, confidentiality is not a guaranteed right in the field of victim services. Unlike other legal rights of confidentiality, such as the attorney-client privilege or the psychotherapist-patient privilege, there is not a commonly established right of confidentiality between victim service providers and their clients. Some states have extended—most by way of the psychotherapist-patient privilege—the right of confidentiality to domestic violence and sexual assault victim service providers.

Even where the rule of confidentiality is established by state statute, there are situations in which confidentiality can, and even should, be broken. It is the provider’s duty to inform a victim of these exceptions at the beginning of the relationship (except in extraordinary crisis situations). Exceptions to the right of confidentiality are discussed in detail in the NVASC’s Ethical Code for Victim Assistance Providers, and include the following circumstances:
* Emergency health issues (including death), i.e., information pertaining to the health of an individual in need of immediate medical intervention.

* Conditions relating to minor victims, i.e., reports of imminent danger to the minor.

* Sharing of information among agency colleagues that extends the confidentiality clause to those privy to the information.

* Informed consent—a written release signed by the victim that permits providers to disclose written or oral communications to any individual or entity.

* When subpoenaed to testify in court in some states.

* When a confidential communication has raised a threat of imminent harm to either the client or a third party.

* Child and elder abuse; in some states, providers will be mandated to report child and elder abuse to child or adult protective services.

* Duty to warn—the legal obligation to inform people of danger; states differ regarding duty to warn and confidentiality privileges.

Regarding the latter, precedent for the “duty to warn” exception was set by the U.S. Supreme Court in 1976 in the landmark case of *Tarasoff v. Regents of the University of California*. In this case, a therapist at the university health center failed to warn a female student that her ex-boyfriend had made threats against her life during his counseling sessions. The ex-boyfriend later stabbed the female student to death. The decision cited four conditions that were necessary for the duty to warn exception to be acted upon in a counseling relationship:

* There should be evidence that the client presents a threat of violence to another.

* The violent act must be foreseeable.

* The violent act must be impending.

* The counselor must be able to identify a potential victim.

It is imperative that providers be as educated as possible about the controlling legal authority in their states with respect to confidentiality and its exceptions as these apply to providers.

**Legal Advocacy Versus Legal Advice**

Legal advocacy to crime victims is also complicated by unauthorized practice of law (UPL) statutes. All states have laws that limit the practice of law to licensed attorneys, but the courts
differ widely on how they enforce the law. Generally, the courts look at UPL in terms of harm caused by the practice of law by an unlicensed person.

Many victims of domestic violence pursue cases in court for custody and restraining orders without the services of a lawyer, and legal advocates often find themselves walking a fine line between assisting victims in the legal process and UPL. The advocate can give information and support and can make referrals to appropriate resources. For example, a victim assistance provider can give a tour of the courtroom and explain what typically happens in court, but he or she should avoid giving any advice to crime victims.

Phrases to remember and to keep clear of giving legal advice include:

- I can’t tell you what to do, but some of your options are...
- I can’t predict what will happen in your case, but the usual process is...
- I know that none of these choices are what you want, but which option will move you closer to what you need?
- I can never guarantee what the judge/police/social services will do, but what usually happens is...
- It’s been my experience that women in similar circumstances to yours have done...but you’ll need to decide what will work best for you.

When advocates find themselves saying, “you should,” “what will work is,” or “if I were you,” it is time to stop and figure out a way to rephrase these thoughts in a way that puts the choice/responsibility back on the client.

**Professional Competence**

Victim assistance providers must keep informed of all new and pertinent developments within the field, including research findings, newly enacted statutory guidelines, policy changes, etc. Achieving and maintaining professional competence serve the interests of the victim, the field of victim services, and the victim assistance provider.

Being competent also means providers must recognize when the need for supervision or other types of consultation arise. In serving the best needs of the victim, providers must stay within the clearly defined range of their roles and responsibilities. If the victims’ needs go beyond these particular skills, providers must make an outside referral. To do this, providers must be familiar with community resources including the provider’s allied professional contacts in that area.
When a victim no longer benefits from the services the victim assistance provider has to offer, or the services are no longer relevant to his/her needs, the professional relationship should be terminated. The provider should prepare the victim for this eventuality, particularly if the victim is unusually vulnerable and/or derives a great deal of support from their relationship. If referral to another professional is indicated, the provider should obtain as much information as possible and provide this to the victim in a timely manner. On the other hand, providers are strongly discouraged from terminating a relationship with a victim in order to pursue a business or personal relationship with the victim.

Ethical standards provide general guidelines for addressing ethical dilemmas such as dual relationships, confidentiality limitations, unauthorized practice of law, and maintaining professional competence. When ethical codes come into conflict in a provider’s service to a client or among intra-agency service providers or allied professionals, there may be many ways to resolve the dilemma. Providers who develop the ability to analyze ethical dilemmas from all perspectives, who can determine the victim assistance ethical codes that apply in a particular dilemma, and who review all options with an open mind will navigate the resolution process more effectively.

**Educating Yourself About Legal and Policy Issues**

This section identifies resources to learn about legal and policy issues that impact ethical practice in the victim service provider’s own program or jurisdiction.

As the victim assistance discipline evolves and performance standards become institutionalized, civil liability concerns assume greater importance. Little established statutory or case law is directly applicable to victim assistance providers in terms of legal liability. Issues being addressed on the state and federal level are beginning to lay the groundwork for greater protection from liability and for confidential privilege, but the issues are still largely unlitigated and applied differently in different states. Therefore, providers and their agencies should be as educated as possible about state and federal statutes relevant to their liability in the course of their professional duties. Most agencies and organizations are aware of the applicable statutes; if not, victim advocates may need to address the issue with supervisors and research applicable laws and regulations. Beyond statutory issues, providers should also be aware of organization policies that may influence professional ethics.

Statutes and policies to be aware of include those regarding:

- Confidential privilege.
- Exceptions to confidentiality.
- Duty to warn.
- Protection from civil liability.
- Good Samaritan laws.
- Mandated reporting laws.
- Unauthorized practice of law (UPL): legal advocacy versus legal advice.

To find out more about state and federal laws and policy on these topics,

- Consult your program’s policies and procedures manual.
- Consult the local law school.
- Contact the attorney general’s office.
- Research statutes online.
- Check with state advocacy groups or national advocacy organizations such as the Victims’ Assistance Legal Organization, National Organization for Victim Assistance, or National Center for Victims of Crime.

Because new state laws are passed and court decisions are filed that impact the field, practitioners are strongly encouraged to remain up to date on their state laws and recent court decisions as part of their ethical competency. Often, victim assistance coalitions or advocacy networks publish legislative updates that can be helpful in this respect.

Finally, providers in different types of victim assistance programs are subject to a wide variety of policy and legal authorities governing their conduct that result in different ethical priorities. These differences should be communicated between collaborating organizations to ensure delivery of quality and ethically responsible services to crime victims. When providers conflict over differences in ethical priorities among victim service agencies and organizations that are required to collaborate, cross-training on professional ethics may be helpful.

Because professional ethical practice is subject to varying state and federal statutes as well as program policies, it is imperative that victim assistance providers take initiative to educate themselves about applicable guidelines in their own program and locale. There exist numerous resources for doing so at the programmatic, regional, and national level, and providers must utilize such resources to maintain current knowledge in an evolving ethical context.

References
