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INTRODUCTION

Welcome to *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime*. This e-publication provides guidelines and suggestions to help victim service practitioners and program administrators improve the quality and consistency of their response to crime victims. Select from the Program Standards, Competency Standards, and Ethical Standards buttons below or use the menu on the left to learn more about the purpose and scope of the standards; how to use the standards to improve crime victim/survivor survivors; and terms, definitions, and resources related to the standards.

[PROGRAM STANDARDS](#)

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ETHICAL STANDARDS

MESSAGE FROM THE DIRECTOR

As we move further into the 21st century, the victim services field continues to gather and analyze information about victims' needs and how providers can deliver services that work best for victims. Given the emerging challenges faced by the field, there is a need not only for excellence in all facets of victim services, but also for the delivery of consistent, high-quality services.

This publication, *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime (Model Standards)*, is an update to a document published in 2003 by the University of South Carolina and the National Victim Assistance Standards Consortium, with support from the Office for Victims of Crime (OVC). The Consortium, consisting of a diverse group of victims and victim service practitioners representing the crime victims movement, first came together in 1999 to form a common understanding about model standards for victim services. OVC reconvened the Consortium in 2010 to reexamine and update these standards and ensure that they accurately reflect the needs of victims and the field. *Model Standards* represents the views generated by this second meeting of the Consortium; OVC intends to modify and update these standards as necessary, and to offer training and technical assistance to support the adoption of these standards by the victim services field. I want to emphasize that this publication is not a blueprint for how to provide services; it simply offers recommendations for guidelines, policies, and procedures that victim service organizations should have in place, as well as competency and ethical standards to promote excellence in victim service provision.

I want to give special thanks to Dana DeHart, from the University of South Carolina, for facilitating the work of the Consortium and the development of both the initial Model Standards and this updated publication. If you have any questions about this publication, please contact the [OVC Resource Center](#). We hope that you will use *Model Standards* to inform and improve your methods of service delivery to meet the needs of your communities and all of its victims.

Joye E. Frost
Director
Officer for Victims of Crime

EXECUTIVE SUMMARY

The National Victim Assistance Standards Consortium (the Consortium) is a group of victim service experts that examines standards and credentialing for victim service providers. Consortium members include both academics and professionals from many disciplinary backgrounds (e.g., criminal justice, psychology, social work, public health, education) who identify with the interests of membership organizations, paid and volunteer practitioners, administrators, policymakers, researchers, and victims and survivors. Many members are direct service providers, and most have substantial experience in the victim services field.

The Consortium was established in 1999 by the Office for Victims of Crime within the U.S. Department of Justice, Office of Justice Programs—in partnership with the University of South Carolina under grant number 1999-VF-GX-K012—to conduct an extensive review of the literature on victim services and the standards existing in the field. Its members hosted town hall meetings throughout the country and

bridged geographic and philosophical divides to find common ground on many issues. Under the leadership of Principal Investigator Dana DeHart, Ph.D., Research Professor and Assistant Dean for Research, College of Social Work, University of South Carolina, Consortium members held intensive meetings to integrate input from the field, discuss issues, and draft a common definition and mission statement for victim assistance. Members also developed a kit that included three sets of standards: Victim Assistance Program Standards, Competency Standards for Victim Assistance Providers, and Ethical Standards for Victim Assistance Providers. Published in May 2003, the standards provided guidelines for promoting competence and ethical integrity as well as high-quality and consistent service. With the standards housed on the University of South Carolina website since 2003, project staff continued to respond to requests for information about the standards from throughout the United States and abroad.

In 2010, OVC reconvened the Consortium, under grant number 2010-VF-GX-K019, awarded to the South Carolina Research Foundation, to update the standards. The new Consortium, which included some members of the original Consortium, worked from the strong foundation of the original publication to develop *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime (Model Standards)*. This e-pub includes the three revised sets of standards—Program Standards, Competency Standards, and Ethical Standards—as well as an updated glossary and links to additional resources. *Model Standards* is intended to help victim service practitioners and program administrators improve the quality and consistency of their response to crime victims, and to strengthen organizational capacity by defining the types of policies and practices that victim-serving organizations should have in place.

The model standards are intended as guidelines and suggestions (rather than mandates and requirements), and can be used as a template for adapting policies and practices to the needs of a specific population or location. They are purposefully broad to address the wide range of crime victims and survivors. To successfully adapt the standards to your own setting and specialization, you must refer to local, state, tribal, or federal laws and policies.

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University of South Carolina

The University of South Carolina extends special thanks to members of the original National Victim Assistance Standards Consortium (2000–2001) for their good faith endurance of “group process” during each meeting and for setting a foundation of work on which this document is based. We thank the new members of the National Victim Assistance Standards Consortium (2011–2012) for their devotion to revising the original document to reflect promising practices in the field, and for infusing the standards and supplemental materials with a new energy and contemporary relevance.

We also thank those who participated in town hall meetings and listening sessions for providing insights that fueled Consortium discussions, and also the many reviewers who provided input on preliminary drafts of the original and revised *Model Standards*.

National Victim Assistance Standards Consortium

Many of the materials in this e-pub rest on standards and promising practices identified by experts and practitioners at the state level, by national organizations, and by professionals in related fields, and we thank the people who contributed to these ideas.

Special thanks also to the following organizations for granting permission to adapt portions of their professional standards or educational products:

The **American Psychological Association**, with particular contributions to the working definition, mission statement, and guiding values.

The **Association of Social Work Boards**, with particular contributions to ethical standards.

The **Commission on Accreditation of Law Enforcement Agencies**, with particular contributions to writing style and program standards on personnel policies, staff conduct, rewards and discipline, and negotiations and grievances.

The **Council on Social Work Education**, with particular contributions to how to use the standards and to program standards on personnel policies and staff development.

The **Iowa Attorney General's Office**, with particular contributions to program standards on program closing or termination.

The **Missouri Coalition Against Domestic Violence**, with particular contributions to program standards on documentation and supervision.

The **National Federation of Paralegal Associations, Inc.**, with particular contributions to ethical standards.

The **National Network to End Domestic Violence**, with particular contributions to the program standards, competency standards, and ethical standards addressing privacy, confidentiality, data security, and assistive technology.

The **National Organization for Victim Assistance**, with particular contributions to the mission statement, performance parameters throughout the program standards, and program standards on general victim services, general administration, personnel policies, staff development, and supervision.

The **Pennsylvania Coalition Against Rape**, with particular contributions to program standards on accessibility, coordination, general victim services, confidentiality, general administration, personnel policies, and staff development; and to ethical standards.

Special thanks to the following individuals who contributed time and effort on the development of *Model Standards* (individuals are listed based on their affiliation at the time of their participation on this project):

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PURPOSE & SCOPE OF THE STANDARDS

Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime (Model Standards) was developed for individual victim service practitioners and program administrators. It is intended to promote the competency and ethical integrity of victim service providers, in order to enhance their capacity to provide high-quality, consistent responses to crime victims and to meet the demands facing the field today.

There are no formal regulatory boards that oversee or guide the diverse array of victim assistance programs operating throughout the United States, yet there is a growing trend within some states toward greater standardization of training and practice. In general, the crime victims field has traditionally looked to other professional disciplines—such as social work, psychology, and law—to establish benchmarks and guidance, using the standards of these allied professions to strengthen the field's professional and ethical practices.

Most individual practitioners and program administrators don't have time to explore the literature or websites of related fields when developing their own organizational policies and procedures or identifying the professional development needs of their staff. To address this problem, the National Victim Assistance Standards Consortium identified standards that were common among a broad array of other professions that support the mission and vision of the victim services field. Then, with input from national, state, local, and tribal victim assistance experts throughout the United States, the Consortium developed *Model Standards* as a capacity-building resource applicable within many different victim service settings.

Model Standards focuses on three areas:

- **[Program Standards for Serving Victims & Survivors of Crime](#)**—Written with the needs of program leaders and managers in mind, these standards provide recommendations for guidelines, policies, and procedures that victim-serving organizations should have in place, and identify ways of documenting and administering services. Programs can adopt the standards to help shape how they deliver services to victims and to ensure the accessibility and quality of services throughout the community.
- **[Competency Standards for Serving Victims & Survivors of Crime](#)**—Written with the needs of individual service providers and their supervisors in mind, these standards describe general attitudes, knowledge, and skills that demonstrate professional competency in the crime victims field. Providers can achieve these competencies through a variety of means, such as personal experience, on-the-job performance, training, and formal education. Educators and trainers can develop curricula, training materials, and other professional development opportunities to help service providers meet these basic standards and service providers can assess their own progress toward these competencies. Administrative staff also can use these standards to identify their staff's professional development needs and provide in-service training.
- **[Ethical Standards for Serving Victims & Survivors of Crime](#)**—Intended for a wide audience, these standards present the ethical expectations of providers based on core values for the field. Providers should use them as guidelines to help address a range of issues they may encounter in daily service provision.

What the Standards Do NOT Address

Model Standards attempts to address many of the issues facing communities across the Nation related to service provision for victims/survivors of all types of crime; however, there will be instances where this e-pub may not address the specific needs or challenges of a specific jurisdiction or a victim population.

Model Standards provides generalized guidance on serving crime victims; it is not a curriculum to follow or a comprehensive training resource for all that service providers need to know to serve specific groups of crime victims. Victim service providers will need to obtain specialized training for delivering victim services and working with special populations of crime victims. They also must understand the laws and regulations that apply within their own states.

The Department of Justice and our federal partners offer a wide array of training and technical assistance opportunities that support and supplement the content in *Model Standards*. The Office for Victims of Crime (OVC), for example, offers resources, training, and technical assistance through many different discretionary grants that focus on specific topics. Additionally, the OVC **[Training and Technical Assistance Center](#)** (OVC TTAC) provides trainings upon request, and customized technical assistance. The OVC TTAC website houses **[VAT Online](#)**, a foundational Web-based victim assistance training program through which victim service providers and allied professionals can acquire the essential skills and knowledge they need to more effectively assist victims of crime. Throughout this e-pub, the  icon is

used to reference relevant modules of VAT *Online*. OVC TTAC also administers [VictimLaw](#), a searchable database of victims' rights legal provisions, including federal, state, and territorial statutes; tribal laws; state constitutional amendments; court rules; administrative code provisions; and summaries of related court decisions and attorney general opinions.

In addition to *Model Standards*, readers who work frequently with children or individuals with certain cognitive disabilities or mental illnesses are encouraged to consult other relevant standards, including—

- the *NASW Standards for Social Work Practice in Child Welfare*, published by the [National Association of Social Workers](#);
- the [National Children's Alliance's Standards for Accredited Members](#); and
- *Adult Protective Services, Recommended Minimum Program Standards*, published by the [National Adult Protective Services Association](#).

HOW TO USE THE STANDARDS

Model Standards is intended to serve as a tool for improving crime victim/survivor services by building individual and organizational capacity. Consider your organization's culture, values, goals, mandated responsibilities, and service needs when determining how to adopt the standards. Gradually incorporate the standards into your organization's policies and practices in well-planned stages, based on the interests, priorities, and needs of individual programs. Individuals or programs that struggle to meet the standards may benefit from technical assistance, peer mentoring, funding, or other support.

For consistency and ease of reference across the three sets of standards, each set—Program Standards, Competency Standards, and Ethical Standards—is organized into five sections. These include—

1. **Scope of service.** These standards address the purposes of service in relation to the broader community, understanding of persons served and service systems, range of competence, representation of services, and compliance with existing laws, regulations, and policies.
2. **Coordinating within the community.** These standards address outreach to underserved populations, service accessibility, nondiscrimination, prevention, community education, coordination with other professionals, and advocacy.
3. **Direct services.** These standards address interactions and relationships between providers and persons served, as well as the types of services, information, and referrals provided.
4. **Privacy, confidentiality, data security, and assistive technology.** These standards address issues pertaining to documentation, confidentiality of data, security of paper and electronic media, and use of auxiliary aids such as computer screen readers, voice synthesizers, or software to assist in accessing computers.
5. **Administration and evaluation.** These standards address governance, fiscal management, staffing, training, supervision, and evaluation. For individuals, these standards also address self-awareness and self-care issues.

You can easily navigate between corresponding sections of the three sets of standards using the links provided at the end of each section.

[Overview of Model Standards](#)

Throughout this e-pub, certain terms are highlighted to indicate that additional explanation can be found



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in the [Glossary](#) and the  icon is used to reference relevant modules of [VAT Online](#). The e-pub also includes brief video clips about *Model Standards*, and several podcasts that provide expert information on assessing organizational readiness for online services, human trafficking, identity theft, self-care, and technology in victim assistance.

WORKING DEFINITION AND MISSION STATEMENT

Working Definition of Victim Assistance

Throughout this document, we use the term “victim assistance” because it is broad and includes both services and advocacy. We also use “[victim](#),” due to the term’s prevalence and common use by providers from a variety of service settings and backgrounds. Some members of the field prefer the term “survivor,” particularly for its recognition of the strength and resilience of having lived through a traumatic event. “[Survivor](#)” may also apply to family members and loved ones of crime victims, as these persons may also suffer serious trauma and receive services. Consequently, we use both of these terms or the combined term “victim/survivor” when referring to those affected by crime. We recognize that many programs based in the criminal justice system also serve witnesses of crime who may not be direct victims or survivors; we intend our broad “victim/survivor” terminology to include witnesses to crime, as well.

The following working definition outlines the basic contexts and activities of victim assistance:

Victim assistance providers include paid and unpaid individuals working in a variety of settings to respond to the mental, physical, financial, social, emotional, and spiritual needs of crime victims and survivors. Their work derives from the theory, methods, and ethics of multiple fields, including criminal justice, public health, social work, psychology, theology, marriage and family therapy, women’s studies, sociology, biological and health sciences, law, political science, and others.

Victim assistance providers may offer intervention, risk reduction, and prevention services to both direct and indirect victims and survivors of crime. These crimes range from personal and property crime to acts of terrorism or mass violence. A number of victim assistance providers also lend aid during community crises, including natural disasters. Included among recipients of victim assistance are family members, friends, significant others, coworkers, community members, and others impacted by the crime’s/disaster’s effects on people and environments.

Victim assistance providers perform many roles, including advocate and supporter for individual victims/survivors and their families, public educator, trainer or peer mentor to other professionals, supervisor to volunteers and paid staff, consultant to justice personnel and health care providers, administrator of victim service programs, and social-change activist within institutions, communities, tribes, states, regions, and nations.

They work in institutional and grassroots settings, and within private, government, and nonprofit sectors, including, but not limited to, domestic violence programs, sexual assault programs, telephone and online hotline services, crisis centers, law enforcement agencies, prosecutors’ offices,

correctional agencies, juvenile justice systems, probation and parole services, mental health clinics, social services, community centers, refugee resettlement agencies, hospitals, homeless shelters, legal clinics, substance abuse treatment centers, schools and universities, tribal services, crime victim compensation programs, faith-based programs, and state, regional, and national organizations.

Typical services and tasks performed by victim assistance providers include crisis intervention, safety planning, assessment of basic victim/survivor needs, assistance with compensation and restitution applications, provision of information about victims' rights and the criminal justice process, court accompaniment, advocacy within human services, child and adult protective services, housing assistance, public assistance, the criminal and juvenile justice systems, information and referral, intermediate and long-term support services, case planning, staff supervision, consultation with other professionals, education and risk reduction, legislative reform and social change, and administration of victim service policies, programs, and activities.

Mission Statement for Serving Victims & Survivors of Crime

Victim assistance as a field of practice and study is directed toward expanding knowledge of criminal victimization and applying this knowledge to improve the condition of both individuals and society. Ever informed by the voices of survivors, victim assistance providers strive to help the public develop an informed understanding of victim-related issues, services, and policies. Victim assistance programs fill an important role within the social service, child welfare, public health, mental health, and criminal and juvenile justice systems of a community.

The mission of victim assistance is to:

- Provide nonjudgmental social, informational, and practical support to all crime victims and survivors.
- Promote safety, healing, justice, and rights for victims and survivors.
- Ensure a voice for victims and survivors through the implementation of victim-centered policies and practices.
- Promote access for victims and survivors to a seamless web of multidisciplinary and comprehensive services to meet their needs in the short and long term.
- Advocate for individual victims/survivors as well as for social, institutional, and legal change.

Specific objectives accomplished through practice are to:

- Increase the range, availability, and accessibility of survivor- and trauma-informed services for victims/survivors of crime—from the time of victimization, throughout the victim's recovery—and in all forums of justice decisionmaking, including criminal, civil, juvenile, military, tribal, restorative justice, and administrative proceedings (e.g., school disciplinary proceedings).
- Expand victims' and survivors' opportunities to participate in justice interventions and other institutions and systems by informing victims of their rights, supporting client self-determination, offering culturally and linguistically competent services, and promoting consideration of the impact of crime in all major justice decisions and service settings.
- Increase the role of survivors at all levels of victim assistance through structured and consistent opportunities for input, feedback, and leadership.
- Increase collaboration and communication between agencies, organizations, groups, and systems that serve victims and survivors in order to develop a comprehensive and seamless response to victim/survivor needs.

- Increase public knowledge of victimization and its impact, and promote supportive and trauma-informed lay and professional networks for community prevention and intervention.
- Increase outreach and intervention and promote equal access for marginalized or underserved victims/survivors of crime, including individuals who are racial or ethnic minorities; individuals with limited English proficiency; immigrants or refugees; individuals who identify as lesbian, gay, bisexual, transgender, or queer; victims/survivors of hate or bias crime; individuals who are homeless; individuals with disabilities or specific needs; individuals with mental illness or substance use disorders; victims/survivors of human trafficking; individuals who are incarcerated or institutionalized; and others.
- Increase the commitment of federal, state, tribal, and local governments; privately funded nonprofit organizations; the faith community; and other traditional and nontraditional programs to do all that is possible to provide evidence-based, victim-centered, and trauma-informed services and treatment for victims and survivors of crime.

GUIDING VALUES FOR SERVING VICTIMS & SURVIVORS OF CRIME

The guiding values for serving victims and survivors of crime parallel those of many other professions; their uniqueness lies in their application to specific tasks of daily practice. These values have been the subject of discussion forums, conference workshops, training curricula, and professional literature, in both victim assistance and related fields. In our examination of existing literature, we found a particularly fitting description of values to guide the field in *Ethical Principles of Psychologists and Code of Conduct*, published by the American Psychological Association*. We have adapted and supplemented that text, and the resulting interpretation below outlines ideals of practice to guide everyday decisionmaking in serving victims and survivors of crime.

Respect for People's Rights and Dignity

Victim assistance providers respect the fundamental rights, dignity, and worth of all people. They recognize that survivors are the experts on their own lives and that victim assistance programs serve to expand the survivor's knowledge of and access to options that facilitate healing, self-sufficiency, and success, with the survivor guiding the decisionmaking process. Victim assistance providers respect the rights of individuals to privacy, confidentiality, informed choice, self-determination, and autonomy; that is, individuals have the right to be free from intrusion, to have information about them protected, and to make their own decisions. Victim assistance providers are also mindful that legal and other obligations may sometimes present challenges or interfere with the ability of some victims to exercise these rights.

