CHAPTER 13

Professionalism and Ethics in Victim Assistance

Vicki is an undergraduate intern who works as a hotline advocate at the local crisis center. Having majored in criminology and obtained a victim services certificate from the school, she started to feel that the center underestimates her skills and knowledge. She also has been frustrated to see a lack of attention to the women who contact the center. Even though many women suffer from trauma, the center is currently understaffed and has not been providing adequate services to them. Vicki decided to do online counseling services in addition to her normal duty as a hotline advocate without telling any staff in the center.

Is Vicki's decision ethical? If you were Vicki, what would you do? We make many ethical decisions in our daily lives. Sometimes we make a decision consciously and at other times unknowingly. Recall the occasions that you made a difficult decision. How do you know if you made the right choice? Thinking about Vicki's case, you might feel that her decision was not appropriate, but can you explain the reasons why it was wrong? Was there a better way to handle the issue? Learning how to make the best decision in a challenging situation is the central purpose of this chapter.

It begins by presenting important terms necessary to understand professional ethics. After learning the eight steps to resolving an ethical dilemma, you will have an opportunity to practice those steps through hypothetical scenarios. This chapter also highlights the potential risks for those who work in the fields of human services such as victim advocates, police officers, and other professionals. You will find that those professionals are particularly vulnerable to psychological distress, and therefore they need to learn common risk indicators and how to manage those risks. Self-care is crucial for all helping professionals as it reduces stress and enhances well-being.

Ethics: the "science of morality" which addresses what is the right thing to do and how we ought to behave

Normative ethics: deals with moral duties or the set of considerations as to how one should act

Applied ethics: the application of ethical principles to specific issues in private or public life

Professional ethics: a specific type of applied ethics focusing on the ethical rules that govern specific professional standards (Pollock, 2010)

Values: elements of desirability, worth, or importance (Pollock, 2010)

Ethics in Victim Assistance

Defining Terms

Ethics is the "science of morality" (Homan, 1991, p. 1), which addresses what is the right thing to do and how we ought to behave. ***Normative ethics*** deals with moral duties or the set of considerations as to how one should act. ***Applied ethics*** is the application of ethical principles to specific issues in private or public life. ***Professional ethics*** is a specific type of applied ethics focusing on the ethical rules that govern specific professional standards (Pollock, 2010).

Values are defined as elements of desirability, worth, or importance (Pollock, 2010). Consider the following values: happiness, health, pleasure, beauty, honesty, love, justice, fairness, and wealth. Everyone prioritizes certain values more than others. For example,

an individual who believes that success is more important than pleasure might focus more on his or her professional career and have less leisure time. Another critical factor is that not all values are moral values. For example, although pleasure and happiness are important in our lives, those are not necessarily tied to moral behavior. In contrast, certain values such as respect, responsibility, and humility are to be used as a basis for ethical decision making. Ethically, moral values should take priority over nonmoral values when they come into conflict. There are also social values such as democracy and the public good, which are considered necessary to achieve a good society (Williams & Arrigo, 2012). In evaluating your personal values, you might also consider how those values are related to larger professional and societal values and how they would influence your response to challenging situations.

Laws and Ethics

Most laws tell us what we cannot do in public and for some occasions in private, but there are other laws that encourage good behavior. For example, all states and the District of Columbia have some form of **Good Samaritan laws**. Good Samaritan Laws protect passersby, bystanders, and healthcare providers who are willing to assist those who need immediate assistance from liability if unintended consequences result from their assistance (Legal Resource Library, http://resources.lawinfo.com/personal-injury/what-are-good-samaritan-laws.html).

Keep in mind that ethical standards are not necessarily written down in the form of laws or other rules, but there is significant overlap between ethical standards and laws (Banks, 2009). For example, both one's morality and actual laws tell us that we should not kill an innocent human being or steal someone's property. Yet, the interpretation of those laws has differed over time. Under the Nuremberg laws enacted by the Nazi regime in Germany, Jews were not considered legally as fully human (Williams & Arrigo, 2012). Similarly, laws promoting apartheid in South Africa and Jim Crow laws in the United States, which were lawful, clearly violate the ethical standards of today.

Besides laws, the activities of the private and public sectors are governed by regulations. ***Regulations*** usually come from federal or state governments. ***Standards*** are often used as a basis for accreditation in the private or the public sector. Noncompliance of regulations and standards could result in sanctions, which would likely be a fine. ***Guidelines*** are usually recommendations rather than directives among professional groups (Pollock, 2010).

Codes of Ethics

A ***code of ethics*** is a set of professional rules that regulates the behavior of the individual. It is common for organizations to have a value system and a code of ethics to educate and guide the behavior of those who work in a profession. Examples of a code of ethics in the criminal justice system are the Law Enforcement Code of Ethics and the Canons of Police Ethics adopted by the International Association of Chiefs of Police (IACP), which is a preface to the mission and a commitment that law enforcement agencies make to the public they serve (International Association of Chiefs of Police, http://www.theiacp.org/

Good Samaritan laws: protect passersby, bystanders, and healthcare providers who are willing to assist those who need immediate assistance from liability if unintended consequences result from their assistance (Legal Resource Library, http://resources.lawinfo.com/personal-injury/what-are-good-samaritan-laws.html)

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Code of ethics: a set of professional rules that regulate the behavior of the individual

codeofethics). The American Correctional Association Code of Ethics expects its members to maintain honesty, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service (American Correctional Association, www.aca.org). The American Jail Association Code of Ethics for jail officers aims to professionalize those who work in detention and correctional facilities (American Jail Association, https://members.aja.org/ethics.aspx). The American Bar Association (ABA) Model Rules of Professional Conduct were adopted in 1983 and serve as a model for the ethics rules of lawyers in most states (American Bar Association, https://www.americanbar.org/groups/professional_responsibility/publications/model_rules_of_professional_conduct.html).

