

## Chapter 7

# ETHICAL COMMITMENTS OF ADVOCATES



Ethical commitments support survivors and advocates. The ethical code of survivor advocacy is critical to safe and empowering services for survivors, and is supportive of their healing processes. The nature of survivor-centered advocacy work is that advocates do not work with scripts or formulas. Rather, advocates take the survivor's lead and strive to support them in their self-identified needs. Because advocates are likely to encounter new situations where they need to make decisions reflective of whatever they are presented with, ethical guidelines are there to help advocates provide safe and empowering services.

Considering potential ethical dilemmas may feel stressful to you as you think ahead to your work with survivors. Support and supervision is available to help you navigate through tricky areas, and you do not need to fear having to make decisions in isolation.

The ethical commitments below provide standards of practice for advocates working in the anti-sexual violence field.<sup>1</sup>



### Maintain Expertise in the Field

- Demonstrate competence by completing initial advocate training and engaging in ongoing professional development.
- Demonstrate an understanding of the root causes of sexual violence.
- Demonstrate an understanding of the nature of the trauma of sexual violence and the complexity of this effect on survivors and healing.
- Participate in ongoing supervision.
- Recognize both the capabilities and the limitations in one's own expertise.
- Understand and model the importance of personal wellness. Practice self-care.

### Act With Professional Integrity

- Maintain a trauma-informed and survivor-centered approach to providing services.
- Maintain and model ethical and appropriate boundaries.
- Support survivors' self-determination and self-agency as they share and disclose their experiences and examine their options.



- Listen generously and respect survivors' decisions.
- Promote and practice mutual support in relationships with colleagues, staff and volunteers.
- Respect the roles of the other disciplines you partner with in your community.

### **Be Responsible to the Highest Standards of the Field**

- Ensure survivor privacy and confidentiality.
- Understand and maintain compliance with state statutes defining privileged communication between sexual violence advocates and survivors.
- Maintain current knowledge of community resources and provide appropriate referrals.
- Maintain current knowledge of victims' rights.
- Maintain current knowledge of other disciplines' roles and responsibilities.
- Clarify the role of the advocate to survivors and other professionals you work with.
- Demonstrate sensitivity to real and ascribed differences in power between advocates and those seeking services.
- Know and comply with all laws, standards, rules, and regulations that apply.

### **Act With Genuine Positive Regard for All Survivors**

- Believe the survivors who seek advocacy from you.
- Maintain a practice of nondiscrimination on the basis of race/ethnicity, language, nationality, sex/gender, age, sexual orientation, ability, social class, economic status, education, marital status, religious affiliation, immigration status, or HIV status.
- Actively examine your history, belief systems, values, needs, and limitations and their effect on providing advocacy.
- Maintain respectful and professional boundaries with those seeking your services during and after professional relationships.

### **Work as a Social Change Agent**

- Maintain, practice, and articulate a commitment to social justice.
- Work actively for legislative, policy, and social change.
- Practice awareness of the privileges you hold and what this means for your advocacy work. Consider how your privilege can benefit others.
- Work to unlearn practices, particularly those rooted in power and privilege, that demonstrate harmful attitudes or beliefs toward others.
- Work to challenge and change harmful social norms and system practices.
- Engage in creative and critical thinking to address systemic barriers to justice for survivors.

- Challenge harmful practices of other advocates and allied professionals.

## **Ethical Considerations**

Advocates strive to provide each client with a consistent level of respectful assistance, regardless of their individual background or circumstance. Advocacy involves providing all the options available, rather than just those the advocate prefers. When an advocate recognizes that a particular approach is not helpful to the caller, the advocate needs to be flexible and discuss other options. As discussed above, one of an advocate's key roles is to support a survivor's right to make an individual choice without judgment.

Ethical issues or questionable behaviors that an advocate must avoid include:

- Conflicts of interest, such as working with a caller with whom the advocate has a personal or professional relationship. While Maine is a small state, advocates can often arrange for services so that conflicts of interest are minimal.
- Taking on a dual role with a client. This occurs when a concerned other or community member calls and asks questions about another caller. Because of confidentiality (discussed below), it is not appropriate to acknowledge any other caller to the person currently on the phone without a specific release of information.
- Attempting to realize personal gain through advocacy, such as entering into a friendship with a client.
- Making promises that an advocate is not able to keep, such as telling a client that an interaction will be confidential when mandated reporting may apply (see the Mandated Reporting subsection for more information).
- Not following through with commitments, such as not making an agreed upon follow up call or action.
- Failing to represent an advocate's roles and responsibilities accurately, such as when a client assumes or states that advocates are counselors. Advocates are "sexual assault counselors" under Maine law, but are not trained to provide therapy or treatment. Advocates must clarify this misunderstanding.
- Disrespecting the client's right to pursue information and to make informed decisions, such as not informing a client of their medical options.
- Breaking confidentiality without explicit permission from the client, such as providing information to a law enforcement officer without a signed release.