Victim assistance providers are aware of cultural, individual, and role differences, including those related to age, race/ethnicity, language/literacy, sex, gender identity and expression, sexual orientation, ability/disability, social class, economic status, education, marital status, religious affiliation, immigration status, and HIV status. Victim assistance providers strive for awareness, sensitivity, and effectiveness in responding to diverse populations. They work to identify their own biases, understanding that the expression of these biases can be re-victimizing to survivors. They do not participate in or condone unfair discriminatory practices. Victim assistance providers value justice and fairness in service provision and strive to ensure that services are provided to populations in need. They use flexibility, innovation, and persistence to promote quality services, even when confronted by motivational or practical barriers.

Competence

Victim assistance providers maintain high standards of competence, recognizing their own particular capabilities, specializations, and limitations in expertise. They provide services and use techniques only for which they are qualified by education, training, or experience. Victim assistance providers understand that the competencies they need to serve and educate groups of people vary with the particular characteristics of those groups. In those areas in which recognized standards do not yet exist, victim assistance providers use careful judgment and appropriate precautions to protect the welfare of those with whom they work, under the guiding principle of “do no harm.” They provide nonjudgmental assistance with an emphasis on client self-determination, where appropriate. They maintain up-to-date knowledge on the services they render and recognize their need for ongoing structured supervision and professional development to keep them informed of evidence-based practices and changes in the field. Victim assistance providers understand the importance of personal wellness for delivering services and promoting self-care and mutual support in their relationships with colleagues and staff. They make appropriate use of professional, technical, administrative, and community resources.

Integrity

Victim assistance providers promote integrity in practice, policy development, and community education. In these activities, they are honest, fair, and respectful of others. In describing their qualifications, services, products, fees, research, and teaching, victim assistance providers do not make false, misleading, or deceptive statements. They are honest and objective in fulfilling their commitments and communicating expectations as they relate to justice or service systems. To perform at this level of integrity, victim assistance providers should be aware of their own histories, belief systems, values, needs, and limitations, and of the effect of these on their work. They should clarify for relevant parties the roles they are performing, and function in accord with those roles. Victim assistance providers should avoid improper and potentially harmful dual relationships (e.g., relationships that blend their personal and professional roles).

Professional Responsibility

Victim assistance providers maintain professional standards of conduct, satisfy their own professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Victim assistance providers consult with, refer to, and cooperate with other professionals and institutions to the extent needed to serve the best interests of victims/survivors. Victim assistance providers’ moral standards and conduct are personal matters, except when personal conduct may compromise professional responsibilities or reduce public trust in victim services. They are concerned about the ethical compliance of their colleagues’ professional conduct, both within their own programs and within other programs in the field. As appropriate, they consult with a supervisor to prevent or avoid their own unethical conduct and that of others.

Concern for Others’ Welfare

Victim assistance providers contribute to the welfare of those with whom they interact professionally. They are committed to providing compassion for individuals, and they use empathy and other practical techniques to sincerely understand and address victim/survivor concerns. Victim assistance providers take a whole-person view of the individual in context. They draw on their knowledge of the impact of trauma and victimization as well as community resources to address victim/survivor, family, and community needs. In their professional activities, victim assistance providers weigh the welfare and rights of the victims served, staff, and other affected individuals. When conflict occurs with professional obligations or concerns, victim assistance providers work to resolve these conflicts and to perform their roles responsibly. They are sensitive to real and ascribed differences in power between themselves and others. They abstain from abuse of their position, and they do not exploit or mislead other people during or after professional relationships.

Social Responsibility

Victim assistance providers are aware of their professional, legal, and social responsibilities to the community in which they work and live. They are committed to social justice and the physical and psychological well-being of all individuals. Victim assistance providers are concerned about and strive to decrease the causes of crime and victimization. They apply and make public their knowledge of victim/survivor issues in order to raise awareness and potentially prevent future crime victimization. Victim assistance providers comply with the law and encourage the development of laws and social policies that support the interests of victims/survivors and the general public.

*Guiding Values for Serving Victims & Survivors of Crime was adapted from *Ethical Principles of Psychologists and Code of Conduct* (1992), with permission from the American Psychological Association.

PROGRAM STANDARDS FOR SERVING VICTIMS & SURVIVORS OF CRIME

The program standards provide recommendations for guidelines, policies, and procedures that victim-serving organizations should have in place, and identify ways of documenting and administering services. The program standards describe *what* should be accomplished by the program; it is up to the program to decide *how* it will achieve each standard. The program standards should promote thoughtful program-specific and community-specific consideration of quality service delivery. This approach reinforces the intended flexibility of standards, making them suitable to the philosophies, goals, and needs of different programs and communities. The program standards can be adopted by state, tribal, regional, and national organizations to guide improvements in service delivery and encourage communitywide quality and accessibility of victim services.

Program Standards



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Each program standard has two parts:

1. **Standard statement.** The standard statement outlines a clear expectation for the program. It is a written guideline that describes the program's policies, procedures, rules, regulations, or other aspects of program functioning.
2. **Standard commentary.** The commentary clarifies the intent of the standard by providing examples, including suggestions and nonbinding recommendations for achieving the standard.

PROGRAM STANDARDS Section I: Scope of Services

PROGRAM STANDARD 1.1: A written guideline describes the program's mission, goals, and objectives.

Commentary: Programs should have a short, succinct statement of purpose, including clearly written goals and objectives. The stated mission and goals should be global and general, describing the program's desired conditions or results. The goals should provide a more specific description of the program purposes than an overriding mission statement. The program objectives should be specific, measurable statements of desired achievements, and be derived from the mission and goals. Objectives should reflect the program's design and functionality, and its desired program and staff achievements. The objectives also should specify the intended outcome of program activities and state the desired changes in behavior, skills, and knowledge that the program will work to achieve.

Programs are encouraged to develop a **logic model** that illustrates the relationships between goals and objectives stated, the program activities intended to meet those objectives, and anticipated short- and long-term outcomes. The logic model should serve as a basis for annual and long-range plans for fulfilling the program's objectives. It also provides a foundation for ongoing performance measurement and evaluation. (See **Program Standard 5.21** regarding program evaluation.)

Numerous resources exist for learning more about logic models. For example, the University of South Carolina's College of Social Work offers a 3-part webinar series that describes the basics of logic models, how to create them, and how to use them in grant development.

<http://cosw.sc.edu/research/resources>

PROGRAM STANDARD 1.2: A written guideline describes the geographic area and types of people served by the program.

Commentary: The guideline should describe the target population, whether it's based on age, gender, ethnicity, type of victimization, geographic boundary, or other demographic. However, the guideline should also make clear that the service provider will not deny services to individuals outside of the target population who are otherwise protected from discrimination under local, state, or federal civil rights laws.

Individuals served are generally **victims**/survivors and their **significant others** (e.g., family members, caregivers, loved ones). Witnesses and other individuals exposed to violence may also be included in the population to be served. When identifying a target population to serve, programs should consider the communitywide availability of services for victims/survivors of the following:

- Sexual assault;
- Domestic violence;
- Stalking;
- Child abuse;
- Elder abuse;
- Nonfamily assaults/violence;
- Homicide;
- Drunk or impaired driving death or injury;
- Hate crime;
- Property crime (e.g., burglary, identity theft, arson, vandalism);
- Online or electronic crime (e.g., Internet fraud, harassment, electronic monitoring or interception, sexting, child pornography);
- Terrorism and mass violence incidents;

- Human trafficking;
- Commercial sexual exploitation; and
- Abducted or missing persons.

Although some programs will specialize in one or two forms of crime or victimization, others will address many types. Programs are encouraged to examine overall service availability in the community and to work with other providers to address victims who are underserved and who have experienced **polyvictimization**. This might include identifying the providers most suited to handling particular services within an agency or organization, or developing collaborative partnerships to meet the needs of specific victim populations. For instance, the Prison Rape Elimination Act requires correctional facilities to coordinate with community providers to address the rights and treatment needs of victims of prison rape.

Programs should have sufficient experience, training, supervision, materials, and outreach to provide competent service delivery based on the characteristics of the victims/survivors. This includes services for males and females; children, teens, adults, and older individuals; civilians and members of the military; ethnic minorities; individuals with **limited English proficiency**; immigrants; individuals who identify as lesbian, gay, bisexual, transgender, and queer; persons with disabilities; incarcerated and institutionalized individuals; and others with specific needs (e.g., homeless, substance abuse).

Program staff should be aware of the range of crime victim services and other public services available in the community, and be prepared to provide **referrals**  for services that fall beyond the scope of their own program, such as food and shelter, legal services, medical care, substance abuse treatment, mental health treatment, and crisis counseling (a written referral resource list is suggested). If no referral agencies are available, or in emergency situations, programs are encouraged to lend services to the extent possible (within the range of competent service delivery). All programs are expected to develop cultural **competency**  and form formal and informal partnerships with relevant community-based organizations, including services for victims with limited English proficiency and marginalized populations. A lack of competency should not be a reason to turn victims/survivors away from the program.

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PROGRAM STANDARD 1.3: A written guideline requires that all program procedures operate in accord with applicable government laws and regulations, as well as within policy guidelines for any overarching agency or institution.

PROGRAM STANDARD 1.4: A written guideline requires all program staff, while serving in the professional role, to abide by applicable local, tribal, state, and federal laws.

PROGRAM STANDARD 1.5: A written guideline requires all program staff, while serving in the professional role, to abide by a code of ethics adopted by the program.

Commentary: Examples of laws and regulations include federal, state, and local civil rights laws; federal, state, and local funding statutes; privacy protections; corporate laws governing nonprofit boards and bylaws; grantor requirements (e.g., drug-free workplace, lobbying); criminal laws; any tribal, state constitutional, or statutory rights for victims/survivors; [mandated reporting](#) requirements; and federal and state victims' rights laws. Programs housed within larger overarching agencies or institutions (e.g., law enforcement, universities) should ensure that procedures do not conflict with those of the overarching agency or institution.

All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have statutes identifying persons who are required to report suspected child maltreatment to an appropriate agency, such as child protective services, a law enforcement agency, or a state's toll-free child abuse reporting hotline. For more information about mandated reporting and a list of designated agencies in each state, visit www.childwelfare.gov.

Similarly, in most states, "mandatory reporter" statutes apply to persons providing services to seniors or adults with disabilities. For more information and a list of Adult Protective Services agencies in each state, visit www.napsa-now.org.

Service in the professional role includes on-the-job performance and also off-duty occasions when a victim assistance provider is acting as a representative of the victim service program (e.g., at professional meetings), delivering victim services in the community (e.g., on volunteer crisis teams), or acting with regard to professional information (e.g., maintaining [confidentiality](#) of client information ).

Your program's code of ethics should take into account ethical requirements that might already apply to program staff and volunteers. Ethical codes may already impact the work of attorneys, social workers, advocates, interpreters, and others.

View [Competency Standards, Section I: Scope of Services](#).

View [Ethical Standards, Section I: Scope of Services](#).

PROGRAM STANDARDS

Section II: Coordinating Within the Community

[Accessibility and Safety of Services](#)

[Coordinating and Collaborating With Other Providers](#)

[Community Education and Outreach](#)

Accessibility and Safety of Services

PROGRAM STANDARD 2.1: A written guideline describes the program's methods for maintaining geographic accessibility of services and accessibility over time, including:

- **Accessibility of location appropriate to service goals.**

- **Accessibility of services to persons with disabilities and specific needs.**
- **Accessibility of services to persons with limited English proficiency.**
- **Provision of public information on hours of program operation and types of services offered.**
- **Provision of information about eligibility criteria to the public.**

Commentary: Programs can help people access their facilities through a variety of methods, such as posting signs and providing directions (with consideration given to language access needs). Programs should also consider the public's access to your facility via public transportation (as available). Special consideration should be given to domestic violence and other programs that may require special safety precautions (e.g., controlled access to the building, meeting in a confidential or nontraditional location), and to programs that operate primarily through electronic or phone communications.

When establishing program space, programs should consider accessibility of services to persons with disabilities  or specific needs, such as individuals who are Deaf or hard of hearing and persons with **limited English proficiency**. Every attempt—including, but not limited to, compliance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, as applicable—should be made to ensure that offices are free of barriers to mobility and that **auxiliary aids and services** (e.g., translation devices, or qualified on-site or remote interpreters) are available for persons with sensory impairments. Organizations should have a **Language Access Plan** for in-person, telephone, or video interpreting, and for translating vital written documents into frequently encountered languages, in order to establish appropriate linguistic access to services to limited English proficient persons in compliance with federal and local laws, including Title VI of the Civil Rights Act of 1964. Websites and other communications also should be accessible.

For more information about the Americans with Disabilities Act, see www.ada.gov/reachingout/t3regl2.html.

If a program does not have staff available who can provide qualified interpretation services to limited English proficient persons, the program should use a professional interpretation service. Children and family members should not be used for interpretation services. Programs should also strive to communicate effectively with individuals who are Deaf or hard of hearing by providing auxiliary aid options such as trained American Sign Language (ASL) interpreters, **TTY** relay services, qualified note takers, cued speech interpreters, written materials, and email and texting capabilities.

Information should be available to the public regarding hours of service, including hours for basic services and for crisis or on-call response, and response times for electronic communications. Regular weekday business hours (e.g., 9 a.m. to 5 p.m.) should be considered as a minimum, but additional or alternative hours may be needed for the types of services offered.

Every effort should be made to meet the scheduling and safety needs of survivors. For example, survivors may need to meet at a time when their abuser is not home or while their children are in school. Survivors who are employed may have difficulty taking time off from work to receive services. These needs should take priority over a victim service program's standard operating hours or typical scheduling protocols.

Weekend, evening, and on-call 24-hour response may be necessary for some **crisis intervention** programs.  Crises may include not only victimization incidents, but also recalled memories, disclosures, traumatic events, and any legal proceedings or involvements. If a program's crisis intervention is limited (e.g., limited hours or limited training of responders), program staff should be knowledgeable of other providers and have contact information available for trained 24-hour crisis intervention personnel in the community. During hours of unavailability, programs might leave recorded messages informing callers how to contact crisis intervention services. Providers should clearly explain to

clients that use of electronic technology does not imply 24-hour availability for consultation and case handling.

Crisis response time should be reasonable given the geographic traveling distance (e.g., 15–30 minutes in urban areas, as soon as possible in rural areas). For some crises, responders may be dispatched directly to the crime scene, victim's home, or hospital; in these cases, program procedures should be assessed to ensure adequate safety (for persons served and program staff) and ethical precautions.

Information should be available to the public regarding methods for accessing services (e.g., by scheduling appointments, on a walk-in basis, as crisis response). This information may describe any limitations regarding self-referral or referral by professionals, and may include basic eligibility limitations (e.g., information about documentation that may be required to obtain services). Some programs publicize information on service availability by mailing letters to or contacting by phone victims/survivors identified by screening incoming reports. If programs identify victims/survivors this way, their procedures for doing so should comply with local [privacy](#) laws.

PROGRAM STANDARD 2.2: A written guideline specifically describes the program's policy on nondiscrimination in service provision.

Commentary: The guideline is intended to promote equal service access for all individuals and (when applicable) to ensure that training and education are available to the community served. Service providers should be aware of and comply with applicable federal, state, and local civil rights laws that prohibit discrimination based on certain classifications. While these protected classifications may vary by jurisdiction, it is in the best interest of victims/survivors that programs not deny service on the basis of age; race; color; national origin, including limited English proficiency; literacy; sex; [gender identity](#) and expression; [sexual orientation](#); disability; social class; economic status; education; marital status; religion; immigration status; or HIV status. Programs are required to comply with applicable federal, state, and local civil rights laws, which prohibit discrimination on specified bases, such as those described above. The guideline should comply with all applicable civil rights laws and the requirements of any parties providing financial assistance to the program. Programs should strive to provide the most inclusive services possible.  They also must remember that governmental and other funding restrictions prohibit many programs from promoting religious doctrine, practice, or affiliation or engaging in explicitly religious activities in the direct provision of services. Any explicitly religious activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the government, and participation in such activities must be voluntary for beneficiaries of the programs or services funded with governmental assistance. Exceptions to these parameters would be privately funded, clearly identified, religiously based programs. Staff should be well-versed in appropriate and acceptable responses to [spiritual](#) dimensions of trauma.

PROGRAM STANDARD 2.3: A written guideline describes the program's procedures for assessing and maintaining equal access to services.

Commentary: This standard refers to procedures that supplement basic nondiscrimination policy. For instance, geographic jurisdiction, together with information on victimization rates and the type of victims/survivors to be served, can be used to estimate population parameters for measuring the actual client base. The demographics of the population served should roughly reflect those of the geographic area served (with the exception of programs specifically targeted toward underserved populations; these programs should consult their funding providers regarding the impact of the civil rights laws discussed above.) Programs may want to assess whether the extent of services that victims/survivors use varies for different populations (e.g., whether some victims/survivors discontinue services more quickly than others). Programs that notice marked disparities in service use by different populations should examine ways to provide services for those underserved groups in compliance with applicable civil rights laws.

These could include different outreach efforts or permissible gender- or culture-specific methods of helping victims to access resources and support. (See [Program Standard 5.21](#) regarding needs assessment and program evaluation.)

PROGRAM STANDARD 2.4: A written guideline describes the program's procedures for assessing safety, security, and maintenance of service premises. The following issues should be addressed, as applicable:

- **Maintenance of physical premises.**
- **Safety and security of grounds and interior for those served and staff.**
- **Safety of transportation (if any) provided by staff to those served.**
- **Safety and security of phone, mail, and electronic communications with those served.**

Commentary: The safety, cleanliness, and physical space of the building must comply with health and safety codes and align with program goals. The building should be in good condition, waiting rooms and offices should be kept clean, and the physical environment should be properly maintained to ensure a reasonable degree of comfort. Whenever possible, interviewing rooms should ensure privacy. Staff should be trained in emergency procedures that may require evacuating the building or notifying crisis response personnel.

Programs should consider the emotional safety of victims and survivors when assessing the premises, and evaluate the physical space, as well as their policies and procedures, through a [trauma-informed](#) lens to identify and avoid situations that could [re-traumatize](#) victims.  Programs may want to solicit input from clients they have already served about their impressions of the physical space, safety and security measures, the choice of artwork, and messaging used on signs and posters. If program staff provide transportation to the people served, car doors should be locked and small children secured in safety seats. Accompaniment by a second staff member may be advisable. Program policy might discourage staff from transporting intoxicated, psychotic, actively suicidal, runaway, or other individuals who may pose a physical threat or liability to other victims/survivors or staff. Law enforcement or other emergency transport may be warranted under these circumstances.