Ethical Codes in Victim Assistance

Until the 1950s, there were no ethical codes for human services professionals (Hook, 2005). Things started to change in the 1950s, when the state and local chapters of the National Association of Social Work (NASW) started to create codes of ethics. The NASW consolidated local and national codes of ethics and adopted the NASW Code of Ethics in 1960. The code has been modified several times to address the specific needs of individuals. Yet, as the area of victim services grew, the need for specific counseling protocols for victim assistance providers emerged. As such, in 1999, the National Victim Assistance Standards Consortium (NVASC) was formed by the Office for Victims of Crime at the U.S. Department of Justice, and standards of ethics for those who work in the victim services fields were crafted to support them in everyday workplace decision making.

The standards of ethics include a set of guiding values including competence, integrity, professional responsibility, respect for people's rights and dignity, concern for others' welfare, and social responsibility (Hook, 2005). Competent service providers should understand the needs of clients and make appropriate decisions using available resources in the community; be honest about their qualifications and treat their clients fairly; maintain professional standards of conduct and not compromise their professional responsibilities; respect the fundamental rights and dignity of victims; respect the victims' right to privacy, confidentiality, and self-determination; be actively concerned with the welfare of those they serve; and educate themselves about their professional, legal, and social responsibilities, as well as support the interests of victims and be committed to social justice.

With those guiding values, the NVASC developed ethical standards of professional conduct. The full version can be found in the Appendix.

NVASC Ethical Standards of Professional Conduct

Section 1: Scope of Service

Section 1 covers the scope of service. It starts with the statutory and constitutional rights of the victim at both the state and federal levels. For example, in 1984, California was the first state to provide confidential privilege to rape victims' communication with their counselors (Arabian, 2009). By 2009, a majority of states had adopted some form of

similar protection for counselors of rape victims (Arabian, 2009). Even though the communications between rape and domestic violence victims and advocates are protected by law in most states (National Center on Protection Orders and Full Faith & Credit, 2014), service providers should continually check state statutes regarding whether they can be subpoenaed in court to testify about their clients.

This section also covers professional boundaries and alerts the provider not to mislead the title, role, and responsibilities to his or her clients and to maintain professional behavior, a professional appearance, and professional competence. Using one's position to obtain special favors, privileges, advantages, gifts, or access to services that are unrelated to the agency's interests or that serves one personally should be avoided. Also, one must always be clear with clients about any fees associated with a service.

Section 2: Coordinating Within the Community

Section 2 talks about the relationship with the community. The service provider must respect different opinions, and when making public statements, one should clarify if the opinions are personal, on behalf of one's agency, or representing overall professionals in the field. Knowledge should be shared not only with other practitioners but also with volunteers and interns. A team approach is highly valued in the field of victim assistance, and professionals share with and listen to their colleagues. Along with attaining the goals of agencies, one could actively take part in community activities and advocate to improve justice systems and victim services.

Section 3: Direct Services

Section 3 discusses the issues related to providing direct services to the victims. Victims have basic civil rights and other rights protected by state statutes and guidelines. For example, the victim retains (1) all basic civil rights in the professional relationship; (2) the right not to be discriminated against in the provision of services on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, disability, social class, economic status, education, marital status, religious affiliation, residency, or HIV status; and (3) the right to know any exceptions to the confidentiality privilege.

One challenge of a provider arises when a provider disagrees with the victim's preference in handling the situation. What one could do is to provide information about available resources and options so that the victim is fully informed to make a decision. Building a trust relationship is crucial to advocate for victims effectively.

Note that the provider should encourage victims to make their own decisions, but when the victim's decision conflicts with state and federal laws, regulations, and agency policies, one could take the following steps to resolve the issue.

1. Verbally inform the victim about the conflict.
2. Consult with a colleague or a supervisor.
3. Possibly refer to alternative agencies for further services or resolution of the conflict.

Information on confidentiality and exceptions should be provided to the victim at an early stage. These are the possible exceptions:

1. Consulting with other professionals, supervisors, or consultants
2. Written consent of the person who provided the information
3. Death/Disability, with the written consent of a personal representative
4. When communication reveals intended commission of a crime and/or a harmful act
5. Medical emergency, or the victim is unable to release the necessary information
6. Mandated reporting of abuse of a child or a vulnerable adult
7. When a person waives confidentiality by bringing public charges against the provider
8. Minor victims, according to state laws

Previous relationships between a provider and a victim such as a business partner or a familial or personal relationship would create a potential conflict of interest. The professional relationship should be terminated when the service is no longer relevant to the victim's needs. It is strongly discouraged to terminate a relationship if the purpose is to pursue a business or personal relationship with the victim. It is sometimes difficult to avoid dual relationships; one's client could be a neighbor or even the child of a friend. If one cannot avoid a personal or business relationship, the provider should consult with his or her supervisor. Sexual relationships with victims are the most serious violations of the ethical standards. Finally, the provider should be aware that he or she could be traumatized by listening to the stories of the victims.

Section 4: Administration and Evaluation

Section 4 mentions that a provider must report clear violations of ethical standards to the appropriate authorities. (Please see Appendix for the full version of NVASC Ethical Standards of Professional Conduct.)