Advocates strive to do no harm. If an advocate is faced with a circumstance in which an ethical question arises, the advocate can consult the specific center's policy and procedures manual and speak with a supervisor.

## Boundaries<sup>2</sup>

### Boundaries in Advocacy

Advocacy is built upon the principles of ethical conduct and appropriate boundaries. Due to the situational aspects of our work it is impossible to outline everything advocates may face. In general, the use of good judgment based on high ethical principles will guide advocates with respect to lines of acceptable conduct.

Boundaries are limits that allow for safe connections between individuals. These limits of actions acknowledge the advocate's power and the vulnerability of the people we serve. They allow us to provide services within our scope of practice, prevent conflicts of interest, and maintain safety.

Additionally, boundaries are often based on context, the circumstances in which the situation can be fully understood and assessed, and can be complex and multi-layered. Advocates are responsible for maintaining and role modeling appropriate boundaries when supporting survivors and concerned others. Sometimes the people we serve may not be aware of appropriate boundaries. Some individuals we serve are in crisis and their boundaries have been completely violated and ignored.

### Why are boundaries important?

For advocates, boundaries help us to build trust in the organization we work for and create safety for us in

our roles. Boundaries help advocates to know what is expected of them, which ultimately protects them from impacts such as frustration and resentment which can lead to burnout and staff resignations. Boundaries build trust among colleagues and help organizations create a culture in which advocates support one another.



For community partners, boundaries help to create consistency and known expectations. Healthy organizational boundaries value the philosophy that we are a service not a person. This allows community partners to form stronger long-term relationships with centers and guides them to make better referrals.

Boundaries help survivors and concerned others assess their options for support depending on their personal and unique needs. For the people we serve and community partners alike, consistency helps build trust and confidence in our services by knowing that no matter who

they speak with at the organization they are going to get similar quality of service.

Centers strive to provide clear roles and expectations when recruiting, training and supervising staff, interns and volunteers. Healthy organization boundaries are understood, present, and enforced agency-wide and program-wide. When individual advocates break protocol, muddy ethics, and ignore boundaries it undermines the center's ability to do the above.

### Setting boundaries:

- Protects the people we serve.
- Protects advocates.
- Protects our agency.
- Protects the larger community.
- Promotes healthy interactions.



## CONSIDERATIONS FOR ADVOCATES



Advocates are encouraged to look within themselves and consider how they view boundaries in their personal life, outside of advocacy on the helpline. Once you're able to reflect on this, you can examine how your personal view on boundaries is similar or different from the sexual assault support center's view of boundaries. This process will help you see the differences between personal and professional boundaries and how to use them accordingly.





## Advocate Power & Client Vulnerability

The advocate-survivor relationship is one of unequal power. Advocates have knowledge, access to resources, authority, and influence the survivors we serve may need. People who ask for help relinquish some degree of personal power. This creates vulnerability.

Advocates must acknowledge and examine the power they have in different client interactions. Only then will advocates be able to break down and minimize the power difference as much as possible. Our role is to give as much power back to the people we serve as possible. Sexual violence is about power and control, therefore we must recognize our own power so it is not abused or asserted inappropriately or unethically.

The people we serve can perceive boundary crossings as the misuse of power and/or the betrayal of trust. Boundary violations can cause physical, emotional, and economic harm. Advocates need to empathize appropriately. Overstepping boundaries includes when an advocate moves from caring to over involvement. Under involvement can be a boundary violation as well.

### Survivor to Survivor

Some of us identify as survivors, and while our healing and resiliency deserves to be honored and respected, harm can come from sharing our personal experience of abuse with a client. Remember, advocates have resources and power a client does not. The advocate's role is to provide appropriate and relevant support, resources, and information. Risks of inserting our own experiences include:

- Redirecting attention
- Role reversal
- Over-identification
- False hope

## Boundaries & Working With Other Systems

Systems sometimes have expectations of advocates that are unreasonable and not appropriate in our scope of practice. Community partners must build relationships with centers, not only one person, and understand standard protocol no matter who is in a specific role.