The guideline also addresses measures taken by the program to reasonably ensure that staff and those served are protected from intimidation, threat, and physical harm on service premises and while working within the community. These measures might include drafting procedures for handling instances when victims/survivors are stalked by offenders (e.g., in domestic violence, trafficking, or gang-related cases) and when victims/survivors or offenders threaten staff.

Special consideration should be given to the safety and security of communications with people served. For instance, messages left on voicemail and electronic communications may be intercepted by those who share a home/account with the victim/survivor (or, in some cases, by information technology administrators, supervisors for workplace accounts, hackers, or investigators), thereby presenting a risk to privacy and safety (particularly in domestic violence situations). Thus, any use of such communications should include added security measures and minimal disclosure of information about the nature of the case or organization. Prior to initiating new forms of communication, program staff should confirm with the victim/survivor which methods of communication they prefer.

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Coordinating and Collaborating With Other Providers

PROGRAM STANDARD 2.5: A written guideline describes program procedures for communication and [collaboration](#) with other providers.

Commentary: No single service provider is capable of meeting the comprehensive needs of all victims. Therefore, it is important to establish and maintain ongoing relationships with other programs and service providers at the local, state, tribal, and national levels to ensure access to services that meet the full range of victims' needs. Establishing formal policies, procedures, and interagency agreements outlining which individuals and organizations can provide particular services, and when, where, and under what circumstances, can enhance the effectiveness of these partnerships.

To ensure that written [protocols](#) and interagency agreements are carried out, they should be signed by those in authority or by the top executive of each agency indicated in the agreement (e.g., executive directors, chiefs of police). Interagency agreements should outline, at a minimum, the following:

- A description of the agencies implicated by the agreement.
- The commonly defined roles of each agency and the scope of services each will provide in the context of the agreement.
- A plan for activating the agreement (e.g., a plan for initial/first response, timely notification and communication protocols, timely referral procedures among agencies, location of services).
- Procedures for information sharing among agencies, that comply with each agency's [confidentiality](#) policies.
- A backup plan for community crises and other unforeseen circumstances (e.g., natural and manmade disasters, large-scale events).
- Responsibilities for recordkeeping.
- Data security for information exchanged among professionals.
- Name and position of the provider to be contacted if protocol is violated.

In addition to working with the agencies responsible for directly providing the full array of victim services, programs are encouraged to initiate and maintain regular planned exchanges with representatives of educational institutions, justice agencies, and other organizations regarding the program's goals and objectives, training services, direct services, and other topics as they arise. Collaborative networks could include state coalitions (e.g., domestic violence, sexual assault, general victimization); victim assistance groups; crisis responders; medical providers; Sexual Assault Nurse Examiner and Sexual Assault Response Team ([SANE/SART](#)) programs; mental health services; peer support groups; social services; child and adult protective services; campus victim services; school-based programs; tribal programs; substance abuse counseling services; faith-based entities; military programs; employment assistance programs; housing programs; programs for victims of trafficking; disability service providers; programs for individuals who identify as lesbian, gay, bisexual, transgender, or queer; community-based organizations that provide culturally and linguistically appropriate services; and other groups in the community. Other programs may include attorney generals' offices, state compensation offices, law enforcement victim service programs, legal service providers, prosecution-based programs, corrections, probation and parole, and juvenile justice programs, [Cross-training](#) is especially encouraged for individuals who work closely with one another or who share a work area (e.g., when a victim assistance provider visits a police crime scene or a hospital emergency room).

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Community Education/Outreach

PROGRAM STANDARD 2.6: The program conducts ongoing education and outreach in the community, as demonstrated through a written guideline or program description. Elements might include the following, as appropriate to program goals:

- **Prevention/education.**
- **Training for other professionals.**
- **Public relations.**
- **Social change advocacy.**

Commentary: Programs are more effective when they are known in the community and show a commitment to the welfare of community members. Therefore, beyond interventions to address victimizations that have already occurred, consider disseminating information on primary [prevention](#) and risk reduction techniques, as well as how to identify victims, report a crime or victimization, and access services.

Prevention and education efforts might include planning and hosting awareness events (e.g., vigils, walk-a-thons) or delivering public presentations on issues such as risk reduction, how to report crime, services available to crime victims/survivors, and responding to and coping with trauma. Consider, in particular, providing educational events at schools and for vulnerable or underserved populations (e.g., older individuals, ethnic minorities). Prevention and education efforts may also focus on potential perpetrators and bystanders.

Educating other service providers about the scope and impact of victimization helps to enhance the capacity of those whose work affects victims/survivors of crime (e.g., dispatchers, police, medical providers, clergy, funeral directors, psychologists, social workers, marriage and family therapists, substance abuse counselors, disability service providers) to understand and meet the needs of victims/survivors and their significant others.

Public relations may include social media, press releases, public service announcements, media interviews, and meetings with reporters, producers, and editorial boards.

Social change [advocacy](#) can be used to effect change within your organization or other systems (e.g., to improve an agency's or institution's response to crime victims/survivors). Social change advocacy, for instance, can be used to encourage justice systems to respond consistently to the needs of those victimized by violence.

The development of education and [outreach](#) methods should be guided by and reflect the [diversity](#) and character of the community and victims served. For example, in communities with large populations of persons with limited English proficiency, written and electronic broadcast service information should be made available in frequently encountered languages. Outreach efforts should also be strategic in their timing and placement in order to be effective. Survivors' input should assist greatly in these efforts.

Carefully review the terms of your program's grant agreements and consult all funding parties to ensure compliance with any restrictions related to program activities, including outreach, prevention, training, travel, and lobbying.

View [Competency Standards, Section II: Coordinating Within the Community](#).

View [Ethical Standards, Section II: Coordinating Within the Community](#).

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PROGRAM STANDARDS

Section III: Direct Services

PROGRAM STANDARD 3.1: A written guideline gives a general list of individual victim services provided by the program, including descriptions of any guidelines on the timing and duration of services.

Commentary: Individual victim services are those services and interventions offered to an individual victim/survivor to address expressed needs and concerns and promote feelings of healing and justice in the aftermath of a crime.  Victim services may be provided in either individual or group settings, with information and support provided by peers and professionals.

Some programs have guidelines for the onset of services (e.g., within 48 hours of the victimization; after a traumatic event), and limitations on the duration of services (e.g., 30 days in a shelter). Guidelines might also address transition planning for phasing out or transferring services. Such guidelines may be helpful, but they can be problematic if rigidly enforced or if viewed as replacements for good **case management** and **supervision**.

Crime victims/survivors most frequently need and use the following:

- Information on victims' rights  .
- General information on victimization.
- Safety planning, including safe and secure use of technology (e.g., information on electronic “footprints,” spyware, anti-stalking tools).
- Information on prevention and risk reduction.
- Advocacy or support.
- Assistance with victim compensation applications and restitution.
- Negotiations with creditors, landlords, and employers.
- Medical services (especially in cases involving forensic examination, family violence, transgender persons, or concern about HIV).
- Transportation services.
- Protective relocation, address confidentiality, or shelter.
- Crime scene cleanup.
- Assistance with funeral arrangements after a homicide.
- Information on administrative or justice-related case proceedings.
- Information about automated victim notification.
- Mental health services, counseling, and support groups.
- Substance abuse services.
- Connection to faith communities and cultural groups.
- Social services.

- Legal services, including immigration, family law, employment law, public benefits access, victims' rights enforcement, domestic violence/sexual assault law, and housing law.
- Housing assistance.
- Educational and literacy services.
- Job training/placement and employment services.
- Childcare.
- Assistance with document replacement (e.g., birth certificate, identification card).
- Assistance with property repair and return.
- Interpretation and translation services.

PROGRAM STANDARD 3.2: A written guideline outlines resources and procedures for providing information on justice interventions.

Commentary: Crime victims/survivors often need information about criminal or juvenile justice interventions and court processes. Programs should have in place basic guidelines for providing information and [referrals](#), regardless of the extent of the program's involvement in criminal, juvenile, civil, tribal, or other justice proceedings.  Programs should maintain a list of local justice agencies and contacts in each jurisdiction. The list should include contact information for system-based victim/witness assistance professionals within police departments, and prosecutor's offices at the local, tribal, state, and federal levels. The list should also include legal referrals (including pro bono resources) and resources to assist victims with accessing information on current laws, victims' rights, justice procedures, and other pertinent issues.

Victim advocates can help victims/survivors locate and connect with appropriate resources if they want to pursue civil or criminal justice remedies. However, it is critical that advocates outline the difference between legal advice and legal information. Programs should strictly monitor how legal information is presented and prohibit staff from practicing law or providing legal representation if they are not licensed attorneys.

PROGRAM STANDARD 3.3: A written guideline outlines resources and procedures for addressing victim/survivor crisis situations.

Commentary: Develop written [protocols](#) for responding to unusual but foreseeable crisis situations relevant to the program's mission (e.g., victim/witness intimidation, suicide threat or attempt, breach in security of a victim service facility, inmate escape, death notification, mass violence situation, acts of terrorism, natural disaster). [Crisis intervention](#)  services should be directed toward calming a situation, establishing physical and emotional safety, and, when appropriate, reinforcing the victim's ability to make choices regarding possible courses of action.

Procedures for responding to crisis situations will vary depending on the type of organization, the type of crisis situation, the setting, the staff's clinical expertise, and the role of the staff person as a [mandated reporter](#). Guidelines may include procedures for arranging emergency support services, reporting situations to appropriate responders, or taking other actions to provide immediate aid to the victim/survivor. If the individuals providing crisis intervention are not licensed mental health professionals, they must be aware of mental health backup and consultation resources. In addition, procedures for staff responding to crisis situations may include the following:

- Identification of issues surrounding the crisis.

- Identification of physical and psychological barriers to safety.
- Assistance with identifying and evaluating options.
- Assistance with developing an action plan or [safety plan](#).
- Provision of resources and [referrals](#) for ongoing support and services.

PROGRAM STANDARD 3.4: A written guideline describes procedures for addressing imminent danger, stalking, and intimidation of victims/survivors and/or witnesses.

Commentary: Programs should implement strong [protocols](#) for directly addressing or providing referrals to address imminent danger, stalking, and intimidation of people served or program staff. Responses might include arranging appropriate assistance for those who have been threatened or who, in the judgment of the program, express specific, credible reasons for fearing intimidation or further victimization. Appropriate assistance may include relocating the victim/survivor, arranging for protective custody by law enforcement, securing shelter, safety planning, or assisting with stalking diaries. The established [safety plan](#) should be reviewed or changed whenever an incident involving danger, stalking, or intimidation occurs.

Programs should discuss stalking and intimidation policies with victims/survivors when appropriate. In this way, programs can obtain consent to contact law enforcement, prosecutors, probation/parole officers, or others who can take specific steps to enhance victims' safety. Programs should also work with the appropriate authorities when contacting victims/survivors, informing them of danger, and discussing available options. Advocating for victims/survivors across agencies (e.g., acting on behalf of victims/survivors regarding police protection or court orders of protection) increases the likelihood that reasonable precautions will be taken to protect them from intimidation or harm. 

Numerous resources exist to guide the development of safety plans, which help individuals avoid and react to dangerous situations. The [Domestic Violence Resource Center](#) provides some basic guidelines and resources for safety planning in a domestic violence situation, as well as a downloadable personalized safety planning packet, available in both English and Spanish.

The [National Center for Victims of Crime Stalking Resource Center](#) also provides tips for safety planning for victims of stalking.

PROGRAM STANDARD 3.5: A written guideline outlines written information to be provided to the victim/survivor on initial contact and/or throughout the service process.

Commentary: The guideline defines materials that will be provided to the victim/survivor, such as forms, letters, brochures, checklists, reference cards, and other written or electronic documents. Because it may be difficult for traumatized individuals to retain information, service providers should be judicious when determining how much information to provide at a given time. Information should be provided in a language and format that is preferred by the client (e.g., written English, recorded spoken English, written foreign language, spoken foreign language, Braille). Information might include or address:

- Victim/survivor rights.
- [Confidentiality](#) policies and procedures.
- Available services (e.g., counseling, medical, compensation, restitution).
- Subsequent steps in case processing and handling.
- The case number and contact person.
- Contacts for future crises or emergencies.

- What to do if threatened or intimidated.
- Safety planning, including safe use of technology.
- An “I Speak” card that identifies the victim's preferred language and his/her right to have language access provided.
- For undocumented victims, a letter indicating that they are working with a specific law enforcement officer or agency, in case someone questions their immigration status.

A large percentage of clients will have low levels of literacy or will not be literate at all. To the extent possible, written materials should be developed in plain language (7th or 8th grade reading level). If an individual is not literate, then the information above must be explained in person. A professional foreign language interpreter can assist limited English proficient victims by providing this information in their native languages. Professional American Sign Language (ASL) interpreters and/or a Certified Deaf Interpreter (CDI) (for those who communicate in other languages) should present the information above to Deaf individuals.

View [Competency Standards, Section III: Direct Services](#).

View [Ethical Standards, Section III: Direct Services](#).

PROGRAM STANDARDS

Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology

PROGRAM STANDARD 4.1: A written guideline describes the program's procedures for maintaining client privacy, including:

- **Terms of service.**
- **Methods used to identify, contact, and obtain information about service users.**
- **Nature of personal information that will be requested or obtained.**
- **Settings in which the victim/survivor will interact with program staff.**
- **Victim/survivor release of information.**
- **Ongoing procedures for privacy protection, such as locked storage options for client files.**

Commentary: **Privacy** refers to individuals' control over the information others have about them. Maintaining client privacy is integral to building trust and rapport with survivors. All program staff, including maintenance and reception staff, and volunteers should receive training on all privacy and **confidentiality** policies. 

Programs should consider ways that victims' privacy may potentially be compromised by using program services. This might include discussing confidential information in semi-private areas, unsecure access to electronic posts or messages, or highly visible entrances to facilities such as domestic violence shelters.

Programs should disclose to victims/survivors any safety or privacy limits of service use, including what personal information the program will obtain, how it will be used and stored, and who will have access to it; settings in which services will be provided; and any electronic records or “footprints” that may be left on users' computers when they access services online.

Programs should also consider **victim-centered approaches** when developing protocols for releasing personally **identifiable information**. For example, victims/survivors may want to decide when and how their identifiable information will be shared across programs under memorandums of understanding, or to opt out of having their identifiable information recorded electronically. Whenever possible, victim/survivor requests for increased privacy (e.g., opting out of interagency data sharing) should not be grounds for refusing or terminating service.

Privacy limitations should be clearly stated in the written terms of service, and victims/survivors should agree to these terms as a condition of receiving ongoing services. Victims/survivors should be informed of any outreach or research used to identify or obtain information about program participants. Programs are strongly discouraged from collecting unnecessary information from service recipients; for instance, researching victims/survivors via social networking sites is not typically an appropriate use of technology and may violate an individuals' privacy.

Obtain written media release agreements for any victim/survivor who wants to “go public” with his or her information. Programs are obligated to inform victims/survivors who blog or post messages online about their experiences that such activity may impact pretrial discovery, prosecution, liability issues, or vulnerability to further victimization.

Obtaining written releases of information from service recipients should not only ease program administration but also enhance individual and collective services for victims/survivors. Programs should consider implementing the most protective privacy options, and assess methods for accomplishing goals without releasing personally identifying information.

Conducting periodic **privacy audits** with help ensure that privacy policies and procedures are legal and consistent with the program's mission. A privacy audit examines the necessity of each type of data, how it is collected, notice and options provided to service users, and how the information flows through the program and to other professionals or to the general public. Areas to consider in a privacy audit include local, state, and federal laws; professional or organizational policies; program records on clients, staff, and services; any billing or payment procedures; the physical premises, onsite resources for service users (e.g., internet access), and electronic communications; and procedures for retaining, transferring, storing, and disposing of records. Any risks to privacy should be addressed quickly and effectively.

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PROGRAM STANDARD 4.2: A written guideline describes the program's procedures for documenting service provision, including:

- **Dates of service provision.**
- **Staff member providing service.**
- **Individuals to whom services were provided.**
- **Types of service or referral provided.**
- **Content of interaction.**
- **Provision of interpretation or translation services for limited English proficient individuals, or auxiliary aids or services for individuals with disabilities.**
- **Provisions for future or ongoing service.**

Commentary: Programs should have written guidelines for documenting the information listed above and maintain records consistent with local, state, and federal laws and program regulations.

Documentation protocols should include noting the preferred language and method of communication, especially for clients who are Deaf or hard of hearing or who have limited English proficiency. It is important to be knowledgeable about local, state, and federal laws regarding privilege and confidentiality within the provision of victim services. Although some agencies' and professionals' records may be protected under law, it is still very important to be judicious about how much to document (e.g., extent of "content of interaction" may vary depending on program goals). Many programs record a description of the crime, problems resulting from the crime, an action plan, follow-up and referral services, and the method or location of services (e.g., by phone, in home, online). Decisions about what information to document should be carefully considered. Whenever possible, programs should document any referrals they provide, even if direct services were not provided to the victim/survivor. Documenting user demographics (e.g., age, race/ethnicity, sex) may be helpful for determining eligibility for services and referrals, for making staff assignments, and for program evaluation. 

PROGRAM STANDARD 4.3: A written guideline describes the program's procedures for storing and maintaining paper and electronic records, including:

- **Types of records to be maintained.**
- **Format in which records are to be maintained.**
- **Media and/or devices for short-term and long-term storage of records.**
- **Ongoing backup and security procedures to protect data.**
- **Methods and criteria for destroying records.**
- **Notice to victims if sensitive data is stolen or if a data device is lost.**

Commentary: The guideline establishes procedures for central records; electronic and paper files; backup; and virtual, onsite, and offsite storage. The policy should address who has access to records, methods of data encryption, how long files and communications (electronic and paper) are retained, and processes for backup and disposal.

Electronic files should comply with record retention laws and regulations and be backed up on a regular schedule. Operating systems and security software should be updated regularly (e.g., security patches, antivirus software, antispyware, firewalls). Procedures should dictate changes to and security of alphanumeric passwords (e.g., combination of upper- and lowercase letters, numbers, and symbols).

All files, tapes, disks, hard drives, USB drives, and other electronic media should be stored in a secure facility or area. If personal computers are used or if program staff telecommute to work, procedures should be established for security of home computers, laptops, netbooks, cellular and smart phones, and other devices, as well as for virtual private networks (VPN), cloud computing, hotline routing, and so on. Procedures should include regular security reviews (i.e., reviews by technology safety and access experts), as well as termination of access (e.g., to online systems) for staff who leave the program.

Records should be destroyed and disposed of in compliance with applicable legal and ethical requirements. Programs should consider whether clients must be contacted before their records are destroyed. Destruction methods, including recycling, should guarantee that data are not retrievable from the discarded materials.