Now, let us consider the case of the hotline advocate at the beginning of this chapter. The NVASC Ethical Standards of Professional Conduct 1.2 indicate that Vicki's actions are beyond the scope of her role specified in her title. Vicki could have communicated with her colleagues and supervisor to improve the system and collaborate with other agencies to support victims. She could also have advocated for better services for crime victims and taken a leadership role in the community (The NVASC Ethical Standards of Professional Conduct, Section 2).

Ethical Dilemmas and Ethical Decision Making

Ethical dilemmas: situations where one has to make a moral decision from two or more choices

Ethical dilemmas arise when one has to make a decision from two or more choices. In reality, sometimes there is no clear-cut right or wrong answer from among those choices,

and competing obligations and interests could be involved. For example, Linzer (2004) highlights the ethical dilemma of a social worker whose elderly abused clients choose to remain in an abusive environment even though better options are offered. Such refusal leads to conflicts among the ethical principles of "autonomy, beneficence and paternalism, and nonmaleficence, and ambiguity over determining decision-making capacity" (p. 166). How would you balance these conflicts and resolve the case?

Ethical decisions should be made in systematic and logical ways. Let us begin our discussion of the analytical steps, which are explained in *Ethics in Victim Services* by Melissa Hook (2005). Please note that the following case example was modified for this textbook, and further detailed discussions of the ethical decision-making process and other examples can be found in Hook's book.

Ana Lopes works at a local nonprofit family resource center. Her new client, Vanessa Martinez, lives with her parents, two younger sisters, grandparents, uncles, and aunts in a rural area. All family members except for Vanessa and her two sisters are undocumented. They work in the field and share scarce resources. Vanessa mentioned to Ana that her uncle had been inappropriately touching her for several weeks. When Ana suggested that Vanessa should report the case to the police, Vanessa was upset and said that was not an option as it could create a risk of deportation not only for her uncle but also for other family members.

If you were Ana, what would you do?

Among the many ethical decision-making models, we will use one for resolving ethical dilemmas in victim services. When making a decision in such a difficult case, follow these eight analytical steps.

1. Assess the facts.
2. Identify the relevant ethical standards.
3. Assess the practical concerns that affect the decision-making process.
4. Consider the possible courses of action.
5. Consider the consequences of the possible courses of action.
6. Consult with a peer or a supervisor.
7. Select the best option and action.
8. Evaluate the outcomes.

(Hook, 2005, p. 71)

Step 1: Assess the Facts

The first step is to assess all the facts that led to the ethical dilemma.

- The provider's 19-year-old client has been molested by her uncle.
- The client's uncle is an undocumented immigrant.
- The uncle's behavior has been escalating.
- The client does not want to report the case to the police.

Step 2: Identify the Relevant Ethical Standards

The next step is to review the relevant ethical standards per the NVASC Ethical Standards of Professional Conduct. In this scenario, the following standards would apply.

> *3.2. The VA provider recognizes the interests of the person served as a primary responsibility.*
>
> *3.4. The VA provider respects the victim's right to self-determination.*

Step 3: Assess the Practical Concerns That Affect the Decision-Making Process

List the practical considerations in the case. In this scenario, the major ethical dilemmas are as follows:

- The possible deportation of the client's uncle and other family members could break her family apart.
- The uncle's behavior needs to be stopped to ensure a secure environment for Vanessa.

Steps 4 and 5: Consider the Possible Courses of Action and the Consequences of the Possible Courses of Action

List the possible courses of action and consider the potential positive and negative outcomes. These are a few examples.

> *Report the case to police:* Vanessa would no longer be afraid of her uncle. It might also stop his inappropriate behavior with other victims. It could lead to deportation of all family members.
>
> *Give a warning to her uncle:* Vanessa could give the uncle a chance to correct his behavior without reporting the case to the police. The awareness of the consequences might cause him to change his behavior. Vanessa would no longer be molested but might still feel insecure living with her uncle.
>
> *Encourage Vanessa to leave the house:* Vanessa would no longer be molested, and the uncle could still help support her family. Yet, he might start to molest her siblings as another target. Leaving on her own might violate the cultural expectation of her.
>
> *Hold a family conference:* One could take a restorative justice approach by inviting a mediator and holding a family conference. Vanessa would feel that her voice was heard, and her uncle would know how his behavior affected her. However, the solution might be inclined to protect the family rather than focusing on the best interests of Vanessa.

As you can see, none of the decisions is perfect, and there are pros and cons with each decision. Also, the outcomes might differ depending on the parties' legal status, income, geographic location, and family relationship. Perhaps, the decision that Ana made might not be the best one from the professional's standpoint. However, as stated in the NVASC Ethical Standards of Professional Conduct 3.4, the victim advocate must respect the victim's right to self-determination and provide better resources to help him or her make the best decision.

After examining the facts, you discuss the case with your colleagues and supervisor (Step 6) and select the best option and action (Step 7). Finally, do not forget to evaluate the outcomes (Step 8), which will be useful resources for future inquiry.

Now, it is time for you to consider the following situations.

Situation 1

You are a case manager at a local rape counseling services center. When reviewing the backgrounds of new case files, you realize that one of your clients, Angelica Rodrigues, is a daughter of your neighbor. Angelica is known to the community for her drinking and delinquent activities, and you have made several complaints to her parents in the past. Once, you even reported the case to the police. Supposedly, her boyfriend is a member of MS-13. The file indicates that she was severely raped by her boyfriend and other gang members, which requires immediate attention. You have some reservations about reaching out to her, but the center recently lost another case manager, and you are the only person who could handle the case. What would you do?