One way advocates can help with these system boundaries is by including other staff in meetings when possible and appropriate, by using language inclusive of the Center such as we and our services vs. me and my services, and by knowing and practicing clear and simple language that best describes who advocates are and what we do.

Some factors that inhibit advocates from setting appropriate boundaries include:

- Lack of understanding of appropriate boundaries
- Lack of leadership and role modeling of appropriate boundaries
- An advocate's personal style
- Cultural Influences

Some of the places that center boundary practices, policies, and guidelines are located:

- Center personnel/operations manual
- Ethical guidelines
- Helpline manual
- Center policies and protocols
- Quality Assurance Standards
- With supervisors/long-term staff/historical knowledge of the agency
- Staff and advocate meetings/notes

## Understanding Potential Boundary Crossings

All advocates encounter situations that, if not managed properly, could lead to boundary crossings. Boundary crossings can be inadvertent and unintentional. However, when left unchecked can lead to a serious violation.

Most advocate boundary issues fall into four categories. The categories can be seen along a spectrum of behavior ranging from appropriate to potentially criminal.

### Client Care

Care as deemed appropriate by agency policies and procedures which can include issues such as physical contact, respecting cultural differences, over-involvement, and communication.





### Information Access and Disclosure

This relates to our deeply held values of confidentiality as well as federal federal and state confidentiality and privacy requirements, policies, and practices related to personal disclosure.

### Gifts, Services, Financial Relationships

This includes giving gifts to clients, clients giving gifts to advocates, exchange of financial resources, and providing services outside of the scope of advocacy.

### Dual Relationships

This includes business or personal relationships with people we serve, and advocates supporting family members or friends.

## Preventing & Minimizing Boundary Issues

Here are a few ways you can prevent or minimize boundary issues in advocacy work:

- Consult your agency policies and procedures. If you are unsure, ask.
- Consult with your go-to person. This could be your supervisor, Executive Director/Assistant Director, Client Services Coordinator, specialized advocates, or a staff member you trust.
- Practice good self care.
- Develop a growth mindset.
- Continuously evaluate yourself. Develop a deep awareness of your:
  - Strengths, needs, and growth areas.
  - Personality and patterns.
  - Life experience.
  - Way you handle difficult situations (denial, humor, fantastical thinking, sarcasm, etc.).
  - Personal sense of security and your sense of self.
  - Ethics and values.

## Personal Disclosures

At some point most advocates face the question of whether to disclose information about their personal life to a client, specifically their personal experience with sexual violence. This is not typically an effective practice in sexual violence advocacy.

Giving personal information to callers changes the boundaries of the professional relationship and the interaction can quickly become more focused on the advocate than on the client.

Below are some specific boundaries to consider and implement:

- Provide limited or no personal disclosure, particularly about experiences of sexual violence (varies among centers).
- Do not attempt to solve the client's problems.
- Acknowledge the inability to rescue the client from their current situation.
- Focus on the services available rather than individual advocates, since specific advocates cannot necessarily be requested or guaranteed.
- Do not provide transportation.
- Insist on respectful behavior by clients and other professionals.

Regardless of how a survivor or a concerned other feels about boundaries or responds to the advocate's boundaries, advocates must maintain them. It may not always feel good to set these limits, and the client may not always be pleased with the boundaries the advocate is setting. The advocate may wish that they could do more or behave differently toward a client. Ultimately, advocates will be much more helpful if they maintain boundaries, protecting themselves and clients. When one advocate provides something beyond the limits of advocacy, the client is set up to have a false sense of what they can expect from the helpline and other services. This also sets up challenges for the other advocates who set and maintain appropriate boundaries.

## Confidentiality

A survivor must be aware of the limits of confidentiality before making the decision to share information with an advocate or other community members through a release of information. Information may not be shared unless there is a reporting obligation or a time-limited and specific release of information to a particular person or organization. In all cases, advocates must notify survivors prior to sharing any information.





Generally, the only other people who have any information about an advocate's interaction with a client are the advocate's supervisors or other advocates at the same center. Advocates must understand their center's policy regarding confidentiality and that they uphold that policy at all times.

Confidentiality is not unlimited and may be broken in certain circumstances. Examples include when a third party, including a concerned other, is present and there is no guarantee they will keep information confidential. When meeting with the survivor and concerned others, advocates must first discuss confidentiality.