The guideline also outlines procedures for distributing reports, including which reports are routed where (e.g., for storage, follow-up, distribution outside of the program). Policies should address regular security training for staff at all program levels (e.g., volunteers, program staff, human resources, information and

technology staff). If **identifiable information** is stolen (e.g., hacked) or a data device containing client records is lost, programs should notify the victims of the breach of security and provide suggestions for protective action.

PROGRAM STANDARD 4.4: A written guideline describes procedures for maintaining confidentiality of records, including:

- **Clearly defined terms/limits of confidentiality.**
- **Disclosure of these terms to those served and to paid and unpaid staff.**
- **Confidentiality agreements between those served and providers.**
- **Confidentiality agreements between staff and the program.**
- **As applicable, policies/forms on confidentiality of interagency communications.**

Commentary: **Confidentiality** refers to the agreement between the program and the victim/survivor about how his or her personally identifiable information will be handled.  Confidentiality should not be confused with **privilege**. Rules for each differ by profession (e.g., attorneys, social workers, victim advocates, interpreters) and by certain demographics (e.g., age, disability). Protecting victims requires the understanding of relevant privacy rules and regulations, evidentiary privileges, state and federal statutes, and the unique rights and protections of minors, persons with disabilities, or other groups of victims.

Each program should have a written confidentiality policy that ensures the confidentiality of communication between victims/survivors and victim assistance providers. This policy should allow for appropriate supervision and consultation. Staff should make reasonable efforts to limit access to victim/survivor information to appropriate program staff whose duties require access. Service providers should not discuss confidential case material in public areas or forums. All client information remains confidential, even when the victim is no longer receiving services or when staff members leave the program. Any violation of confidentiality by a staff member or former staff member may result in dismissal and/or legal action by the program or by the victim/survivor.

Programs should maintain written records in a secure storage area that can be accessed only by authorized staff and volunteers. All paid and unpaid staff with access to records should have a signed confidentiality agreement on file with the program. Such agreements should be secured before providing access to records to people conducting site visits for program monitoring reviews, funding/grant source compliance reviews, research, or financial audits.

Programs should disclose and discuss limitations on confidentiality when they begin providing services in a language the victim/survivor can understand. Confidentiality agreements should be simple, clear, and appropriate to the service setting. Agreements should specify when providers will breach confidentiality (e.g., when required by **mandated reporting** laws, to protect the victim/survivor from imminent harm). Victims/survivors who consent to release their information should be fully advised of risks, benefits, the timeframe of the waiver, and how to revoke consent. A consent to release of information should be written, voluntary, fully informed, time limited, and in a language those served can understand.

Service providers should be aware of government laws and regulations related to mandated reporting. All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have statutes identifying persons who are required to report suspected child maltreatment to an appropriate agency, such as child protective services, a law enforcement agency, or a state's toll-free child abuse reporting hotline. For more information about mandated reporting and a list of designated agencies in each state, visit www.childwelfare.gov.

Similarly, in most states there are “mandatory reporter” statutes applying to persons providing services to seniors or adults with disabilities. For more information and a list of Adult Protective Services agencies in each state, visit www.napsa-now.org.

PROGRAM STANDARD 4.5: A written guideline describes procedures for providing services to individuals or groups via electronic technologies, including:

- **Whether specific technologies are permitted in service delivery.**
- **Rules of use and response protocols for such technologies.**
- **Pre-service and ongoing precautions for safety and security of electronic communications.**

Commentary: Programs should consider the rationale, risks, and benefits for using technology to provide services, including acceptability of use, rules of use, and response protocols for professional communication. Programs should also pay special attention to victims' safety and security, and try to match their use of technology to the needs of the individuals they serve. If a program plans to use social networking to provide services, or to market the program or its representatives, the guideline should specifically address the purpose of websites and electronic posts as they relate to the program's goals; the types of information that will be shared; policies for blocking or removing harmful or malicious content; policies for allowing or disallowing members; written releases or consents for sharing information about victims/survivors and staff members; monitoring of content; and response times and protocols.

Prior to implementing services that use new technologies, programs should strongly consider conducting a pre-service program audit on readiness for use, as well as periodic reviews of safety and security of use. These audits and reviews should take into account the program's capacity to:

- Develop new modes of service delivery without negatively impacting core service.
- Incorporate victim/survivor-centered standards for communication into existing program practices and policies.
- Consider jurisdictional issues (e.g., in-state, out-of-state, international) and vulnerability issues (e.g., services to minors or vulnerable adults) and how the program will screen for and address requests for service.
- Assess and increase victims' and staff's level of comfort in receiving and providing services electronically.
- Provide training to service recipients and staff, and disclose security and technology limitations (e.g., vulnerability to spyware, varied Internet speeds, or periodic service disconnections) so that users may make informed choices.

Protocols for providing and terminating services should include policies for obtaining clients' agreement to the terms of service, notifying clients when cases are closed, reviewing and updating websites regularly, and removing defunct or obsolete web pages or online content. Programs should clearly display the date of the last update on each web page, provide written contact information for the web master and program administrators, and make sure policies on terms of use and privacy are readily accessible.

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PROGRAM STANDARD 4.6: A written guideline describes procedures for service provision using assistive technologies, including:



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- **Availability of such technologies in accord with requirements for program accessibility.**
- **Appropriate uses, and precautions against misuse, of assistive technologies.**
- **Procedures for ensuring that staff are competent in their use of assistive technology and that service users have ongoing access to the program via this technology.**

Commentary: Assistive technologies and [auxiliary aids and services](#) include mobility devices, voice synthesizers, speech recognition or point-of-gaze software, screen readers, telecommunication relay services, audio and video remote interpreters, vibrating or flashing doorbells and alarms, and other methods or devices for ensuring that program services are accessible to persons with disabilities including persons who are Deaf or hard of hearing; persons with limited English proficiency; and individuals with other specific needs.  Program staff should understand the program requirements for compliance with applicable laws, regulations, and ethical requirements, including the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964, and should know how to access necessary technologies. Precautions should be taken to promote proper use—and prevent intentional misuse—of such technologies. Conduct regular accessibility assessments of physical facilities and media and Internet content to ensure ongoing compliance and assess new technologies and resources.

View [Competency Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

View [Ethical Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

PROGRAM STANDARDS

Section V: Administration and Evaluation

[General Administration](#)

[Personnel Policies](#)

[Staff Conduct, Training, and Supervision](#)

[Rewards, Corrective Actions, and Grievances](#)

[Program Evaluation and Termination of Services](#)

General Administration

PROGRAM STANDARD 5.1: A written guideline describes procedures for reviewing and revising program policies.

Commentary: Program administrators should review program practices and policies (e.g., interagency protocols, staff policies, job descriptions) on a regular basis, and clearly mark the effective date. When policies are revised, all changes should be made in writing and distributed to affected persons.

PROGRAM STANDARD 5.2: If the program is governed by a board of directors or guided by an advisory board, a written guideline provides a reasonable description of the board's:

- **Compliance with state laws and regulations.**
- **Roles and responsibilities.**
- **Procedures for reviewing and revising bylaws.**

Commentary: Routine board activities usually include meeting, planning, making personnel decisions, fundraising, evaluating program functionality, and setting policy. The board should receive regular reports (e.g., monthly, quarterly) documenting program functions, and should be involved in any policymaking decisions that will affect personnel, budgetary, or program development matters. The board is encouraged to meet regularly and record minutes of meetings; review the annual report; review bylaws regularly; and clearly record adoption dates of new bylaws.

Nonprofit programs are encouraged to include in their guidelines procedures for maintaining representative board membership. Government agencies are encouraged to establish advisory boards and, likewise, outline procedures for maintaining representative board membership. The program's governing and/or coordinating body should generally reflect and comprise representatives of the various geographic areas and diverse populations served (e.g., in terms of age, race/ethnicity, language/literacy, sex, gender identity and expression, sexual orientation, ability/disability, social class, economic status, education, marital status, religious affiliation, immigration status, HIV status). Survivors should be welcomed and encouraged to actively participate in the board.

PROGRAM STANDARD 5.3: As applicable, the program has a fiscal management plan, including the following:

- **Documented compliance with fiscal and audit requirements.**
- **Maintenance of appropriate insurance policies.**
- **Maintenance of a bookkeeping system.**

Commentary: This standard applies to programs that have their own fiscal management systems. The standard may not apply to programs that are located in a government or umbrella agency. All programs should be aware of their budgets and monitor expenses, even if they do not have control over final spending.

Programs generally are to have fire, theft, building, professional liability, and workers' compensation insurance. If a program provides transportation to service recipients, it may require auto insurance, including coverage for riders. Bookkeeping systems might include expenditures, receipts from all funding sources, accounts receivable from persons served, accounts payable to vendors, payroll, tax and benefit payments, and salary and benefits histories for staff. Fiscal records should be kept current. Programs should conduct independent audits annually, and monitor the quarterly budget for substantial variance between projected and actual expenditures. Additionally, programs should maintain a written policy for record retention.

PROGRAM STANDARD 5.4: A written guideline describes program procedures for maintaining sufficient, continuous, and stable resources to achieve its specified goals.

Commentary: Programs are encouraged to document procedures to ensure that staff and resources are adequate for meeting program goals. This may include plans for volunteer recruitment drives, staff development programs, annual fundraising efforts, grant writing, and building relationships with multiple

funding sources. If program staff and resources are not adequate for achieving program goals, consider refining the goals to more realistically reflect the program's capacity.

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Personnel Policies

PROGRAM STANDARD 5.5: A written guideline includes job descriptions for all administrative and program staff (paid and volunteer), including criteria for training/experience (when applicable) and placement within the organizational chain of supervision.

Commentary: Within this guideline, it is important to describe not only the duties of individuals *within* their roles but also the relationships *between* individuals in different program roles. For instance, management responsibilities might include a description of the program director's relationships to the board, to staff, and to those served.

An organization chart can help promote and support staff members' understanding of the program's structure and the roles of administrators, staff, and [volunteers](#). The chart shows the flow of responsibility and accountability for program actions, and helps to clarify the duties of team members (consistent with job descriptions).

Job descriptions should include information about education and licensing requirements, [background checks](#) or other requirements that candidates must pass in order to qualify for a position. Organizations must comply with any state, tribal, or federal laws or regulations regarding educational and licensing requirements and background checks for paid staff and [volunteers](#). In addition, when placing staff or volunteers in program positions that include working directly with clients or having access to sensitive client information, it is important to complete a comprehensive screening process that should include submitting names—and where possible, fingerprints—for a national background check of criminal history records. Depending upon the client population to be served, particularly minors or [vulnerable adults](#), a thorough screening process would also include, but would not be limited to, checking state sex offender registries, child protective services, adult protective services, civil protection order court records, and credit history.

The National Center for Victims of Crime conducted a National Survey of Nonprofit Volunteer Screening Practices. The findings of the survey point to several steps organizations should take to improve [screening practices](#). In addition, the [United States Equal Employment Opportunity Commission](#) provides further information about what employers need to know about background checks.

PROGRAM STANDARD 5.6: A written guideline describes rationale and procedures for staffing, including workload distributions and staff-client ratios.

Commentary: Staff size and composition should align with the program's mission, the number and type of services provided, the number of people served, typical victim/survivor needs, and staff responsibilities.

When determining staffing assignments and workload distribution, programs should take into account the time needed to supervise staff and volunteers, attend community meetings, perform administrative tasks, conduct research or training, perform basic documentation, conduct program assessments and performance reviews, and engage in professional development activities. Continuity of leadership requires that a sufficient portion of the chief administrator's workload over a calendar year be devoted directly to program administration. Programs should have sufficient infrastructures in place to make sure

their mission can be accomplished; this might include assigning administrative support staff to the victim service program.

PROGRAM STANDARD 5.7: A written guideline describes the program's schedule of salaries and benefits for paid and unpaid staff.

Commentary: A program's philosophy on benefits drives its policy. For instance, certain nonhierarchical philosophies may not support benefits such as seniority-based salary increases. The written schedule of salaries and benefits should be reviewed by management and/or the board on a regular basis and should meet local standards for salaries and benefits. Some nonprofits may choose to establish a range of salaries with the board to keep individual salaries confidential. Whenever possible, programs should offer salaries that compare favorably to other jobs that require similar employee backgrounds (e.g., education, training) and skills. Programs are encouraged to provide pay increases based on merit and the rise in cost of living. A fringe benefit package is recommended, including basic health insurance (including mental health counseling), unemployment and workers' compensation benefits, medical/sick leave, vacation time, and customary holidays. Some programs also include expanded health benefits (e.g., dental care, eye care, disability insurance) and pension and retirement plans.

Programs are also encouraged to develop provisions for assisting staff with ethical and legal issues that derive from work-related dilemmas. This might include obtaining legal counsel when a staff member is faced with ethical or legal conflicts, developing procedural guidelines for handling conflicts, or otherwise arranging for staff to be supported by the organization when faced with a difficult situation.

PROGRAM STANDARD 5.8: A written guideline describes the program's procedures for assessing and maintaining an environment of nondiscrimination in employment.

Commentary: Programs should make specific, continuous efforts to ensure that their staff are recruited, assigned duties and salaries, retained, and promoted fairly, including direct service, administrative, and support staff, as well as volunteers. Programs are encouraged to develop nondiscrimination-in-hiring policies that include age, race, color, national origin, language/literacy, sex, gender identity and expression, sexual orientation, disability, social class, economic status, education, marital status, religion, immigration status, and HIV status. The guidelines should describe how program components (staff composition, resource allocation, program leadership, speaker series and special programs, research, and other initiatives) reflect the program's understanding of and respect for **diversity**. Ongoing efforts should be made to enhance the **cultural competence** of staff by inviting culturally specific communities to provide **cross-training**, asking staff to manage partnerships with culturally relevant organizations, or offering to co-locate staff at a culturally relevant organization for outreach purposes.

PROGRAM STANDARD 5.9: A written guideline prohibits sexual and other forms of unlawful harassment in the workplace, and provides a means by which harassment can be reported, including in situations where the harasser is in the individual's chain of supervision.

Commentary: **Harassment** of any program staff by anyone employed by or contracted with the program can interfere with work performance and create an intimidating, hostile, or offensive work environment. Harassment may constitute prohibited discrimination under applicable local, state, and federal civil rights laws and program statutes, such as Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Victims of Crime Act, and the Violence Against Women Act. Programs should have clear policies that prohibit such conduct and set mandates for immediate and thorough investigation of allegations, appropriate disciplinary action in verified cases, and efforts to inform paid and unpaid staff of their responsibilities and the legal issues involved. †

Staff Conduct, Training, and Supervision

PROGRAM STANDARD 5.10: A written guideline describes procedures for orienting paid and unpaid staff to personnel policies and policies on supervision.

Commentary: New program staff and [volunteers](#) should receive a thorough orientation on program policies; policies should be readily available to staff in at least one print or electronic format.

PROGRAM STANDARD 5.11: A written guideline specifies code-of-conduct guidelines for on-the-job performance.

Commentary: This guideline addresses compliance with program policies; unbecoming conduct; use of alcohol and other drugs; acceptance of tips, bribes, or rewards; abuse of authority; and proper care and maintenance of equipment. Approved behaviors (e.g., courtesy) may be stated in general terms; † however, unacceptable or undesirable behaviors and conduct (e.g., any restrictions on physical attire) should be described in detail.

PROGRAM STANDARD 5.12: A written guideline describes training requirements for program staff (paid and volunteer). The guideline should include:

- **A minimum of 20 hours of pre-service training for all new staff whose positions will require access to confidential communications or client information.**
- **An additional 20 hours of training for new staff, documented within the first calendar year of service in the program.**
- **A minimum of 12 hours of ongoing professional development each calendar year of service.**
- **A clear outline of training content, including hourly requirements per topic.**
- **Approved methods of training delivery, including curriculum content and trainer qualifications.**
- **Criteria for documenting completion of training requirements.**

Commentary: There are numerous ways to enhance staff competency, including formal education, professional [training](#), work experience, and personal experience. These hourly requirements are based on examinations of numerous state and national training programs and on feedback from victim assistance providers in the field. They are intended to promote quality of service and to be reasonably achievable by a variety of individuals, agencies, and locales. Some states may have statutory requirements that exceed these standards.

The recommended 20 [pre-service](#) and 20 service-onset training hours are directed toward new staff with little or no experience in victim services (whereas all staff should engage in ongoing professional development). Program administrators ultimately have discretion over which staff are experienced enough to opt out of the initial 40 training hours. Suggested criteria include 3 years of service provision (including letters of reference) and/or proof of prior receipt of 40 hours of training in victim services. Approved training sources might include state training academies, regional and national conferences, professional workshops and seminars, college and university programs, independent study, internships, national resource centers, technical assistance providers, culturally specific organizations, and other sources.

Training may be delivered in a classroom setting or via electronic methods such as online coursework, Webinars, interactive websites, or educational chat sessions. 

Training staff on a range of topics will help them build the knowledge and skills necessary to deliver direct services and coordinate service networks. (See the [Competency Standards](#) for guidance on prioritizing your program's training needs.) Suggested training topics include (as appropriate to program goals):

- An overview of victim service programs in the community.
- The history of the victims' movement, and theories of victimization.
- Mental, physical, financial, social, emotional, and spiritual concerns of victims/survivors.
- The impact of trauma.
- Grief and bereavement.
- Crisis intervention.
- Intermediate and long-term services.
- Safety planning and risk assessments.
- Intake, service planning and case management.
- The criminal and juvenile justice systems.
- The tribal justice system.
- The military justice system.
- Victims' state and federal rights.
- Applicable local, state, and federal civil rights laws and program statutes.
- Restorative justice.
- Compensation, restitution, and civil remedies.
- Victim assistance ethics.
- Roles and boundaries of the victim assistance provider.
- Documentation and case notes.
- Confidentiality and safe use of technology.
- Mandated reporting.
- Cultural and linguistic competency.
- Personal safety.
- Burnout, compassion fatigue, and vicarious trauma.
- Communication and public speaking.
- Conflict management.
- Time and task management.
- Working with the media.
- Interagency coordination and referrals.
- Outreach, prevention and social change advocacy.
- Traditional property crimes (e.g., burglary, arson, vandalism, shoplifting).
- Financial scams and trends in property crime (e.g., I.D. theft, mortgage fraud).
- Assault.
- Domestic violence.
- Stalking.
- Sexual assault.
- Human trafficking.
- Forensic interviewing.
- Online and electronic victimization (e.g., Internet fraud, sexting, child sexual exploitation and image distribution).
- Drunk-driving death and injury.
- Homicide and suicide.
- Death notification.
- Terrorism and mass violence incidents.
- Vulnerable victims/survivors (e.g., children; the Deaf communities; older adults; persons with disabilities or specific needs; incarcerated persons; persons who are homeless; individuals who identify as lesbian, gay, bisexual, transgender, or queer; persons with substance abuse problems; persons with limited or no English proficiency).