Situation 2

You are a housing manager of the family resident units at a local domestic violence shelter. One night, you find that one female client, Mai Lee, has been smoking marijuana at the facility, which is a violation of the shelter's policy, and that might result in her being expelled from the facility. Mai begged you not to report the case to the director as she has four children and no place to go. Also, she is terrified that her exhusband might take advantage of the incident to get custody of her children. What would you do?

Situation 3

You are a victim advocate who is a mother of a seven-year-old boy. Today is your son's birthday, and you plan to visit his grandparents and have a birthday dinner with them. When you are about ready to leave, you get a phone call from a teenage girl who was sexually assaulted by her boyfriend. She is extremely vulnerable and does not know what she should do. Given your experience, the case needs immediate attention, but all the other advocates already left for the day, and you are the only person remaining at the center. At the same time, your family is anxiously waiting for you at home. What would you do?

Situation 4

You realize that one of the victim advocates in your center who started work a few months ago has been depressed. She has had a hard time keeping up with her work schedule, and you have covered her shift several times. One day, she started to cry in

front of you and mentioned that she was overwhelmed by listening to the horrific stories of her clients. The following morning, you notice her breath smells like alcohol. What would you do?

Special Considerations in Victim Services

Multicultural Competency

Many crime victims are reluctant to reach out for services because they feel that service providers do not have adequate resources to address their specific cultural and personal needs.

> When I called the hotline, I was ready to get help to improve my relationship with my husband. However, no one was available who could speak my language. I had to wait for someone to call me back, but I was worried that my husband might pick up the phone. So I didn't give my number.
>
> I wish I could have talked with someone who understood that I can't leave my relationship and don't want to. I really was hoping that my husband and I could receive counseling. Instead, I'm now being told to move to a shelter with my children. How will this work for us? I can't find a job, I don't have a car, my family is far away.
>
> I should have never said anything.
>
> (Quotes from Purnell, Teng, & Warrier, 2012, p. 4).

Multicultural competence: gaining knowledge, understanding, supporting, and appropriately responding to victims across different languages and cultures

Multicultural competence in victim services involves understanding and appropriately responding to victims with a distinct combination of cultural variables. In 1995, the American Counseling Association (ACA) revised its ethical standards to require that counselors not discriminate based on race, ethnicity, culture, class, religion, spirituality, disability, marital status, gender, age, and/or sexual orientation (Hook, 2005). The development of multicultural competency in victim services starts with service providers comprehending and identifying with their own racial orientation. Knowing and appreciating one's own culture helps a provider recognize how culture affects victims' behavior and decisions. Ultimately, that knowledge and understanding must be used to develop and implement culturally appropriate interventions to assist victims from different cultures (Hook, 2005).

Culture is "a dynamic process characterized by the shared values, beliefs, expectations, and practices across the members and generations of a defined group" (Cruickshank & Collins, 2012, p. 340). Culture is stable in the sense that traditions, norms, and customs are transmitted from generation to generation. Nonetheless, culture is evolving. Consider the term for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals. The initial term was LGB in the 1980s, *T* was added in the early 1990s, and *Q* was introduced in the last decade. Now, many believe that

more options will be added (Marc, 2004). With the fluidity of definitions, the identities of LGBTQ individuals are multifaceted, and they could experience additional layers of racism and discrimination. Warrier et al. (2002) cited a story of a colleague who was a Latina lesbian; she indicated that when she is in the lesbian community there is pressure to "whitewash her Mexican heritage" (p. 668).

One good example is victim services for LGBTQ individuals in domestic violence situations. Given the underlying assumption of females as victims, the protocols for health centers have not fully prepared methodologies to support LGBTQ individuals. A gay male victim of intimate partner abuse traditionally is less likely to be screened for intimate partner abuse than a female victim (Warrier et al., 2002). Yet, some promising changes have been observed such as the Fenway Community Health case in which a protocol was created to screen all patients regardless of gender for domestic violence and for follow-up with gender-neutral verbal questions. The site also reviewed its internal policies to improve outreach to the gay community in advertising job openings and now offers sensitivity training for staff who are working with LGBTQ patients (Warrier et al., 2002). The intake form for the clinics and the shelters should ask preferred pronoun (he or she) and add transgender options to male/female. However, it is not recommended to use the term "other" as this term gives an impression that the client's identity is not worth listing. The intake form for children should include the labels "parent/guardian" rather than using mother and father to make the form inclusive to same-sex parents (Sheedy, 2016).

Another area for which a culturally competent response is necessary is with the Asian and Pacific Islander (API) community. The significant gap between the official records and self-reported surveys in family violence of Asian American families is well known. Studies show that 41% to 61% of Asian women experience some form of violence by an intimate partner during their lifetime (Yoshihama, 1999; Raj & Silverman, 2002). Yet, victim advocacy for Asian Americans is limited due to the myth that API victims refuse social support or any government assistance and choose to rely on their own ethnic network (Nopper, 2014). A more accurate picture of Asian communities indicated that abused women are hesitant to seek any advocacy services because there is intense stigma and shame attached to disclosing family secrets to others among Asian families (Vang & Bogenschutz, 2011). A good resource for API service providers is the A-Z Advocacy Model for Asian Pacific Islander Survivors (Dabby, 2017). The model explains how culturally specific work could be operationalized by API serving programs and provide positive help-seeking experiences to API survivors. Supportive responses from advocates who share similar cultural background preserve all important pride in community. Consider a battered woman who sought refuge and was placed in a shelter in Minnesota and just wanted to eat rice, reflecting how rice is critical for the Asian culture and is "a life preserver in troubled times and something more" (Boyd, 2010).