The list below describes the circumstances that legally would require an advocate to break confidentiality. The first two items are explained in detail in subsections following the list:

- A caller/client discloses information about the abuse or neglect of a child (under 18 years old).
- A caller/client discloses information about the abuse, neglect, or exploitation of an incapacitated or dependent adult.
- A survivor requests in writing in an appropriate, time-limited, and specific release that allows information to be released to third parties, providers, officials, or agencies.
- A court orders a release of information.

Sexual assault support centers strive to keep minimal records about client interactions. Sometimes opposing legal counsel (attorneys) will try to subpoena center records. Due to the advocate's privileged communication with survivors, these records rarely have to be released to a defendant's attorney. However, it is important to always be mindful of writing brief, objective notes when a center requires documentation of interactions with clients in an effort to protect them should records ever need to be released.

Sexual assault support centers have agency confidentiality policies which may contain additional criteria regarding confidentiality. Advocates must clearly understand and follow the confidentiality requirements of their individual center. Disclosing information when there is not a release or legally mandated reason for disclosure puts client confidentiality at risk and may negatively impact that survivor or future survivors.

## Mandated Reporting

As noted above, there are exceptions to confidentiality. Maine has specific laws in place to protect certain individuals, including children and incapacitated or dependent adults, who are unable to protect and care for themselves and are in danger of abuse, neglect, and/or exploitation. These terms are defined by statute and are included in the subsections below.

Maine law includes mandates that require a number of professionals (law enforcement officers, medical and mental health providers, school and crisis services personnel, advocates, and many others) to report suspected abuse, neglect, or exploitation to the Maine Department of Health and Human Services (DHHS) or the local district attorney's office. Occasionally, helpline callers are seeking information about if they are mandated to report information they've learned. A full list of categories of people that are mandated reporters are available on the [maine.gov](http://maine.gov) website.

Any concerned individual may make an optional report should that person suspect abuse, neglect, or exploitation. The following subsections provide more information about mandated reporting situations when an advocate must legally break confidentiality. In every case, the advocate must refer to the center's mandated reporting policies and procedures, and speak with a supervisor.

### Child Protective Services

Child Protective Services (CPS) is responsible for protecting children (under 18 years old) from abuse or neglect.

Abuse or neglect is defined as: "a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements..., by a person responsible for the child."<sup>3</sup>

CPS will intervene in cases when no one is acting to protect a child and when a child is determined to be in "jeopardy to health or welfare." Jeopardy to health or welfare means a child is subject to serious abuse and neglect.<sup>4</sup>

If a child is in jeopardy from a "person responsible for the child" (a caretaker, parent, guardian, etc.) a report must be made to CPS as soon as possible. If a child is in jeopardy from a "person not responsible for care of the child," a report must be made to the district attorney's office instead.



In some cases, a responsible party may fail to protect a child from a non-responsible party, and this is reportable to both CPS and the district attorney's office.<sup>5</sup> CPS may take information and deem the report inappropriate because the abuse or neglect is outside of the family or someone responsible for the child. CPS still has an obligation to forward these reports to law enforcement or the appropriate district attorney's office for follow up.

### Adult Protective Services

Adult Protective Services (APS) is assigned the responsibility of providing protection for any person 18 years of age and over who is "incapacitated" or "dependent." APS also serves emancipated individuals who are 16 years of age or older and are incapacitated or dependent.

An incapacitated adult is "any adult who is impaired by reason of mental illness, mental deficiency, physical illness or disability to the extent that that individual lacks sufficient understanding or capacity to make or communicate responsible decisions concerning that individual's person, or to the extent the adult cannot effectively manage or apply that individual's estate to necessary ends."<sup>6</sup>

A dependent adult is one "who has a physical or mental condition that substantially impairs the adult's ability to adequately provide for that adult's daily needs," and includes but is not limited to: a resident of a licensed nursing home; a licensed or required to be licensed assisted living facility; or a person considered a dependent person within the Maine criminal statutes.<sup>7</sup>

Maine law requires that a report be made to APS when an advocate has suspicion that an incapacitated or dependent adult, or incapacitated or dependent emancipated individual sixteen or older, is at substantial risk of abuse, neglect, or exploitation. This report is

mandated regardless of whether the individual the advocate is concerned about has a guardian.<sup>8</sup>

Abuse here is defined as: "the infliction of injury, unreasonable confinement, intimidation or cruel punishment that causes or is likely to cause physical harm or pain or mental anguish; sexual abuse or sexual exploitation; or the intentional, knowing or reckless deprivation of essential needs. 'Abuse' includes acts and omissions."<sup>9</sup>

Neglect here is defined as: "a threat to an adult's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these."<sup>10</sup>

Exploitation here is defined as: "the illegal or improper use of an incapacitated or dependent adult or that adult's resources for another's profit or advantage."<sup>11</sup>

### Subpoenas

Individual sexual assault support centers may have varying policies about the handling of

legal notices, including subpoenas. If an advocate is served with a subpoena, a legal document requesting information, records, or the advocate's presence in court, the advocate should bring this to the immediate attention of the director of the center. Simply receiving a subpoena does not mean that an advocate will testify. Often subpoenas will not hold up to a legal challenge. Advocates must keep survivor safety and confidentiality in mind throughout this process.