Ideally, pre-service training is structured to assist new staff and volunteers in assessing their aptitude and motivation for working in victim assistance. Although pre-service is intended to occur before the victim

assistance provider begins work, this may not be possible in some exceptional circumstances. If pre-service training is not feasible, the training should be delivered as soon as possible following the onset of service, with new staff working only under supervision. All programs should clearly designate a period of supervised performance (on-the-job training) as new providers begin delivering services. This supervision is different from pre-service training in that on-the-job training typically focuses less on conceptual knowledge and more on rehearsing, applying, and refining applied skills. On-the-job training should include observing and working closely with experienced staff, preferably on at least 10 actual or simulated cases. Programs are encouraged to have structured guidelines for evaluating staff performance during this initial training and orientation period and providing feedback to enhance performance, as appropriate to program goals.

Ongoing professional development (e.g., continuing education, **in-service training**, cross-training) should include a designated number of hours devoted to topics including victims' rights legislation, promising practices, the impact of trauma, technology, and other emerging issues. Victims/survivors who volunteer or work for the program should participate in all professional development opportunities, including training in leadership and skills they may apply across different types of victim service programs. Staff and volunteers who are transitioning to supervisory roles are encouraged to receive training on the following topics within 1 year of the transition:

- Role transitions and boundaries.
- **Mentoring**, leadership, and promoting staff competency (e.g., succession planning).
- Conflict management and employee assistance (e.g., addressing compassion fatigue).
- Staff evaluation and performance assessment.
- Introduction to program evaluation.

Take steps to ensure that training for staff is of good quality, and to the greatest extent possible, based on evidence. For instance, before accepting outside training to fulfill required training hours, research the quality of outside training providers and make sure the training is accessible to staff with specific needs (e.g., persons with disabilities or with limited English proficiency). Identify the credentials your program requires to qualify trainers, including expertise in the content area, knowledge of adult education, and, to the extent possible, applied experience in the victim assistance field. When possible, individual courses should demonstrate consistency among course objectives, course outlines, and participant materials. Review trainings through a **survivor-informed** lens to assess whether the underlying theories and philosophies in the training content are consistent with program goals and survivor experiences.

Ideally, training delivery methods support intellectual, emotional, and experiential dimensions of learning appropriate to adult learners, the course, and the program's goals. When technology-supported training (e.g., Webinars, telecasts, training through real-time video such as Skype) is used as a supplement to in-person training, take care to ensure that the training incorporates methods to promote full engagement in the course (e.g., interactive discussion, activities, video segments, post-tests). Whenever possible, the effectiveness and impact of the training should be evaluated. Training programs should be able to show that individuals who received training can reasonably synthesize, apply, and demonstrate what they have learned. Furthermore, programs are strongly encouraged to develop routine procedures for incorporating new ideas into training (e.g., reviewing and revising curricula every couple of years, routinely supplementing course materials).

Programs should document the number of hours and type of training that each staff member receives. Programs are responsible for making sure that individuals transferring from other programs have received comparable training.

PROGRAM STANDARD 5.13: A written guideline describes procedures for supervision of staff, including, as applicable:

- **Chain of supervision.**
- **Hourly/weekly requirements.**
- **Length of supervision.**
- **Nature of supervision.**
- **Varying levels of supervision, depending on work experience, training, and position in the program.**
- **Procedures for staff review.**

Commentary: Supervisory duties include direct oversight and support of staff, arranging training, scheduling staff, monitoring time and attendance, and assigning job duties. [Supervision](#) also includes assessing staff workload, promoting [self-care](#) practices, and supporting routine use of stress reduction techniques by program staff. Supervisors should assess staff for [burnout](#), compassion fatigue, and vicarious trauma, and arrange for support when these conditions are detected.

In terms of direct supervision, service providers require regular “case consultation supervision.” For example, some programs supervise new staff for about 1 hour of every 15 hours of face-to-face contact with service recipients; more or less supervision may be needed, depending on agency size, caseload, and complexity of the cases. Additional consultation may be required if the provider encounters difficult issues while delivering services or if the supervisor perceives problems in the provider's handling of a situation

Staff meetings and individual consultations should be scheduled on a regular basis, preferably no less than twice per month. Supervisors should be readily accessible by phone or electronic communication, or in person. Staff members should receive public recognition for superior work; while any reprimands should be delivered confidentially. Protocols should promote victim/survivor and staff/volunteer data privacy and security, particularly if supervision is conducted via electronic technologies such as email, Web Forums, or video conferencing.

Staff performance should be evaluated regularly (e.g., annually, semiannually). Whenever possible, staff members should be involved in setting their own performance objectives and incentives, and should be provided with clear expectations and objective feedback on performance.

PROGRAM STANDARD 5.14: As applicable, a written guideline describes procedures for volunteer management, including:

- **The program's philosophy on volunteer participation.**
- **Recruitment and placement.**
- **Job descriptions.**
- **Training and supervision.**
- **A system of recognition and rewards.**
- **Recordkeeping on volunteer participation.**

Commentary: If management and [supervision](#) procedures differ for paid staff and [volunteers](#), programs should supplement paid staff guidelines with guidelines for volunteers. These might include written policies and procedures addressing the recruitment, screening (including [background checks](#)),

training, supervision, and dismissal of volunteers who provide both direct and indirect services. Such policies will clarify the roles and contributions of volunteers in the program's provision of services, with address how, when, where, and the frequency with which volunteers will be used. These policies might include special provisions for student volunteers, who may receive educational credit for their service. Your program should explore and address any liability issues associated with using volunteers.

Volunteer recruitment should receive some publicity, including media coverage or outreach to civic groups and culturally specific community-based programs, faith communities, and educational institutions. Job descriptions should be provided to volunteers when they are accepted into the program. All volunteers should be provided with pre-service and in-service training, and, to the extent possible, professional development opportunities. For quality service delivery, volunteers should be held to the same **training** requirements and given the same opportunities as paid staff (see **Program Standard 5.12**). They should be included in the program's functioning in meaningful ways (e.g., in the development of survivor-informed services, as board members). Volunteers and paid staff interact regularly, and volunteers should be actively recognized by paid staff for their contributions. Many programs sponsor annual recognition days during which volunteers receive awards, certificates, or other formal means of recognition for their service.

Programs should maintain a confidential file for each volunteer, including a signed confidentiality statement and a record of all training completed by the volunteer. If electronic technologies are used to solicit volunteer applications or track volunteer hours, particular consideration should be given to data security and confidentiality policies.

PROGRAM STANDARD 5.15: A written guideline describes program procedures for assessing and managing provider stress.

Commentary: The everyday stressors of providing support to crime victims/survivors and of exposure to traumatic events can take a substantial toll on providers. A good plan for stress management will enhance morale and reduce **burnout** and staff turnover. The plan can be simple and can include informal opportunities for staff to discuss cases, concerns, and their own reactions to everyday events. Smaller programs might encourage staff to keep stress diaries or write out strategies for personal coping. More detailed plans might include weekly supervision to address stressors, scheduled days away from work, scheduled staff time with outside counselors, seminars on **vicarious trauma** and stress-management, staff retreats, exercise and health plans, **resilience** training, stress-reduction techniques, workplace violence protocols, and employee assistance programs to address stressors within and beyond the workplace (e.g., harassment, domestic violence). The work environment should be flexible and allow for creativity among staff. 

The National Center on Domestic Violence, Trauma and Mental Health offers online resources and webinars about organizational approaches to support staff and self-care. See www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2013-practical-strategies-for-creating-trauma-informed-services-and-organizations/

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Rewards, Corrective Actions, and Grievances

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PROGRAM STANDARD 5.16: A written guideline describes program procedures and/or criteria for recognizing and rewarding staff for good performance.



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Commentary: It is necessary to establish a consistent process for recognizing and rewarding staff and volunteer performance. For paid staff, compensation may include additional time off with pay, monetary supplement, and sabbaticals. If a program regularly presents awards for quality services, it should establish criteria for these awards. Programs should also consider whether civil service rules, grant funding limitations, or collective bargaining agreements limit ways in which staff may be recognized. †

PROGRAM STANDARD 5.17: A written guideline describes the discipline system, including recordkeeping, due process, and appeals for disciplinary actions.

Commentary: The disciplinary system should be a positive process of corrective action directed toward education and development of staff. It should be based on confidentiality of and fairness to the staff person and the program, and should stimulate staff morale and motivation. The system might include training, rewarding, and advising staff, as well as a means of establishing accountability.

This guideline provides recommendations for alternative corrective actions, including a progressive sequence of action for multiple violations, and is used to establish consistency in any punitive actions. For hierarchical programs, the guideline might describe the role and authority of first-line supervisors in the disciplinary process. These individuals often have the best opportunity to observe staff conduct and to notice instances when corrective or disciplinary actions may be warranted. First-line supervisors also have the opportunity to get to know and understand the personality traits of the staff under their supervision and to determine the most effective methods for addressing a problem. In theory and practice, the severity associated with discipline increases with the position of the advisor in a hierarchically structured program.

The guideline requires programs to maintain written [documentation](#) of corrective or disciplinary actions (and outcomes), and should include where the records will be filed, how long they will be maintained, and under what circumstances they will be purged. As applicable, a system of appeals should be available for disciplinary action, with the guideline describing initiation procedures, timeframes, method of recording, and the scope of the appeal process. Appeals should go to a higher level of authority for review. †

PROGRAM STANDARD 5.18: A written guideline describes procedures for terminating staff, including procedures for notifying staff and any postemployment review.

Commentary: If staff misconduct, loss of funding, or other circumstances result in dismissal, programs should provide the staff person with the following:

- A written statement citing the reason for dismissal.
- The effective date of the dismissal.
- A statement of the status of fringe/retirement benefits after dismissal.

Program administrators are encouraged to provide exit interviews, during which terminated staff may voice concerns (these should be documented). Such interviews not only provide a forum for voicing differences between staff and program philosophies, but also help programs to recognize unfairness and refine staff policies and supervision techniques. Programs should consider whether jurisdictional employment laws, civil service rules, or collective bargaining agreements limit ways in which termination can be carried out. †

PROGRAM STANDARD 5.19: A written guideline describes the program's procedures for grievances filed by staff, including (as applicable):

- **Matters for which grievances can be filed.**
- **Levels in the program or government to which the grievance may be filed and/or appealed.**
- **The type of information to be submitted when filing a grievance.**
- **Procedural steps and time limitations for each level in responding to grievances and appeals.**
- **Any criteria for staff representation (e.g., on committee, legal counsel).**
- **The staff member responsible for coordinating grievance procedures.**

Commentary: Formal grievance procedures are designed to resolve differences between staff members and the program, and should be written in clear, concise terms. Procedures should dictate that the grievant provide basic information such as a written statement of the grievance and the facts on which it is based, a written allegation of the specific wrongful act and harm done, and a written statement of the requested remedy or adjustment. It may be helpful to develop a form for this purpose that includes spaces for noting significant times, dates, and actions taken relative to a grievance. Once a grievance has been filed, it should be handled formally, with each level of management acknowledging receipt by noting the time, date, and person receiving the grievance. The facts or allegations should be carefully analyzed and affirmed or denied in writing. Each level of program management should make a legitimate attempt to resolve the grievance rather than merely passing it on to the next level. If applicable, remedies or adjustments should be identified in writing.

Grievance procedures should include a process for appealing to a higher level or authority for review. The guideline may identify the levels of appeal, the time limits within which each level should respond, and the final level of authority.

The guideline should also specify who is responsible for coordinating grievance procedures, including maintaining records. Due to the sensitivity of such records, additional precautions should be taken to control access to them. A program administrator or the board of directors should analyze records of all grievances annually. If analysis reveals a trend in grievances filed, steps may be taken to minimize the causes of such grievances in the future. †

PROGRAM STANDARD 5.20: A written guideline describes mechanisms for victims/survivors to lodge complaints regarding violation of rights, poor treatment by staff, or lack of appropriate service response.

Commentary: This guideline includes specific procedures for handling complaints from victims/survivors that arise during the provision of services, and should comply with applicable laws, regulations, and ethical requirements. Procedures should outline multiple options for filing complaints and detail how complaints will be resolved. Information on complaint procedures should be available to persons served in general program materials or upon request.

Some states have specific grievance mechanisms for victim/survivor complaints. The U.S. Department of Justice (DOJ) created the [Office of the Victims' Rights Ombudsman](#) to receive and investigate complaints of victims' rights violations against DOJ employees. Other possible referral sources include the highest program authority (e.g., agency director), the funding authority, the state coalition, or the state ombudsperson (if applicable).

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Program Evaluation and Termination of Services

PROGRAM STANDARD 5.21: A written guideline describes a plan for regular program evaluation, including:

- **Summary data on victims/survivors served and services rendered.**
- **Performance-based assessments of staff's service delivery.**
- **Measures of victim/survivor satisfaction with services.**
- **Periodic assessments of community service needs.**
- **Outcome-based assessments of victim service use.**

Commentary: Periodic [needs assessments](#) and routine program [evaluation](#) are critical to developing and sustaining victim service programs, and should be regarded as an important part of quality program performance. Programs are encouraged to consider devoting appropriate time and funding to these tasks. Needs assessment and evaluation activities should always be considered through a victim-centered lens, incorporating survivor feedback regarding daily, informal practices as well as more structured programmatic activities and policies. Evaluation and assessment data should be used in determining program goals, staff training content, program capacity building, and overall strategic planning.

To keep services aligned with community needs, programs are encouraged to conduct a needs assessment every few years (or maintain access to current data) and to use assessment data to improve the quality of services delivered. A needs assessment may include a review of the extent and types of victimization occurring in the program's service area, the informational and service needs of victims/survivors, changes in demographics in the service area (e.g., languages spoken by residents, age and gender distribution), and other services and providers in the community. These assessments can reveal gaps and overlaps in service delivery, unmet community needs, and services the program is well-suited to provide.

Program evaluation consists of routine performance measurement and outcome evaluation. The [logic model](#) described in [Program Standard 1.1](#) can serve as a blueprint for measuring and evaluating program performance. Routine recordkeeping should include a data management system for the number of persons served and type and frequency of services rendered, among other indicators of the program's activities (see [Program Standard 4.2](#)). The system should be able to generate descriptive statistics (summary data) and allow for retrieval of data needed to measure the program's performance in relation to its stated goals, objectives, and funds received for services.

Programs are encouraged to supervise and review staff regularly and conduct written performance evaluations to assess and enhance the quality of service delivery. In addition, client satisfaction surveys should be administered periodically as a critical measure of program outcome. "Satisfaction" may be thought of in a number of ways, depending on program goals (e.g., the client had his or her needs met, the client thought the program helped, the client was willing to use the service in the future). Consider conducting surveys, interviews, or other measures several times each year to evaluate victim/survivor satisfaction with the services delivered and identify areas for refining them.

There are guidelines and resources available to help measure program impact on victims served, the effects of education and outreach efforts on the community, and other anticipated outcomes identified in the program's [logic model](#). Consider partnering with researchers from nearby universities and colleges to develop and implement your program's needs assessments and outcome evaluations. Students often fulfill internship, thesis, or dissertation requirements through research, and may be helpful in developing data systems, designing evaluation methodology, collecting data, performing analyses, and preparing

reports. Building relationships with research institutions sets the stage for long-term partnerships for research that can inform future generations of victim service providers.

Numerous resources exist for learning more about logic models. For example, the University of South Carolina's [College of Social Work](#) offers a 3-part webinar series that describes the basics of logic models, how to create them, and how to use logic models in grants development.

Many national and state-based agencies (e.g., law enforcement divisions, victims' fund administrators) operate research and statistics centers or training and technical assistance centers that can assist with evaluations or refer programs to regional resources.

The [Justice Research and Statistics Association](#) conducts and publishes multistate, policy-relevant research on justice issues; provides training and technical assistance to build research and evaluation capacity and knowledge of evidence-based practices at the state and local levels, and maintains information on state criminal and juvenile justice research and programs.

PROGRAM STANDARD 5.22: A written guideline describes procedures for program closing or termination, including:

- **Notification of victims/survivors.**
- **Notification of staff and volunteers.**
- **Community notification.**
- **Records retention.**

Commentary: To minimize the negative effects of a program's closing or termination on victims/survivors, professionals, and communities, it is important to have specific protocols in place for retaining records and notifying affected parties when a victim assistance program ceases to provide services. Any victims/survivors currently receiving services should be notified of the closing via reliable methods (preferably in person, by phone, or by the means of electronic communication through which services were provided). Whenever possible, assist victims/survivors in making new safety plans and provide them with transfers or referrals for seeking services through another organization, as appropriate. Post fliers, press releases, posters, and electronic media in high-service areas (e.g., partner programs, surrounding communities), stating the date that services will cease and contact information for alternative programs and for crisis response. Program staff should be notified of the program's closing in a timely fashion (e.g., within 24 hours of the program administrator's knowledge), as should program volunteers (e.g., within 10 working days). Provide written notification to relevant community organizations and justice agencies, including courts, law enforcement, the local department of corrections, domestic violence intervention programs, shelters, state coalitions, substance abuse services, departments of human services, colleges and universities, medical facilities, faith organizations, service groups for marginalized populations, and other groups that have had contact with the program or with victims/survivors in the community. In accordance with applicable laws, regulations, and ethical requirements, plans should be established for securely storing financial, management, personnel, and client records; notifying clients regarding procedures for claiming records; and disposing of secure data.

View [Competency Standards, Section V: Administration and Evaluation](#).

View [Ethical Standards, Section V: Administration and Evaluation](#).

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† The Commission on Accreditation of Law Enforcement Agencies (CALEA) has requested that specific adaptations of CALEA standards be individually noted. Throughout this section, the † symbol is used to denote program standards that rely heavily on original CALEA standards. These include Program Standards 5.9, 5.11, 5.16, 5.17, 5.18, and 5.19. Individuals who want to further adapt these standards in any published source are advised to refer to chapters 25 and 26 of CALEA's Standards for law enforcement agencies (1998).

COMPETENCY STANDARDS FOR SERVING VICTIMS & SURVIVORS OF CRIME

The competency standards describe core competencies that are necessary for delivering quality victim services. These competencies are common to a number of different types of victim assistance providers and are intended to apply to a broad variety of victim services settings.

Each competency standard consists of two parts:

- **Standard statement.** The standard statement is a declarative sentence outlining the work-related abilities necessary for the provision of services.
- **Standard elements.** Elements include knowledge (e.g., "describe," "recognize," "understand"), attitudes (e.g., "value," "respect"), and skills (e.g., "apply") that, taken together, equate to the required competency.

The competency standards describe *what* should be accomplished by the individual, yet allow for discretion regarding *how* the accomplishments should be achieved. Victim assistance providers may gain competency through personal experience, on-the-job performance, training, formal education, or in other ways.