Another example is Native American communities, which suffer from geographical isolation, oppression, and economic adversity. According to a National Institute of Justice report in 2001, "Violence Against American Indian and Alaska Native Women and Men," more than 4 in 5 American Indian and Alaska Native women (84.3%) have experienced violence in their lifetime, including sexual violence and physical violence by an intimate partner. Looking at the Navajo Nation, cases of domestic violence skyrocketed in 2008, almost doubling from 2007 (Navajo Nation Human Rights Commission, 2016). Along with a high prevalence of violence, the Navajo community also suffers from a lack of shelter services for Navajo domestic violence victims. As of 2016, the Navajo Nation had

My Sister's House

My Sister's House in Sacramento is one of only a few shelters specifically serving Asian women victims and their children. The facility was created in 2000 to develop a culturally appropriate space for victims of domestic violence and violence against women in immigrant and refugee communities, specifically those from Southeast Asian countries.

Currently, the agency offers an emergency shelter and a transitional house and an antitrafficking shelter in a culturally appropriate environment. Also, the Women to Work program provides health information and referrals, transportation, clothing, child care and housing assistance, employment and career guidance, legal assistance, and counseling.

The agency also organizes a day-long training institute to educate social service and law enforcement providers from around the state about working with Asian and Pacific Islander survivors of domestic violence and human trafficking.

In 2004, the Sacramento Regional Community Foundation honored My Sister's House with the James and Susan K. Lennane Award for Innovation.

See http://www.my-sisters-house.org/ for more information.

only three women's shelters (Navajo Nation Human Rights Commission, 2016). This is a problem because if a victim has to leave the reservation to seek shelter services, it is a challenge as it means she will be separated from her extended family. Even if she decides to seek services outside the reservation, she will face further cultural challenges. For example, the healing ceremony in Navajo uses tobacco and herbs such as sweet grass, sage, or cedar. However, the shelter staff who lack understanding of the Navajo culture might consider that those women were using illegal drugs or violating the shelter rules. Also, Native women have a tradition to respect the spirits of their children and not address child misbehavior in public. Those traditions could be misinterpreted in a way that Navajo women are neglecting children. Moreover, the shelter might not have staff who understand the native language (Warrier et al., 2002). Since 2012, there has been an ongoing investigation of the extent and nature of gender violence in the Navajo Nation and efforts to support the creation of laws and policies that would "return the Navajo Nation to Navajo principles" (Navajo Nation Human Rights Commission, 2016, p. 21). Yet, challenges remain.

These are only a few examples, and all other subgroups of survivors can face unique barriers including Islamophobia that makes Muslim survivors hesitant to seek help; refugees escaping from civil war coping with the triple traumas of war, escape, life in refugee camps, and resettlement; and victims with limited English proficiency struggling to establish their credibility. It is important that victim assistance agencies understand the extent of regional and cultural diversity and build the capacity to advocate for that.

Volunteers

Volunteers play critical roles in victim assistance. Using volunteers would not only reduce the cost of services but also bring about enthusiasm, compassion, and empathy.

Conversely, volunteers gain personal growth through work. Sympathy, empathy, pride, a desire to help, and willingness to learn about the field are some of the reasons to motivate volunteers to do victim assistance (Ellemers & Boezeman, 2010; Ottoni-Wilhelm & Bekkers, 2010; McNamee & Peterson, 2016). Another study found that a sense of duty is connected to religious values (Starnes & Wymer, 2000). Sustained volunteerism is related to satisfaction with the experience and commitment to the organization (Grube & Piliavin, 2000; Davis, Hall, & Meyer, 2003). A survey of volunteers serving victims of sexual abuse indicated that those volunteers who have a higher level of satisfaction showed higher levels of intent to remain. Also, those who received higher levels of training and social support showed a higher level of satisfaction (Hellman & House, 2006).

The roles of volunteers differ by service. Volunteers could take on all kinds of cases or the tasks could be clearly divided among the offered services. There is no clear-cut or best model, but volunteers demand respect and sufficient support (Wardell, Lishman, & Whalley, 2000). The professionalization of volunteers might be critical for the quality of services, but some scholars alert that the nature of volunteers, in terms of flexibility and personal and attentive care, should be a critical component of volunteerism and that the overprofessionalization of volunteer work might pollute the "voluntary spirit" (Roose, Verschelden, Vettenburg, & Vanthuyne, 2012).

Challenges in Serving Victims

Understanding Stress

> I took a day off once and went to the grocery store, and I was stopped and asked if I was a sexual assault nurse. This woman sat in the middle of the grocery store and told me the story of how her son was sexually assaulted by a school teacher. I was just trying to get away for a day, but it seems to follow me everywhere. I cried. I saw [my] stress, the tremendous weight loss. I felt bad for her and helpless at the same time because her son won't go to law enforcement. I work out of my home so my office is here. It is hard to get away. (Maier, 2011, p. 166)

Health care and human service professionals who genuinely try to meet the needs of their clients often marginalize their own risks. The work-related negative consequences in such professions have been described as burnout and compassion fatigue (Najjar, Davis, Beck-Coon, & Doebbeling, 2009). Both burnout and compassion fatigue affect professionals by creating feelings of helplessness, loneliness, anxiety, and depression (Conrad & Kellar-Guenther, 2006). However, there are some notable differences between them. Although burnout occurs through excessive and prolonged job stress (Cherniss, 1980), compassion fatigue arises from a closer relationship between a service provider and his or her client (Gallagher, 2013). Burnout is an accumulative process over an extended time, whereas compassion fatigue could happen from "a single exposure to a traumatic incident"

(Conrad & Kellar-Guenther, 2006, p. 1073). Unlike burnout, compassion fatigue is often associated with feelings of fear and sadness (Pearlman & Saakvitne, 1995). Nonetheless, untreated compassion fatigue can contribute to burnout (Conrad & Kellar-Guenther, 2006).