### Chapter 7

Your work as an advocate is going to look different with every survivor you talk to. Ethical guidelines are there to help advocates provide safe and empowering services.

Advocates' ethical commitments are to:

- Maintain expertise in the field.
- Act with professional integrity.
- Be responsible to the highest standards of the field.
- Act with positive regard for all survivors.
- Work as a social change agent.

Advocates are responsible for maintaining and role modeling appropriate boundaries when supporting survivors and concerned others. For the people we serve, boundaries provide protection, consistency, and help build trust and safety.

Confidentiality is an on-going practice. Survivors need to know the limits and purpose of advocate confidentiality when making decisions about what information to share and with whom. Consistently review the different roles of advocacy and community partners when talking about confidentiality with a survivor.

All advocates are mandated reporters in Maine and need to be grounded in why and how to make a mandated report, along with how to inform callers of this boundary.

### Endnotes

<sup>1</sup> Used with permission from and thanks to: National Sexual Violence Resource Center. (n.d.) *Foundations of advocacy training manual*. Retrieved from: <https://www.nsvrc.org/foundations-advocacy-training-manual>.

<sup>2</sup> Adapted with permission from Avalon Center, Boundaries Presentation, [avaloncenter.org](http://avaloncenter.org)

<sup>3</sup> Child and Family Services and Child Protection Act, Maine Revised Statutes Title 22 §4002(1). (1979). [legislature.maine.gov/statutes/22/title22sec4002.html](http://legislature.maine.gov/statutes/22/title22sec4002.html)

<sup>4</sup> Child and Family Services and Child Protection Act, General Provisions. Maine Revised Statutes Title 22, §4002(6). (1979). [legislature.maine.gov/statutes/22/title22sec4002.html](http://legislature.maine.gov/statutes/22/title22sec4002.html)

<sup>5</sup> Child and Family Services and Child Protection Act, Reporting for Abuse or Neglect. Maine Revised Statutes Title 22, §4011-A. (2001). <https://www.mainelegislature.org/legis/statutes/22/title22sec4011-a.html>

<sup>6</sup> Adult Protective Services, General Provisions. Maine Revised Statutes Title 22, §3472(10). (1981). [www.mainelegislature.org/legis/statutes/22/title22sec3472.html](http://www.mainelegislature.org/legis/statutes/22/title22sec3472.html)

<sup>7</sup> Adult Protective Services, General Provisions. Maine Revised Statutes Title 22, §3472(6). (1981). <https://www.mainelegislature.org/legis/statutes/22/title22sec3472.html>

<sup>8</sup> Adult Protective Services, Reporting of Abuse, Neglect, or Exploitation. Maine Revised Statutes Title 22, §3477. (1981). [www.mainelegislature.org/legis/statutes/22/title22sec3477.html#:~:text=Title%2022%2C%20%2C%A73477%3A%2Persons,suspected%20abuse%2C%20neglect%20or%20exploitation](http://www.mainelegislature.org/legis/statutes/22/title22sec3477.html#:~:text=Title%2022%2C%20%2C%A73477%3A%2Persons,suspected%20abuse%2C%20neglect%20or%20exploitation)

<sup>9</sup> Adult Protective Services, General Provisions. Maine Revised Statutes Title 22, §3472(6). (1981). [www.mainelegislature.org/legis/statutes/22/title22sec3472.html](http://www.mainelegislature.org/legis/statutes/22/title22sec3472.html)

<sup>10</sup> Adult Protective Services, General Provisions. Maine Revised Statutes Title 22, §3472(11). (1981). [www.mainelegislature.org/legis/statutes/22/title22sec3472.html](http://www.mainelegislature.org/legis/statutes/22/title22sec3472.html)

<sup>11</sup> Adult Protective Services, General Provisions. Maine Revised Statutes Title 22, §3472(9). (1981). [www.mainelegislature.org/legis/statutes/22/title22sec3472.html](http://www.mainelegislature.org/legis/statutes/22/title22sec3472.html)