The competency standards consist of knowledge, attitudes, and skills. Educators and trainers can develop curricula, training packages, and opportunities for professional growth to help victim assistance providers meet these standards. Victim assistance providers can use the competency standards to assess their own progress toward competencies, while administrative staff can use the standards to identify in-service training and professional development needs within their programs. To promote staff development, programs should provide opportunities for staff to obtain training, education, and other professional skill in competencies for which staff are evaluated.

Providers are encouraged to consult [VAT Online](#) a comprehensive, no-cost curriculum that is appropriate as both an introductory course for those new to their roles and as a refresher course for more experienced service providers.

Although all competencies are likely to improve with on-the-job performance, some (e.g., those on coordinating in section II and on self-awareness in section V) are likely to require greater practice and experience. Therefore, programs should wait several months before conducting any competency assessments, to give victim assistance providers sufficient time to achieve competency.

COMPETENCY STANDARDS

Section 1: Scope of Services

COMPETENCY STANDARD 1.1: The victim assistance provider adheres to legal, ethical, and behavioral standards of conduct in the helping relationship.

Elements include the ability to:

- Describe major laws or regulations related to one's own provision of services.
- Describe basic legal, ethical, and behavioral standards related to one's own provision of services.
- Value the need to comply with regulatory and professional expectations, including those for conduct and ethical decisionmaking.
- Apply strategies for organizing one's workload and case handling to meet assigned responsibilities.
- Respect the boundaries of the victim assistance provider's role, including knowing the difference between one's personal feelings and professional responses; maintaining separation of personal relationships and relationships with clients; and promoting victim/survivor **empowerment**, rather than "rescuing" them.
- Describe, in lay terms, capabilities and limitations of the victim assistance provider's role for crime victims/survivors (as these are relevant to persons served).

COMPETENCY STANDARD 1.2: The victim assistance provider describes the overall services of the victim assistance system in the geographic area served.

Elements include the ability to:

- Describe the purposes, goals, and interdependence of major programs serving victims/survivors.
- Understand the basic practical implications of the statutory rights of victims, including the general parameters of each program's service. 
- Value the need to provide accurate, thorough, and unbiased information on available services.

 **VictimLaw**, an OVC-funded database, provides access to victims' rights statutes, tribal laws, constitutional amendments, court rules, administrative code provisions, and case summaries of related court decisions.

COMPETENCY STANDARD 1.3: The victim assistance provider describes the community's justice systems and their relation to public and private victim service programs.

Elements include the ability to:

- Describe, in general terms, the justice systems that serve individuals in the geographic area served by the program (e.g., city, state, tribal, and federal systems for criminal, civil, juvenile, family, and military justice). 
- Describe, in practical detail, the structure and parts of the justice systems most closely associated with one's own services (e.g., important procedures or places).
- Describe the key victim-related parts of criminal and civil codes and juvenile laws most closely associated with one's own services.
- Describe the value and limitations of victim participation in the different justice systems and the potential results of each.
- Recognize the significance of different phases of justice processing, from crime reporting through investigation, trial, re-entry, parole, and aftercare.

- Recognize the roles that government, nonprofit, and private programs and organizations play in the justice process (e.g., victim assistance, [advocacy](#), and [restorative justice](#)).

COMPETENCY STANDARD 1.4: The victim assistance provider describes other service systems that impact victims/survivors in the geographic area served.

Elements include the ability to:

- Describe key government and community-based programs that provide financial assistance to individuals and families (e.g., compensation programs, aid to needy families, emergency funds).
- Describe key government and community-based programs that provide employment services to individuals.
- Describe key programs that provide health care services to individuals and families (e.g., hospitals, clinics, dentists).
- Describe key programs that provide shelter and housing to individuals and families (e.g., homeless shelters, housing authority).
- Describe key programs that address the social welfare of children, families, and older individuals (e.g., social services, child protective services, adult protective services, [guardians ad litem](#), mental health services).
- Describe key programs that address legal services (e.g., for domestic violence and sexual assault, family law, immigration, housing law, public benefits access, discrimination).
- Recognize the significance that financial, medical, housing, mental health, faith-based, and social services programs can have in victim/survivor [resilience](#) and risk reduction.

COMPETENCY STANDARD 1.5: The victim assistance provider describes the purpose of his/her program and its place within the justice and service systems of the community.

Elements include the ability to:

- Understand the organizational structure of the program and its relationship to any overarching boards and agencies.
- Understand basic program policies and procedures.
- Describe the relationships between the program and victims/survivors, the justice system, and other human services programs.
- Describe, in lay terms, the program's services, and the procedures for accessing them.

View [Program Standards, Section I: Scope of Services](#).

View [Ethical Standards, Section I: Scope of Services](#).

COMPETENCY STANDARDS

Section II: Coordinating Within the Community

The development of some competencies in this section will require practice and experience. Thus, assessment of these competencies should not be undertaken for several months, until the victim assistance provider has had an opportunity to achieve competency.

COMPETENCY STANDARD 2.1: The victim assistance provider describes the purpose of his/her program and its place within the justice and service systems of the community.

Elements include the ability to:

- Describe a variety of resources for services, [referral](#), advocacy, and [outreach](#).
- Apply strategies for communicating and [collaborating](#) with other service providers, both within and outside the program. 
- Apply procedures for thorough and appropriate case handling, including conducting assessments, planning, linking to resources, monitoring progress, and terminating services.
- Describe the basic aspects of services provided at referral agencies, including eligibility requirements, hours of service, accessibility (e.g., for individuals with disabilities, who are Deaf or hard-of-hearing, or who have [limited English proficiency](#)), and contact information.
- Value the benefits of providing [multidisciplinary](#) services to victims/survivors and service providers.

COMPETENCY STANDARD 2.2: The victim assistance provider collaborates on efforts to improve systems, laws, institutions, and policies that affect crime victims/survivors.

Elements include, as appropriate to personal and program goals, the ability to:

- Describe social change needs that would support the victim/survivor population served by one's program.
- Recognize the need to advocate for social change using terms and concepts that engage administrators, prospective funding sources, legislators, and the public.
- Apply strategies for coordinating community education campaigns, such as serving on speaker's bureaus, distributing brochures and educational materials, speaking with media representatives, and conducting outreach to underserved populations.
- Apply strategies for coordinating [in-service training](#) for coworkers and cross-disciplinary training for other professionals.
- Value the need to transmit one's own learning to others.
- Value the need to stay abreast of the most current research-informed or [evidence-based](#) practices in order to inform and improve systems and [policy](#).

View [Program Standards, Section II: Coordinating Within the Community](#).

View [Ethical Standards, Section II: Coordinating Within the Community](#).

COMPETENCY STANDARDS

Section III: Direct Services

COMPETENCY STANDARD 3.1: The victim assistance provider develops rapport and communicates effectively with victims/survivors.

Elements include the ability to:

- Demonstrate ongoing efforts to improve skills in effective communication, including verbal and nonverbal communication, and **cultural competency**.
- Apply basic strategies for good communication, including developing rapport, actively listening, and ensuring that victims have access to qualified, victim-appropriate interpretation and translation services (e.g., spoken and signed language interpreters, translated materials, videophones, TTY devices).
- Establish and maintain collaborative and trusting relationships with victims/survivors.
- Relate to victims/survivors in a respectful and nonjudgmental manner; employ a **victim-centered** and **trauma-informed** perspective.
- Focus on victim/survivor empowerment and emphasize strengths.
- Support victim **self-determination** and informed decisionmaking.
- Respect client **confidentiality**. 
- Apply strategies for using verbal and nonverbal communication to calm crisis situations so that assessments and case planning may take place.
- Apply strategies for gathering case-specific information and relevant facts for **safety planning** and service delivery.
- Value the need to communicate as a service provider, rather than trying to gain case information as part of an investigation.
- Apply strategies for addressing conflict and moderating one's own verbal and nonverbal reactions to victim/survivor communications as needed.

Supporting a victim's right to self-determination may become complicated in contexts involving children or people of all ages who have certain cognitive disabilities or mental illnesses that impede their ability to make decisions affecting their safety and well-being. Victim assistance providers are encouraged to consider the age, maturity, and cognitive abilities of their clients, and to consult qualified medical, mental health, and social work professionals for assistance in interpreting a client's level of self-determination. Providers who frequently work with children or adults with certain disabilities or illnesses are encouraged to seek training in understanding mental competence and effective communication skills.

COMPETENCY STANDARD 3.2: The victim assistance provider helps victims/survivors to identify appropriate resources.

Elements include the ability to:

- Identify the effects of crime on the lives of victims, survivors, and their families and friends, including its mental, physical, financial, legal, social, emotional, and **spiritual** impact.
- Assist victims through the process of identifying and prioritizing their needs as they define them.
- Describe appropriate service options, how to access them, and the benefits or reasonable expectations of each.
- Apply strategies for using flexible and innovative solutions to address victim/survivor needs.
- Recognize victim/survivor strengths that promote resilience as well as conditions that influence victim/survivor vulnerability (e.g., symptoms of mental illness, trauma reactions, substance abuse).
- Describe appropriate referral resources for addressing those needs that are beyond the scope of one's program (e.g., mental health referrals, substance abuse **counseling**, child and adult

protective services, legal services, medical care, housing, employment assistance, disability services, language assistance, spiritual direction).

COMPETENCY STANDARD 3.3: The victim assistance provider advocates appropriately for individual victims/survivors within the organization and the community.

Elements include the ability to:

- Describe, in lay terms, what advocacy is.
- Recognize the contribution that advocacy can make toward victim/survivor well-being, and the effectiveness of interventions.
- Support and facilitate the victim/survivor in advocating on his or her own behalf, where appropriate (see text box, above, on self-determination).
- Apply strategies for educating colleagues and administrators about the victim assistance provider's role.
- Value the victim's right to self-determination, where appropriate, and advocate for what the victim/survivor wants and needs, and for his or her rights, throughout service delivery (within the limits of ethics and program policy).
- Apply strategies appropriate to organizations, systems, and communities in negotiating victim/survivor needs.

COMPETENCY STANDARD 3.4: The victim assistance provider assists individual victims/survivors in addressing their traumatic responses to victimization. 

Elements include the ability to:

- Identify short- and long-term consequences of trauma and reactions to it, including grief and loss and reactions in crisis situations.
- Recognize the range of normal reactions to having been victimized (e.g., anger, self-blame, helplessness).
- Recognize how trauma can affect a victim's ability to access and use services and to assist in the criminal justice process.
- Understand the general concepts of human development, relationship dynamics, and environmental stressors (e.g., previous victimization, poverty) as they relate to victim/survivor responses and resilience.
- Understand the impact of complex trauma and polyvictimization.
- Describe aspects of the justice or service process that may create additional trauma for victims/survivors and ways to minimize and address [re-traumatization](#).
- Apply strategies for responding effectively to victim/survivor trauma, including helping victims/survivors to identify environmental stressors, removing or reducing stressors, and empowering victims/survivors to regain a sense of personal control.
- Recognize when reactions to trauma indicate that referral for clinical treatment (e.g., trauma therapy, mental health treatment) may be helpful.
- Describe strategies for victim/survivor [self-care](#) to supplement formal service options.

The [National Child Traumatic Stress Network](#) provides resources and information related to understanding the impact of trauma and helping children and families.

COMPETENCY STANDARD 3.5: The victim assistance provider uses effective [crisis intervention](#) skills when confronted with a crisis situation.

Elements include the ability to:

- Understand program policies and procedures for crisis situations.
- Recognize when a situation is a crisis and the danger it presents to the person served and others.
- Assess victim/survivor concerns about immediate safety and take steps to reduce these concerns.
- Use active listening during the victim's or survivor's re-telling of the event.
- Help victims/survivors identify and plan for potential stressors.
- Apply specific strategies for addressing foreseeable crisis situations (e.g., suicidal behavior).
- Recognize exceptions to confidentiality rules in crisis or dangerous situations.
- Understand applicable mandated reporting requirements and the program policies for filing such reports.
- Identify resources within the organization or the community that can assist with crisis situations, as needed, to support victim safety.
- Understand and apply safety procedures as they apply to dangers that may affect staff.

COMPETENCY STANDARD 3.6: The victim assistance provider adequately prepares victims/survivors for interacting with justice and service systems.

Elements include the ability to:

- Describe, in lay terms, basic victims' rights and how they apply to victim/survivor situations.
- Describe, in lay terms, the roles and processes of the criminal justice and service systems. Understand that many victims come from countries where systems and rule of law are different, and utilize community members from similar background to bridge cultural differences, as appropriate.
- Where appropriate, provide information to help victims/survivors make informed choices about their level of participation in the criminal justice and service systems.
- Identify methods for gathering accurate information on case procedures and potential outcomes.
- Prepare victims/survivors for involvement in the criminal justice and service processes.
- Apply strategies for helping victims/survivors access and participate fully in the criminal justice and service systems (e.g., victim, health, and community services).
- Recognize the significance of justice proceedings for victims/survivors, both as a vehicle of empowerment and of re-traumatization.
- Value the need for realistic expectations of justice proceedings and victim service plans.
- Recognize when connecting the victim/survivor with another provider may be most beneficial to ensure seamless delivery of services.
- Understand and apply safety procedures as they apply to dangers that may affect staff.

COMPETENCY STANDARD 3.7: The victim assistance provider successfully advocates for victims/survivors in criminal justice settings (as appropriate to program goals).

Elements include the ability to:

- Understand and communicate basic rules of courtroom behavior and proceedings.
- Communicate the basic rights of crime victims and how these should be upheld within the criminal justice process.
- Recognize when a victim's rights have been violated and follow procedures to bring the violation to the attention of appropriate professionals.
- Recognize the basic legal options of victims/survivors and the potential results of different courses of action.
- Apply strategies for communicating effectively and positively with attorneys and other legal personnel on behalf of crime victims and survivors.
- Identify resources for learning more about legal processes and justice issues.
- Understand the difference between legal advice and legal representation, and understand the prohibitions against providing such advice or representation without a license to do so.
- Understand when to refer a victim to a legal service provider for additional assistance.

COMPETENCY STANDARD 3.8: The victim assistance provider engages in ongoing support and follow-up for individual victims/survivors, families, and groups.

Elements include the ability to:

- Recognize the mental, physical, financial, social, emotional, and spiritual needs of both direct and **indirect victims** of crime.
- Identify programs and resources for meeting victim/survivor needs over time.
- Maintain trusting relationships with victims/survivors, emphasizing empowerment and self-determination, where appropriate.
- Recognize the unique benefits of different forms of support, including peer and professional support, and also group and individual support.
- Follow up with victims to determine if referrals were helpful and effective in addressing their needs.
- Apply strategies for addressing individual and group conflicts.
- As appropriate to program goals, apply strategies for helping to organize self-help and other support groups.
- As appropriate to task demands, recognize the basic dynamics of group processes, including roles, norms, interdependence, leadership, and phases of group development.
- As appropriate to task demands, apply strategies that foster empowerment and positive interpersonal support within group intervention settings.
- As appropriate to task demands, apply strategies for promoting fairness and respectfulness within group intervention settings (e.g., ground rules).

COMPETENCY STANDARD 3.9: The victim assistance provider uses specific interventions appropriate to the type of victimization.

Elements include the ability to:

- Identify key issues for high-incidence cases addressed by one's own program, including (as applicable) homicide, suicide, death notification, sexual violence, domestic violence, dating violence, stalking, hate crimes, property crimes, drunk driving death and injury, elder abuse, child victimization, exploitation and trafficking, online and electronic crime, and terrorism.
- Identify key issues related to case characteristics (e.g., relationship to offender).
- Identify the impact of specific types of crime and the needs of victims/survivors of those crimes.
- Describe appropriate services and referrals for victims/survivors based on the type of victimization and the person's individual needs.
- Describe options for self-care and community activism based on the type of victimization and the person's individual interests.
- Apply strategies for addressing crime-specific types of interventions (e.g., safety planning, including safe use of technology).
- Recognize interventions that may be inappropriate for particular types of cases (e.g., [mediation](#) in domestic violence cases).
- Identify research-informed and evidence-based interventions that may be helpful for the program's victims/survivors.
- Make referrals as needed when personal biases, training, expertise, or resources limit the provider's effectiveness.

View [Program Standards, Section III: Direct Services](#).

View [Ethical Standards, Section III: Direct Services](#).

COMPETENCY STANDARDS

Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology

COMPETENCY STANDARD 4.1: The victim assistance provider uses information and technology in a manner that protects the privacy, security, and accessibility rights of victims/survivors.

Elements include the ability to:

- Value the right to accessible, secure, confidential services for victims/survivors of crime.
- Recognize which media are appropriate for victims'/survivors' individual communication needs and comfort levels.
- Describe laws, regulations, and ethical requirements pertaining to accessibility, privacy, and confidentiality of services; [privileged](#) communication; and mandated reporting.
- Describe methods for enhancing the privacy and security of communications with victims/survivors, such as using written, time-limited confidentiality and client-release agreements; options for receiving phone calls with caller-ID blocked; de-identification of personally identifiable data; and regular updating of computer security software.

- Understand the importance of securing clients' personally identifiable information to reduce the risk of a data breach.
- Describe multiple types of [auxiliary aids and services](#) that may be helpful to individuals with disabilities or specific needs (e.g., mobility devices, screen readers, telecommunication relay services), and the procedures for accessing these services.
- When appropriate and safe to do so, apply strategies for building rapport with victims/survivors using a variety of media and electronic technologies, including cellular and smart phones, email, instant messaging or chat sessions, texting, and audio and video conferencing.
- Understand organizational policies, laws, regulations, and ethical requirements regarding safeguarding, retaining, and destroying client records and personal information.

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View [Program Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

View [Ethical Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

COMPETENCY STANDARDS

Section V: Administration and Evaluation

Self-Awareness and Self-Care

Development of some of the competencies in this section will require practice and experience. Thus, victim service providers should not be assessed for these competencies for several months, until they have had an opportunity to achieve competency.

COMPETENCY STANDARD 5.1: The victim assistance provider uses self-awareness to monitor and enhance his/her provision of services.

Elements include the ability to:

- Recognize one's own personal and professional strengths and limitations.

- Recognize and apply strategies to separate one's own cultural, racial, ethnic, gender, or other biases from one's ability to provide competent, compassionate, and **victim-centered** services.
- Value the need for positive growth and change, both personally and professionally.
- Value the need for fair delivery of services to all people served.
- Identify resources available for professional development and self-improvement.
- Value the benefits of self-assessment and supervision for professional growth.
- Apply strategies for translating personal mistakes into learning experiences.

COMPETENCY STANDARD 5.2: The victim assistance provider competently responds to diverse and underserved victim/survivor populations.