Stress and Burnout

> I still take about 100 hours each month on call. Plus I am about 40 hours in the ER each week. And my pager is with me at all times. The police call me, the DA calls me, the nurse who is on-call calls me. I got called the other night at 2 o'clock in the morning because they were having a problem. I am pretty much 24-7! (Quote from a director of the Sexual Assault Nurse Examiners, Maier, 2011, p. 167)

Burnout: a progressive syndrome of emotional exhaustion, depersonalization, and diminished personal accomplishment caused by overwork or stress (Brown, O'Brien, & Deleon, 1998)

By definition, ***burnout*** is a progressive syndrome of emotional exhaustion, depersonalization, and diminished personal accomplishment (Brown, O'Brien, & Deleon, 1998). Exhaustion reflects the stress dimension of burnout, that is, putting emotional and cognitive distance from the work overload. Depersonalization is an attempt to distance oneself from his or her clients. Exhaustion or depersonalization interferes with job effectiveness. Those who are exhausted and depersonalized find it difficult to gain a sense of accomplishment (Maslach, Schaufeli, & Leiter, 2001). A high level of burnout can have harmful effects on a professional's physical and mental well-being (Green et al., 2014). Research has shown a high prevalence of burnout among social workers due to excessively large caseloads and overwork, experience with an unsupportive public and hostile clients, and organizational environments that seem unfair and dysfunctional (Conrad & Kellar-Guenther, 2006). The followings are the risk factors of burnout.

Risk Factors

Burnout occurs as a result of a complex interplay between individual and organizational factors (Green et al., 2014). Maslach and Leiter (1997) listed six external factors that influence burnout.

1. Workload and its intensity, time demands, and complexity
2. Lack of control of establishing and following day-to-day priorities
3. Insufficient reward and the accompanying feelings of continually having to do more with less
4. The feeling of community, in which relationships become impersonal and teamwork is undetermined
5. The absence of fairness, in which trust, openness, and respect are not present
6. Conflicting values, in which choices that are made by management often conflict with their mission and core values (p. 120)

CASE STUDY

Understanding and Managing Your Stress

Please take the stress screener text (Mental Health America) and understand your stress.

http://www.mentalhealthamerica.net/stress-screener

The American Psychological Association's Stress in America poll in 2007 found that one third of people in the United States experience extreme levels of stress. Furthermore, nearly one in five found that they are experiencing high levels of stress 15 or more days per month. As seen in the discussion of this chapter, that affects your mental and physical health. Controlling stress is a learned behavior, and stress could be managed by changing unhealthy behaviors.

The followings are the tips offered by the APA.

Understand how you experience stress. Everyone experiences stress differently. How do you know when you are stressed? How are your thoughts or behaviors different from times when you do not feel stressed?

Identify your sources of stress. What events or situations trigger stressful feelings? Are they related to your children, family, health, financial decisions, work, relationships, or something else?

Learn your own stress signals. People experience stress in different ways. You may have a hard time concentrating or making decisions; feel angry, irritable or out of control; or experience headaches, muscle tension, or a lack of energy. Gauge your stress signals.

Recognize how you deal with stress. Determine if you are using unhealthy behaviors (such as smoking, drinking alcohol, and over/under eating) to cope. Is this a routine behavior, or is it specific to certain events or situations? Do you make unhealthy choices as a result of feeling rushed and overwhelmed?

Find healthy ways to manage stress. Consider healthy, stress-reducing activities such as meditating, exercising, or talking things out with friends or family. Keep in mind that unhealthy behaviors develop over time and can be difficult to change. Don't take on too much at once. Focus on changing only one behavior at a time.

Take care of yourself. Eat right, get enough sleep, drink plenty of water, and engage in regular physical activity. Ensure you have a healthy mind and body through activities like practicing yoga, taking a short walk, going to the gym, or playing sports that will enhance both your physical and mental health. Take regular vacations or other breaks from work. No matter how hectic life gets, make time for yourself—even if it's just simple things like reading a good book or listening to your favorite music.

Reach out for support. Accepting help from supportive friends and family can improve your ability to manage stress. If you continue to feel overwhelmed by stress, you may want to talk to a psychologist, who can help you better manage stress and change unhealthy behaviors.

http://www.apa.org/helpcenter/stress-tips.aspx

Question:

1. *What is your level of stress? Identify some stressors in your life. Learning from the APA tips, what kind of changes would you make to manage your stress?*

In a stressful organizational climate such as one with a high level of role overload and role conflict, staff turnover has been associated with burnout (Glisson et al., 2008). Yet, the relationship between caseload size and burnout shows mixed results. Although some studies show the relationship (Acker & Lawrence, 2009), a more recent study found that caseload size was not related to any of the burnout components (Green et al., 2014).

Individual factors related to burnout include the external locus of control, a lack of self-esteem, and maladaptive coping styles (Maslach et al., 2001). Those early in their careers are more susceptible to burnout than their older, more experienced counterparts (Maslach et al., 2001). Studies consistently have found that service providers' own history of victimization has been linked to greater levels of PTSD-like symptoms. Especially, law enforcement and mental health professionals who have a history of abuse during childhood have reported significantly higher levels of trauma survivor–like symptoms than those professionals who were never abused as a child (Follette, Polusny, & Milberk, 1994). Police officers and prison guards are more likely to show high levels of cynicism and inefficiency (Schaufeli & Enzmann, 1998).

Compassion Fatigue

Compassion fatigue: a traumatic stress reaction apparent among the healthcare and human services professions such as law enforcement officers, hotline workers, nurses, ministers, counselors, and victim advocates who provide direct services and assistance to their clients (Joinson, 1992; Conrad & Kellar-Guenther, 2006)

Compassion fatigue is a traumatic stress reaction apparent among the healthcare and human services professions such as law enforcement officers, hotline workers, nurses, ministers, counselors, and victim advocates who provide direct services and assistance to their clients (Joinson, 1992; Conrad & Kellar-Guenther, 2006). The essential factor of this emotional response is empathy or a "central focus and feeling with and in the client's world" (La Monica, 1981, p. 398). Empathetic individuals might absorb the traumatic stress of those they help. As a result, they experience symptoms similar to their clients such as difficulty sleeping, difficulty concentrating, social withdrawal, poor judgment, and addictive behavior (Gallagher, 2013). Morrissette (2004) called this phenomenon "the pain of helping," referring to it as the psychological injury of the helping professionals.

McHolm (2006) identified two different types of compassion fatigue. One is when service providers personally absorb the client's trauma or pain. The other is similar to PTSD; for example, while listening to horrifying stories and graphic descriptions, service providers could reexperience a traumatic event (Figley, 1995).

Anger is an interesting component for victim advocates as it could be a stressor or a valuable coping mechanism. On one hand, victim advocates of sexual assault victims expressed that anger is the most difficult part of their job (Figley, 1995). On the other hand, some of the counselors of domestic violence victims noted that the feeling of anger can be a coping mechanism to protect them from a feeling of sadness (Iliffe & Steed, 2000). In fact, interviews with victim advocates for rape victims indicated that the emotions of fear and anger were indicators of growth and motivation for the advocates to continue with their work (Wasco & Campbell, 2002). A survey of domestic violence shelter workers found that they feel most stressed when learning an abused woman returns home even though future abuse is suspected, managing the anger at the perpetrators of domestic violence, and "dealing with the overwhelming pain and horror of domestic violence" (Brown et al., 1998).

Case Study

C.R. has been a family physician for six years and has been caring for a 34-year-old woman diagnosed with cervical cancer. Her disease is advanced, and she suffers from severe pain. After she is transferred to a local hospital, it takes a while for C.R. to visit her. When she finally decides to visit her patient, the patient thanked C.R. for her ongoing support and care. C.R. felt distressed to hear these words. C.R. suppressed tears and only nodded in response. After her patient passed away, C.R. began to wonder whether she was able to take care of those who are terminally ill. One day, her medical office assistant asked her about taking on another patient with an advanced disease, and C.R. was surprised at her "immediate gut reaction of distress and fear." (summary of quote, Gallagher, 2013, p. 265)

Compassion Satisfaction

Compassion satisfaction refers to the level of satisfaction and pleasure derived by helping others through one's work and by contributing to the well-being of others and to the greater good of society (Conrad & Kellar-Guenther, 2006; Măirean, 2016). Research has shown that those healthcare providers who have higher levels of compassion satisfaction have healthy coping mechanisms and the resources to prevent the development of compassion fatigue (Makic, 2015). Research found that compassion satisfaction and burnout are inversely related (Conrad & Kellar-Guenther, 2006). Another study found that those child welfare workers who engaged in higher levels of trauma-informed self-care (e.g., setting realistic goals, a team approach, safety training, continuing education) experienced higher levels of compassion satisfaction and lower levels of burnout (Salloum, Kondrat, Johnco, & Olson, 2015).

Compassion satisfaction: the level of satisfaction and pleasure derived by helping others through one's work and by contributing to the well-being of others and to the greater good of society

A study of domestic violence advocates indicated that a shelter's culture is highly related to job satisfaction. Having a supportive shelter culture helped advocates manage the challenges of shelter life. Also, management and executive staff have an important role in shaping their experience. For example, one staff member noted:

> [The executive director] sets the examples for all of us. The way she treats me transfers to how I treat my clients. So, if I love my job, and love the work atmosphere, and love the staff, then it just continues into what I do with clients. (Merchant & Whiting, 2015, p. 474)

Self-Care

Self-caring is recognized as critical to any helping professionals who provides services and advocacy through which they might experience secondary trauma, burnout, and other

health-related concerns. Self-care not only ameliorates work-related stress but also allows practitioners to handle their health and well-being holistically and enhance their personal and professional lives (Lee & Miller, 2013). Self-care is caring for oneself or "any activity that one does to feel good about oneself" (Richards, Campenni, & Muse-Burke, 2010, p. 255) concerning such areas as physical, psychological and emotional, social, spiritual, leisure, and professional (Lee & Miller, 2013). Professional self-care has distinguished elements from personal self-care, but many times those are interrelated. For example, personal self-care might be marginalized by bringing one's work home at night. Professional self-care could be diminished when a person experiences poor personal relationships in private (Bressi & Vaden, 2017).

The strategies for personal self-care focus on promoting one's well-being. Examples of personal care strategies include understanding disrupted schemas; maintaining an appropriate work-life balance; undertaking personal psychotherapy; identifying healing activities, for example, yoga and meditation; and attending to spiritual needs. Examples of professional care include consulting with experienced senior colleagues about case management, developing and maintaining professional networks, having a realistic tolerance of failure, and setting work and personal goals. The organization could also enhance the professional self-care of workers by developing a comfortable environment and creating a culture of support and respect within the workplace (Najjar et al., 2009).