Elements include the ability to:

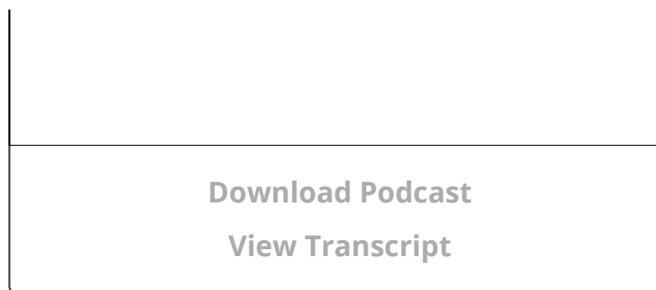
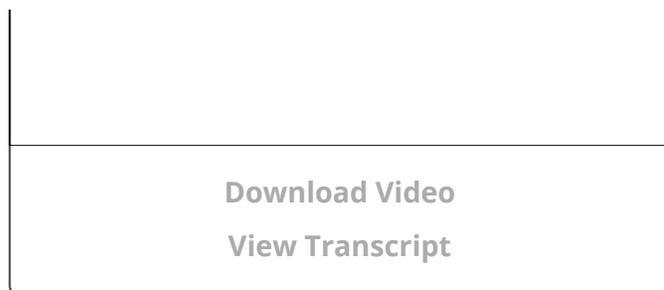
- Treat all victims/survivors with dignity and respect.
- Work collaboratively with other service providers and with victims/survivors from diverse populations to minimize or eliminate barriers to services.
- Recognize major types of cultural differences that influence victimization rates and victim/survivor responses to crime, including age; race; color; national origin, including limited English proficiency; literacy; **gender identity** and expression; **sexual orientation**; disability; social class; economic status; education; marital status; familial status; religion; immigration status; and HIV status.
- Appreciate and respect the validity of multiple perspectives and diverse value systems.
- Describe relevant state, tribal, and federal policy and legislation that apply to diverse populations (e.g., federal legislation such as Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, the Battered Immigrant Women Protection Act, the Prison Rape Elimination Act, the Age Discrimination Act, the Trafficking Victims Protection Act, the Violence Against Women Act, the Family Violence Prevention and Services Act, the Victims of Crime Act, the Omnibus Crime Control and Safe Streets Act of 1968, Juvenile Justice and Delinquency Prevention Act of 1974, and Federal Agency Final Regulations Implementing Executive Order 13559: Fundamental Principles and Policy Making Criteria for Partnerships with Faith-Based and Other Neighborhood Associations).
- Describe service and referral options based on each victim's individual needs.
- Value the need for ongoing training on **diversity** and cultural competency. 
- Identify national, regional, and community resources for professional consultation on cultural and linguistic competence.
- Understand and implement program policies and procedures for accessing interpreters, translators, bilingual staff, and **auxiliary aids and services**.

Competency Standards



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COMPETENCY STANDARD 5.3: The victim assistance provider manages job-related stress.

Elements include the ability to:

- Understand the concepts of [burnout](#), [compassion fatigue](#), and [vicarious trauma](#).
- Appreciate the benefits of stress-management and wellness programs for personal and professional well-being, [self-care](#), workplace climate, and overall program functioning.
- Recognize job-related events and experiences that may be stressful for victim assistance providers.
- Recognize personal signs of stress, including physical, psychological, and social symptoms.
- Identify resources for learning about and accessing stress-management and wellness activities.
- Apply stress-management techniques appropriate to one's own interests, values, and personal or professional demands. 

Competencies for Directors and Administrators

COMPETENCY STANDARD 5.4: The director or administrator integrates general knowledge of organizational structure into program practices.

Elements include the ability to:

- Recognize ways that the goals and objectives of various victim movements have been shaped by perspectives on the causes of victimization (e.g., social and racial oppression and tolerance of violence, family dynamics, individual psychology, poverty).
- Recognize how the different ideologies and historical roots of victims movements may influence personal beliefs and how programs function.
- Recognize how management style and cultural beliefs can influence organizational structure.
- Apply strategies for maximizing collaborations to meet mutual goals and objectives.
- Apply strategies for refining the organizational structure to accomplish the program's mission and meet communitywide service goals.

COMPETENCY STANDARD 5.5: The director or administrator engages in general administrative and managerial tasks.

Elements include the ability to:

- Develop goals, objectives, and plans appropriate to the victim service program.
- Identify resources for administrative problem solving and enhancement of general administrative skills (e.g., consultation or educational resources on bookkeeping).

- Apply marketing and educational strategies that are appropriate to the victims served, collaborative partners, and funding providers.
- Apply basic strategies for recruiting, assigning, and supervising staff (e.g., screening, communicating expectations, monitoring performance).
- Apply basic strategies for identifying the training and professional development needs of staff and volunteers.
- Institute procedures for managing relationships between the program director and the board or overarching agency.
- Exercise **cultural competency** in all aspects of organizational management, including ensuring community representation on boards and committees, and among all levels of organizational staff.
- Use conflict resolution skills to support positive change within the organization. 
- Apply strategies for regularly engaging staff to identify and address burnout, **compassion fatigue**, and vicarious trauma.
- Apply strategies for ensuring that the organization operates in a **survivor-informed** manner by obtaining routine feedback from victims/survivors about the organization's informal and formal practices and procedures, which may inadvertently re-traumatize victims/survivors. 

COMPETENCY STANDARD 5.6: The director or administrator monitors and enhances program functioning through program evaluation.

Elements include the ability to:

- Respect program **evaluation** as an important component of program plans, goals, and outcomes.
- Appreciate the value of regularly collecting data on victims' needs and the services provided, and institute procedures for routinely recording case-related information.
- Engage program staff and volunteers, victims/survivors, and community stakeholders in shaping program evaluation activities, including meaningful opportunities to participate in those activities and provide recommendations for program enhancement.
- Understand current professional literature relevant to service delivery.
- Identify program components that require descriptive analysis (e.g., people served, services provided, program expenditures).
- Apply methods for routinely and systematically documenting, analyzing, and reporting victims' needs and the services provided to them. 
- Identify sources with expertise in conducting evaluations to assist with the program's evaluation activities.
- Cultivate relationships with individuals and organizations with research expertise to explore opportunities to participate in research to advance the victim services field.
- Identify program and community-service needs using recent statistical reports, interviews, victim/survivor input, and survey data collection.
- Synthesize evaluation findings to develop recommendations for program enhancement.
- Value the need to stay abreast of the most current research-informed or **evidence-based** practices in order to inform and improve systems and **policy**.

For assistance identifying evidence-based programs and practices for victims of crime, visit www.crimesolutions.gov, a "what works" clearinghouse maintained by the Office of Justice Programs, or the [National Registry of Evidence-Based Programs and Practices](#), maintained by the Substance Abuse and Mental Health Services Administration.

COMPETENCY STANDARD 5.7: The director or administrator secures and manages resources to carry out program goals.

Elements include, as appropriate within legal and agency guidelines, the ability to:

- Apply strategies for projecting resource needs and ordering and procuring resources.
- Analyze techniques for distributing resources (e.g., labor, office space, equipment) and monitoring usage and expenditures.
- Apply strategies for ensuring that adequate resources are devoted to required technology and data security (e.g., security software, technical support, [auxiliary aids and services](#) for persons with specific needs).
- Apply strategies for soliciting non-monetary resources from local businesses, major corporations, state and national organizations, and other sources.
- Apply strategies for identifying local, state, tribal, federal, and private funding sources.
- Acquire the skills needed to write effective grant proposals.
- Appreciate the value of collaborating with other organizations to secure funding and deliver services, in order to enhance a coordinated community response to victimization.

View [Program Standards, Section V: Administration and Evaluation](#).

View [Ethical Standards, Section V: Administration and Evaluation](#).

ETHICAL STANDARDS FOR SERVING VICTIMS & SURVIVORS OF CRIME

The ethical standards identify behavioral expectations for victim assistance providers based on core values for the field. They are intended as guidelines that apply to a range of issues that may be encountered and addressed in the daily provision of victim services. The ethical standards apply only to the victim assistance provider's work-related activities; that is, activities that are part of the provider's professional functions or that deal distinctly with victim service issues. This includes activities conducted while the victim assistance provider is acting as a representative of the victim service program (e.g., at professional meetings), delivering victim services in the community (e.g., on volunteer crisis teams), and responding to professional information (e.g., maintaining the confidentiality of client information). Work-related activities should be viewed separately from the victim assistance provider's wholly private conduct, which ordinarily is not within the scope of the ethical standards. 

Each standard is composed of two parts:

- **Standard statement:** The standard statement is a declarative sentence outlining a clear expectation for ethical conduct.
- **Standard commentary:** The commentary clarifies the intent of the standard by providing narratives and examples. Although not all examples apply to individual situations, victim assistance

providers are strongly encouraged to comply with the principles set forth in the standard commentary.

Professionals who are trained in another field (e.g., psychology, social work) but are engaging in victim services will abide by their own professional codes of ethics. If the ethical standards establish a higher standard of conduct than is required by law or another professional ethic, victim assistance providers should meet the higher ethical standard. If ethical standards appear to conflict with the requirements of law or another professional ethic, providers should take steps to resolve the conflict in a responsible manner.

ETHICAL STANDARDS

Section I: Scope of Services

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

ETHICAL STANDARD 1.2: The victim assistance provider accurately represents his/her professional title, qualifications, and/or credentials in interactions with the people served and in public advertising.

Commentary: Victim assistance providers should disclose their job titles and professional credentials to everyone they serve, as well as in all written professional communications, to avoid misunderstandings and misconceptions about their credentials, role, and responsibilities. Exception may be made if credentials are unrelated to the job or role being performed (e.g., a provider who has a counseling degree but will not be providing [counseling](#) services). Victim assistance providers are obligated to inform victims/survivors of the nature of services to be provided and any purposes, goals, procedures, or limitations that may affect the professional relationship.

If a victim assistance provider's name appears on business cards, letterhead, brochures, directories, advertisements, or electronic media, the provider's title should be included. In advertisements, victim assistance providers may describe their fees, professional qualifications, contact information, and the services provided. Victim assistance providers are discouraged from advertising services in terms of quality or uniqueness and from using victim/survivor testimonials. Advertisements are to be factual.

Victim assistance providers should abstain from fraudulent use of letterhead, business cards, electronic or social media, and other promotional materials; or of any record, diploma, or certificate. Fraudulent use includes materials that have been illegally or fraudulently obtained or issued or which misrepresent the victim assistance provider in any way.

ETHICAL STANDARD 1.3: The victim assistance provider maintains a high standard of professional conduct.

Commentary: Victim assistance providers are to be respectful of rules, procedures, and appropriate behavior before a court or other adjudicatory body. They should avoid improper behavior and the appearance of improper behavior, and should not engage in any conduct that would negatively affect their ability to provide services. Such conduct may include, but is not limited to violence, dishonesty, conflict of interest, personal bias, interference with the administration of justice, and abuse of a professional position or public office. In rare cases, exceptions might include conduct clearly directed toward demonstration, protest, or other forms of social change advocacy; victim assistance providers are

strongly encouraged to seriously consider the costs, benefits, and ethical implications of such actions and to seek consultation and supervision about such advocacy.

Victim assistance providers should not use their official positions to secure gifts, monetary rewards, or special privileges or advantages. They should clearly separate personal views from those adopted by their organizations, and should not communicate personal views on organizational letterhead or any other organizational communication tools (e.g., social media).

When acting as a supervisory authority, the victim assistance provider shall refrain from knowingly assigning a task to an individual who is not licensed to perform that task or has not developed the competence to perform such a task.

ETHICAL STANDARD 1.4: The victim assistance provider achieves and maintains a high level of professional competence.

Commentary: Victim assistance providers should take all necessary and reasonable steps to maintain continuing competence in their service provision, including knowledge of relevant scientific and professional information related to the services rendered. Providers should recognize the need for ongoing [professional development](#), including compliance with any licensing requirements, and make appropriate use of professional, technical, and administrative resources. Victim assistance providers should consult a supervisor or other knowledgeable individual when they need advice or assistance in how to best serve the interests of a victim/survivor.

Victim assistance providers are to limit their services to those permitted by the position they hold in the victim assistance program, and to confine the services they provide to tasks within their individual range of knowledge and skill. Victim assistance providers should refer victims/survivors to other professionals when the services required are beyond the provider's competence.

The victim assistance provider shall not provide services while impaired by medication, alcohol, drugs, or other chemicals, and shall refrain from providing services when experiencing a mental or physical condition that impairs their ability to practice safely.

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.

Commentary: For any billed services, fee schedules and payment options should be agreed to at the beginning of the professional relationship. Victim service providers should discuss with victims/survivors how insurance reimbursements will be handled; any charges that may be incurred for missed or canceled appointments; and any other financial issues. Payment arrangements should be provided in writing to persons served. Victim assistance providers should be able to furnish, on request, a written explanation of the charges for any services rendered.

Victim assistance providers may not accept goods or services from the victims they serve or from third parties outside of the approved fee arrangement. Accepting goods or services is appropriate only in exceptional circumstances (e.g., when refusal could imply disrespect for culturally specific customs). In these cases, victim assistance providers should seek consultation or supervision regarding possible conflicts of interest or appropriate disposition of the goods received.

Victim assistance providers should neither accept nor give a commission, rebate, fee split, or other form of remuneration for the referral of a person served.

View [Program Standards, Section I: Scope of Services](#).

View [Competency Standards, Section I: Scope of Services](#).

ETHICAL STANDARDS

Section II: Coordinating Within the Community

ETHICAL STANDARD 2.1: The victim assistance provider conducts relationships with colleagues and other professionals in a way that promotes mutual respect, public confidence, and improvement of service.

ETHICAL STANDARD 2.2: The victim assistance provider shares knowledge and encourages proficiency in victim assistance among colleagues and other professionals.

Commentary: Victim assistance providers should be willing to transmit their knowledge and skills to others, including paid and volunteer victim assistance providers. This includes efforts to ensure that volunteers have access to the training, supervision, resources, and support required to serve victims/survivors of crime.

Victim assistance providers are to view their roles and responsibilities as part of an overall team effort by justice and service personnel, with knowledge-sharing directed to the delivery of quality victim services. Providers should interact effectively and sensitively with all members of the team. This includes using group skills, such as cooperation, leadership, and listening; respecting team members' cultural and religious differences; managing conflict in the workplace by considering others' points of view; and respecting the philosophies and practices of various disciplines.

ETHICAL STANDARD 2.3: The victim assistance provider serves the public interest by contributing to the improvement of systems that impact victims and survivors of crime.

Commentary: Victim assistance providers are expected to participate in professional activities and to assume community responsibilities when these are necessary to meeting program goals. They should be sensitive to the service needs of the public and promote the development of programs that address such needs. As allowed under agency policy and by funding sources, victim assistance providers should participate in community efforts to prevent victimization, improve the criminal justice and victim services systems, and improve access to these systems. Victim assistance providers are also encouraged to work toward change in policies, laws, and systems that are unjust, discriminatory, or ineffective.

View [Program Standards, Section II: Coordinating Within the Community](#).

View [Competency Standards, Section II: Coordinating Within the Community](#).

ETHICAL STANDARDS

Section III: Direct Services

ETHICAL STANDARD 3.1: The victim assistance provider respects and attempts to protect the victim's or survivor's civil rights.

Commentary: In addition to basic civil rights, a number of other rights have been prescribed for victims/survivors through state standards, legislation, and other sources. Victim assistance providers are encouraged to abide by the following guidelines for victims' rights:

- The victim/survivor retains all basic civil rights in the professional relationship.
- The victim/survivor retains the right to not be discriminated against on the basis of age; race; color; national origin, including limited English proficiency; literacy; sex, gender identity and expression;

sexual orientation; disability; social class; economic status; education; marital status; religion; immigration status; or HIV status in the provision of services.

- The victim/survivor retains the right to protect his or her confidential information and records, and to have that right protected.
- The victim/survivor retains the right to know any and all exceptions to the confidentiality agreement, including state, tribal, or federal laws (including [mandated reporting](#)) governing the victim assistance provider's duty to report the abuse of children and [vulnerable adults](#).

ETHICAL STANDARD 3.2: The victim assistance provider recognizes the interests of the person served as a primary responsibility.

Commentary: Although service provision is dictated by the limits of ethics, program policy, and state and federal laws, victim assistance providers should pursue the best interests of the persons they serve and advocate for what victims want (see [Ethical Standard 3.4](#) for considerations regarding self-determination). When a conflict arises between a victim's interests and those of the victim assistance provider or program, the provider should verbally disclose the situation to the victim, refer the victim to an alternate provider, and/or consult a professional regarding appropriate resolution of the conflict. In situations involving multiple victims or mass casualties, providers should ensure that all victims are served at a level that meets or exceeds applicable standards, policies, or laws.

ETHICAL STANDARD 3.3: The victim assistance provider refrains from behaviors that communicate victim blame, suspicion regarding victim/survivor accounts of crime, condemnation for past behavior, or other judgmental sentiment.

Commentary: One of the most significant barriers to accessing victim services is victims' belief that their story will not be believed or that they will be judged or blamed for the crime perpetrated against them. To establish trust and [advocate](#) effectively for victims/survivors, it is critical that victim assistance providers use a [culturally competent](#), respectful, and nonjudgmental approach.

ETHICAL STANDARD 3.4: The victim assistance provider respects the victim's right to self-determination.

Commentary: In some cases, victim assistance providers may perceive victims'/survivors' wants, needs, and rights differently from how the victims/survivors perceive them. Unless dictated by program policy, victim assistance providers shall under no circumstances use ultimatums in the provision of services (e.g., providing services only if a victim/survivor of relationship violence agrees to leave the abusive relationship). Victim assistance providers are also prohibited from intentionally withholding service information that might contribute to a victim's decisionmaking.

Victims/survivors have the most informed perspectives of their own history, preferences, risks, and resources. This gives them ultimate authority over their own interests. When a victim's wants are at stark odds with a victim assistance provider's perception of the victim's best interests, the provider can present information to help the victim gain a broader perspective. Nevertheless, the victim assistance provider's role is ultimately to encourage the victim/survivor to make his or her own decisions, and to support the victim/survivor in those decisions.

Supporting a victim's right to [self-determination](#) may become complicated in contexts involving children or people of all ages who have certain cognitive disabilities or mental illnesses that impede their ability to make decisions affecting their safety and well-being. Victim assistance providers are encouraged to consider the age, maturity, and cognitive abilities of their clients and to consult qualified medical, mental health, and social work professionals for assistance in interpreting a client's level of self-determination. Providers who frequently work with children or adults who have certain disabilities or illnesses are

encouraged to seek training in understanding mental competence and effective communication skills.

See www.thearc.org for more position statements related to supporting self-determination for people with cognitive, intellectual, and developmental disabilities.

ETHICAL STANDARD 3.5: The victim assistance provider avoids conflicts of interest and discloses any possible conflict to the program or person served, and also to prospective programs or persons to be served.