Below are examples of how to design and implement a professional self-care plan.

Table 13.1 Designing and Implementing a Professional Self-Care Plan

Support Structure	Brainstorm strategies that will build this structure to strengthen your professional self-care.	Design a plan to implement the strategy. Strategies should be concrete, relevant, attainable, and easy to evaluate.
Workload and Time Management		
	Take small breaks throughout the workday. Contain the amount I talk about work when I'm not at work.	After seeing each client, I will take a two-minute break to focus on my breathing. After 6:30 p.m., I will not engage in work-related conversations.
Attention to Professional Role		
	Recognize the client is the authority in his or her life. Identify my specific role when working in multidisciplinary teams.	Each time I meet with a client, I will notice if I want to direct a client's choices and reframe the situation for myself according to social work values. At the start of each multidisciplinary team meeting, I will initiate the practice of having all participants identify their unique role and expertise within the group.

Attention to Reaction to Work		
	Attend to sad feelings related to the experiences of the children of families to whom I provide services. Attend to instances when my work brings up my own trauma history or past stressors.	When I am feeling sad, I will find an appropriate way to honor this sadness (e.g., journal, supportive colleague) and remind myself of the clients' resilience. I will attend therapy once a week.
Professional Social Support and Advocacy		
	Seek out regular supervision. Advocate for my own needs in my workplace.	I will initiate scheduling a regular 45-minute, one-on-one, supervision session with my assigned supervisor (e.g., Wednesday at 3:30 p.m.). I will contact appropriate personnel regarding organizational support for continuing education opportunities.
Professional Development		
	Read materials relevant to professional development. Attend a conference twice a year.	Each week, I will read one scholarly article that relates to my practice. At the start of each year, I will identify two conferences to attend.
Revitalization and Generation of Energy		
	Make my workspace pleasant. Remind myself of my passion for my work with something tangible.	I will identify three ways to try and make my workspace pleasant for me and try them for one month before reassessing their usefulness. When I am feeling discouraged, I will revisit a particular meaningful memento that reminds me of successful work with a client.

ABCD formula

The underlying premise of professional ethics is to be a good person. When making a difficult decision, a person of goodwill could rationally apply an ethical system and come up with a good solution. Here is a simple "ABCD formula" that you can recall whenever you have to make a decision (Goodman, 2013).

Actions

Beliefs

Conduct

Discipline

Actions: Your daily actions and activities will influence your decisions. Maintain a healthy lifestyle. Eat well, exercise regularly, and manage your stress. Do not lie or cheat, and do your best.

Beliefs: Beliefs are not just about religion. Believe in yourself, your agency, your profession, your family, and your friends. Believe in the laws, policies, and procedures of your agency. Believe that you can make change possible for victims every day.

Conduct: Consider how your conduct would be felt by your mom, dad, wife, husband, daughter, and son. Are they proud of you? Would your actions not shame or embarrass them?

Discipline: If you are unable to resist the temptation of immediate gratification from the possible benefits in your job and you cannot establish professional boundaries with your clients, you might do better to consider an alternative career.

Goodman's ABCD formula notes that managing stress is critical for sound ethical decisions.

SUMMARY

In this chapter, we studied ethics, morals, and values, and how those concepts determine our behavioral choices as a profession. We learned that a code of ethics is a set of professional rules that ensure an individual in a particular profession responds to perceived situational demands. The professionals in the victim assistance fields could refer to the Ethical Standards of Professional Conduct developed by the NVASC as a guide for their professional activities. To resolve an ethical dilemma, we applied eight steps to help analyze a dilemma systematically.

We also studied the importance of self-care in victim assistance. Those professions working in human services can feel stress and burnout. Compassion fatigue is a psychological injury of those helping professionals who absorb the traumatic stress of those they help. Consequently, they can also suffer from PTSD symptoms. In reverse, those who develop sustainable healthy coping mechanisms and have the resources to prevent the development of compassion fatigue could successfully develop compassion satisfaction and experience lower burnout. Goodman's ABCD formula (i.e., actions, beliefs, conduct, and discipline) is a handy guideline for any profession.

KEY WORDS

Applied ethics 254
Burnout 266
Code of ethics 255
Compassion fatigue 268
Compassion satisfaction 269
Ethical dilemmas 258
Ethics 254
Good samaritan laws 255
Guidelines 255
Multicultural competence 262
Normative ethics 254
Nvasc ethical standards of professional conduct 256
Professional ethics 254
Regulations 255
Standards 255
Values 254

INTERNET RESOURCES

Mental Health America (http://www.mentalhealthamerica.net)

Mental Health America, a nonprofit organization founded in 1909, has been promoting overall mental health in America. Its website offers online mental health screening tools such as a work health survey, an addiction test, and a PTSD test. It also includes information on various treatment options including online therapy.

Immigration Advocates Network (https://www.immigrationadvocates.org)

The Immigration Advocates Network website includes information on immigration news, training opportunities, and resources. It also offers a specific link for professional resources to an advocate, organizer, or service provider at a nonprofit organization or to become a member of specific immigrants' rights organizations and pro bono attorneys representing low-income immigrants.

CRITICAL THINKING QUESTIONS

1. List the three personal values that you feel are the most important. What are some reasons those values are important to you? How would those values be related to professionalism in victim services?
2. Discuss examples of the codes of ethics in criminal justice. In what ways might they help improve professionalization in victim assistance?
3. Identify some of the cultural barriers in your community. Then, discuss how multicultural competency in victim services could help remove those barriers.
4. Why would human service providers be at risk for compassion fatigue? What are the indicators, and what are some strategies for coping?