Commentary: Victim assistance providers must act within the bounds of the law and program policies, for the benefit of the person served, and to make efforts to avoid compromising influences and loyalties. Although avoiding all such conflicts may be more difficult in small communities, reasonable efforts should be made. Neither a victim assistance provider's personal or professional interest nor those of other clients or third persons should compromise professional judgment and loyalty to the person being served. Victim assistance providers are to avoid conflicts of interest that may arise from previous assignments, whether for present or past employers/programs or persons served. They also are encouraged to avoid conflicts of interest that arise from family relationships and from personal and business interests. Victim assistance providers may reveal sufficient non-confidential information about persons being served (preferably to other program staff or ethics counsel) to reasonably identify if actual or potential conflicts of interest exist.

ETHICAL STANDARD 3.6: The victim assistance provider terminates a professional relationship with a victim/survivor when the victim/survivor is not likely to benefit from continued services.

Commentary: Victim assistance providers who anticipate terminating services are to provide advanced notice to the victims/survivors they serve, and to do so in a manner that complies with applicable legal and ethical requirements. They should also provide referrals, as needed or at the victim's request. Victim assistance providers are strongly discouraged from terminating professional relationships in order to begin personal or business relationships with victims/survivors who have received services.

ETHICAL STANDARD 3.7: The victim assistance provider does not engage in personal relationships with persons served that exploit professional trust or that could impair the victim assistance provider's objectivity and professional judgment.

Commentary: If a victim assistance provider is unable to avoid a personal relationship with a victim/survivor, the provider should take appropriate precautions to ensure that his or her own objectivity and professional judgment are not impaired. Such precautions include obtaining the victim's informed consent *and* consulting with a supervisor.

Victim assistance providers are strongly discouraged from engaging in social or business relationships with either current or former clients. This boundary between personal versus professional relationships applies not only to in-person contact but also to electronic communications (e.g., text messages, emails, social networking); that is, providers should be aware of their roles as program or agency representatives versus those as autonomous acquaintances. This does not include purchasing from a victim/survivor who is providing necessary goods or services to the general public *if* the victim assistance provider determines that it is not possible or reasonable to obtain such goods or services from another provider. Victim assistance providers may engage in professional relationships with individuals with whom they have had previous personal or business relationships *only if* a reasonable person would conclude that the victim assistance provider's objectivity and professional judgment would not be impaired by reason of the previous relationship.

If a victim assistance provider plans to engage in a personal relationship with a client, the provider should consult with a supervisor and notify the client of the termination of the professional relationship. The

victim assistance provider should continue to consider the best interests of the former client, and not engage in a personal relationship with that person if he or she continues to relate to the victim assistance provider in the provider's professional capacity. It is the victim assistance provider's responsibility to demonstrate that the former client has not been exploited or abused, either intentionally or unintentionally.

Victim assistance providers are prohibited from engaging in or requesting sexual contact with victims/survivors they serve, under any circumstances. Under no circumstances are victim assistance providers to engage in verbal or physical behaviors toward victims/survivors that a reasonable person would find to be sexually seductive, sexually demeaning, or sexually harassing.

Victim assistance providers are not to offer medication or controlled substances to persons they serve, or to accept these substances from clients for personal use or gain. Under no circumstances should victim assistance providers offer alcoholic beverages to persons they serve or accept such from them.

Victim assistance providers are solely responsible for acting appropriately in relationships with persons they serve. A client or former client's initiation of a personal, sexual, or business relationship is not a defensible reason for a victim assistance provider to violate this standard.

These guidelines also apply to victim assistance providers' relationships with program staff and volunteers, and with the client's family members and significant others. In general, as in most of the situations described above, victim assistance providers should consult with and/or request the supervision of a professional to ensure that there are no conflicts of interest, employment discrimination, or ethics violations.

ETHICAL STANDARD 3.8: The victim assistance provider does not discriminate against a victim/survivor and does not turn victims/survivors away from services due to personal biases or lack of cultural competency.

Commentary: Victim assistance providers should not deny services to or otherwise discriminate against victims/survivors on the basis of age; race; color; national origin, including limited English proficiency; literacy; sex; gender identity and expression; sexual orientation; disability; social class; economic status; education; marital status; religion; immigration status; or HIV status.

All victim assistance providers are expected to develop [cultural competence](#), including in their provision of services for marginalized populations. Lack of cultural competency is not a sufficient reason to turn victims/survivors away from the program.

The victim assistance provider must not refer a victim/survivor to another organization solely for reasons related to a personal bias or the victim's characteristics that are protected by local, state, or federal civil rights such as those described above. If a victim assistance provider is unable to offer services because of staff capacity or a possible conflict of interest, he/she should consult with a supervisor for assistance in resolving the issue. In some cases, it would be appropriate to offer the victim/survivor a referral to another organization that offers specialized services that would address the client's needs. 

ETHICAL STANDARD 3.9: The victim assistance provider furnishes opportunities for colleagues to access services if/when these colleagues become victims of crime or trauma.

Commentary: Although seeing a colleague as a client may present a conflict of interest, it may be necessary under some conditions and in areas with limited resources. Victim assistance providers who are in need of victim services should attempt to locate service providers in other jurisdictions or take other measures to minimize conflicts of professional interest.

View [Program Standards, Section III: Direct Services](#).

View [Competency Standards, Section III: Direct Services](#).

ETHICAL STANDARDS

Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology

ETHICAL STANDARD 4.1: The victim assistance provider protects the privacy of the person served, adhering to the highest applicable standard of privacy.

Commentary: Victim assistance providers should be aware of relevant policies and laws on privacy (e.g., programmatic privacy policies; limitations on confidentiality within justice agencies; professional, organizational, or ethical standards; state laws on [privileged](#) communication and mandated reporting; federal laws and regulations), and adhere to the highest standard of privacy, whether that is of the profession, the program, or state or federal law.

All states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands have statutes identifying persons who are required to report suspected child maltreatment to an appropriate agency, such as child protective services, a law enforcement agency, or a state's toll-free child abuse reporting hotline. For more information on mandated reporting and a list of designated agencies in each state, visit www.childwelfare.gov.

Similarly, in most states there are mandatory reporter statutes applying to persons providing services to seniors or adults with disabilities. For more information and a list of adult protective agencies in each state, visit www.napsa-now.org.

ETHICAL STANDARD 4.2: 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.

Commentary: Victim assistance providers should be aware of and abide by program policy and legal authority governing confidential information in the jurisdiction. Persons being served should be provided with information regarding limits of confidentiality; preferably, this information should be provided during the first meeting (unless crisis circumstances preclude this).

Potential exceptions to confidentiality include the following:

- In reporting to or consulting with administrative superiors, colleagues, and consultants who share professional responsibility and who are similarly bound to regard the communication as confidential.
- With the informed, written consent of the person who provided the information.
- In the case of death or disability, with the written consent of a personal representative or the beneficiary of an insurance policy on the person's life, health, or physical condition. Special consideration might be given to domestic violence cases or other cases in which disability may be a result of victimization by the personal representative (e.g., if a batterer is the personal representative, disclosure of confidential communications could put the victim/survivor at future risk).
- When a communication reveals the intent to commit a crime or harm one's self or others and disclosure is judged necessary to protect any person from a clear, imminent risk of serious mental

or physical harm or injury or to thwart a serious threat to public safety.

- When a medical emergency occurs and the victim/survivor is not able to authorize the release of information, information limited to the medical emergency may be disclosed.
- When the person waives confidentiality through legal actions brought against the provider.
- As appropriate, in accord with legal authority, program policy, and in certain exceptional crisis situations.

Under state [mandated reporting](#) laws, when the victim/survivor is a minor or a [vulnerable adult](#), certain conditions may warrant disclosure of confidential information. Like adults, minors should be forewarned, in language they can understand, of limitations on confidentiality. Victim assistance providers should make efforts to avoid unnecessary disclosure of victim/survivor confidences, unless a compelling reason exists to warn parents/guardians of danger to the child or to others. If a victim assistance provider acquires information indicating that a minor or vulnerable adult was the victim or subject of an unreported crime, the victim assistance provider may be required by state or federal law to report the crime or to testify.

If confidential communications are disclosed in response to the conditions listed above, the victim assistance provider should discuss the information being disclosed with the person served, and should be prepared to address the reactions evoked by this discussion. Victim assistance providers shall not use confidential communications to their own personal advantage or to the disadvantage of victims/survivors.

Any person having access to records or who participates in providing services who, in providing services, is supervised by a victim assistance provider, is similarly bound to regard all information and communications as privileged, in accord with the above conditions.

ETHICAL STANDARD 4.3: The victim assistance provider makes good-faith efforts to ensure that services are accessible, suitable, and secure for clients from a variety of personal backgrounds.

Commentary: Victims/survivors from different demographic, cultural, and experiential backgrounds may want services appropriate to their individual backgrounds. Victim assistance providers should be aware of [auxiliary aids and services](#) that support service provision to a range of individuals and groups. This might include knowledge of, and willingness and ability to access, qualified onsite sign and language interpreters, communication technologies such as instant messaging and texting, or assistive technologies such as telecommunication relay services and audio or video interpretation and translation services. Providers should carefully consider and address any data security issues that may arise as a result of using such technologies (see, e.g., [Program Standards Section IV](#)).

View [Program Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

View [Competency Standards, Section IV: Privacy, Confidentiality, Data Security, and Assistive Technology](#).

ETHICAL STANDARDS

Section V: Administration and Evaluation

ETHICAL STANDARD 5.1: 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 dishonor.

Commentary: Victim assistance providers should report to appropriate authorities clear violations of ethical standards or victims' rights laws. These authorities might include professional boards, program administrators, funding administrators, or others responsible for instituting the standards. Victim assistance providers should not knowingly assist any individual in committing an act that is in direct violation of the standards or governing laws. Victim assistance providers are encouraged to self-report any personal action that would require that a report be filed.

View [Program Standards, Section V: Administration and Evaluation](#).

View [Competency Standards, Section V: Administration and Evaluation](#).

GLOSSARY

Click on the underlined Glossary terms below for information about specific standards applicable to those terms.

Advocacy, advocate—Active support for a cause, person, or policy; to advocate is to speak or act on another's behalf, to intercede; an advocate is one who engages in advocacy. Advocacy may be individual (for a person served) or social (directed at changing social systems, institutions, and broader functioning of society). The latter type of advocacy may also be called *institutional advocacy* or *systems advocacy*.

Assessment—A process to evaluate or measure; the process of using interviews and case information to establish the victim's needs. In victim services, "assessment" does not refer to clinical assessment (e.g., diagnosing clinical disorders) unless the victim assistance provider is a licensed mental health provider.

Auxiliary aids and services—These are aids and services that should be made available, where necessary, to individuals with disabilities to provide them an equal opportunity to participate in services and programs. These include: (1) Qualified interpreters onsite or through video remote interpreting (VRI) services; notetakers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones, or equally effective telecommunications devices; videotext displays; accessible electronic and information technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing; (2) Qualified readers; taped texts; audio recordings; Brailled materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs (SAP); large print materials; accessible electronic and information technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision; (3) Acquisition or modification of equipment or devices; and (4) Other similar services and actions. (Source: Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 CFR Section 35.104 (2010)) (see also assistive technology).

Background checks—Process of looking up the criminal and financial history of a potential staff member or volunteer as part of the hiring or volunteer screening process. Types of background checks include: Criminal History checks via local, state, or national databases; Sex Offender Registry checks by searching online state lists of sex offender registries or contacting state or local law enforcement; Child Protective Services/Adult Protective Services records checks by submitting candidates' names to these state entities to determine allegations of abuse; and Credit History checks to determine candidates' credit backgrounds.

Burnout—A type of psychological stress that can present with both physical and psychological symptoms such as exhaustion, depression, frustration, and anxiety; a run-down feeling experienced by victim assistance providers due to their ongoing efforts to meet work-related demands.

Case management—Process of prioritizing, managing, supporting, and providing the services set forth in a victim/survivor service plan; this often includes assisting crime victims in coordinating tasks and following up with many different systems (e.g., criminal justice, civil legal systems, social services) to meet victim/survivor goals.

Client—An individual who presents for and accepts victim services, either through his or her own initiation of service (e.g., visiting or calling the program) or through the victim assistance provider's initiation of service (e.g., contacting the individual by phone, letter, or in person). A person served may be a client whether or not service is provided for a fee.

Clinician—A person qualified in the clinical practice of medicine, psychiatry, social work, marriage and family therapy, or psychology.

Collaboration—Partnership between agencies and individuals committed to working together and contributing resources to obtain a common goal.

Compassion fatigue—Traumatic stress experienced from investing in and committing to one's work with victims/survivors or other traumatized individuals. Compassion fatigue is especially common when victim service providers do not practice self-care and wellness activities.

Competence, competency—Knowledge, skills, and attitudes required to perform tasks and responsibilities necessary to victim services. Competency herein is an educational term, not a legal term; demonstrating educational achievement of a competency thereby does not guarantee legal competency to provide services.

Confidentiality—The act of protecting (i.e., not disclosing, revealing, or sharing without consent) private information relating to a person served, established through federal and state statutes and regulations, ethical principles, and program policies. Confidentiality is rarely absolute, and limitations should be fully disclosed to persons served.

Continuing education—Professional training obtained from an institute of higher education or other provider approved by a professional board; completion is typically marked by a certificate specifying number of "continuing education units."

Counseling—Process involving a supportive relationship between a victim/survivor who is asking for help and a clinician trained to provide that help (see *Clinician*). Victim assistance providers are counselors only if they are degreed, licensed, or certified clinicians.

Crime Victim Compensation— Government programs in every state, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico that make funds available to help crime victims recover from financial losses resulting from their victimization. These programs reimburse victims for crime-related out-of-pocket expenses, including medical and dental care, counseling, funeral and burial expenses, and lost wages and income.

Crisis intervention—Methods of communication and action designed to protect, stabilize, and mobilize individuals who are experiencing an event or a situation that they perceive is intolerable and which exceeds the person's current coping mechanisms

Cross-disciplinary—Spanning across several disciplines or specializations (e.g., joint law enforcement/victim assistance response to reports of domestic violence).

Cross-training—Brief training in the core concepts of a discipline or specialization other than one's primary specialization (e.g., a rape-crisis provider trained in concepts from prosecution or advocacy). Cross-training is intended to broaden one's base in victim service knowledge and help one adapt to multidisciplinary response teams.

Cultural competence—The ability of an individual or organization to interact effectively with people of different cultures. This includes drawing on knowledge of culturally based values, traditions, customs, language, and behavior to plan, implement, and evaluate service activities. Some organizations use the terms "cultural accountability" or "cultural responsiveness."

Diversity— Recognition of the vast array of different groups, including those of different races, ethnicities, genders, and cultures, that may have varying behaviors, attitudes, values, beliefs, rituals, traditions, languages, or histories.

Documentation—Written evidence of events; to record information about victims of crime and provision of services.

Empathize—To imagine oneself in the subjective state of another; to attempt to feel what another person feels.

Empower, empowerment—To give authority or power; to help people by sharing information or resources so that they may help themselves.

Ethnicity—Classification based on culture and country or region of origin, regardless of race.

Evaluation—The systematic assessment of the processes and outcomes of a program with the intent of furthering its development and improvement; a collaborative process in which evaluators work closely with program staff to craft and implement an evaluation design that is responsive to the needs of the program. Evaluation of program staff performance should also occur regularly, with clear expectations and objective feedback on performance provided to staff.

Evidence-based programs and practices—A program, practice, or intervention whose effectiveness has been demonstrated by causal evidence (generally obtained through one or more impact evaluations). Causal evidence documents a relationship between an activity or intervention (including technology) and its intended outcome, including measuring the direction and size of a change, and the extent to which a change may be attributed to the activity or intervention. Causal evidence depends on the use of scientific methods to rule out, to the extent possible, alternative explanations for the documented change. For more information about evidence-based programs and practices and ratings of many justice system interventions, visit www.crimesolutions.gov or www.nrepp.samhsa.gov.

Guardian ad litem—An individual appointed by a court to protect the interests of a minor or incompetent adult in a particular matter, most commonly in juvenile, family court, probate, and domestic relations matters.

Gender identity—A person's concept of themselves as being male and masculine or female and feminine; refers to social and psychological components of masculinity and femininity, regardless of biological sex. A person may vary in degree of identifying and expressing masculinity, femininity, both, or neither.

Harassment—A course of conduct that annoys, threatens, intimidates, alarms, or puts a person in fear for their own safety.

Identifiable information—Data included in written records that directly or indirectly make a specific individual recognizable or known; includes names, Social Security numbers, addresses, birth dates, etc.;

also known as “PII” (personally identifiable information).

Indirect victim or secondary victim—A person who is impacted by a crime but who is not the direct victim of the crime; this is often a friend, family member, or significant other of a direct victim, or a member of the victim’s workplace or community.

Informed consent—Voluntary agreement to participate in an activity and/or allow an activity or procedure to be performed based on the availability of all pertinent information and the ability to understand the consequences of the agreement decision.

In-service training—Training concurrent with service provision; may include periodic retraining or refresher training, specialized training, career development, promotional training, or advanced training for program employees.

Language Access Plan—An organizational document that contains a comprehensive set of policies and procedures that ensure that limited English proficient individuals will have meaningful access to that agency’s programs, services, and products.

Limited English proficiency (LEP)—Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. Individuals with LEP may be competent in certain types of communication (e.g., speaking, understanding), but have LEP in other areas (e.g., reading, writing). Similarly, LEP designations are context-specific; an individual may possess sufficient English language skills to function in one setting, but these skills may be insufficient in other settings.

Logic model—An illustration of how a program will work, using words and diagrams to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve. The logic model serves as a foundation for program planning, performance measurement, and evaluation.

Mandated reporting—State and federal laws requiring individuals to report certain injuries or cases of abuse or neglect to an appropriate agency, such as child protective services, adult protective services, a law enforcement agency, or a dedicated toll-free hotline. Individuals who are mandated to report vary by jurisdiction, as do the particular kinds of injuries or neglect that must be reported and about whom reports must be made. The most common mandatory reporting laws address child abuse, sexual assault, domestic violence, elder abuse, gunshot wounds, and abuse of vulnerable adults (e.g., persons 18 years of age or older who are unable to report abuse and protect themselves from further harm).

Mediation—Intervention between conflicting parties to promote reconciliation, settlement, or compromise.

Mentor, mentoring—Advisor or senior colleague who supports the education of another through instruction, demonstration, and support; advising or training someone, particularly a younger or less experienced colleague.

Multidisciplinary—A planned and coordinated program of care involving two or more specializations (e.g., law enforcement and a nonprofit service organization) for the purpose of improving services as a result of their joint contributions.

Needs assessment—A systematic effort to gather information from various sources that will help identify the needs of victims in the community and the resources that are available to them.

Outreach—Efforts toward identifying a population with unmet needs and providing information or resources to persons who might otherwise not receive service.

Policy—A written guideline that is a broad statement of program principles; a framework for developing procedures, rules, and regulations.

Polyvictimization—The experience of multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, witnessing family violence, and exposure to community violence. Also known as complex trauma, polyvictimization has been linked to a wide range of physical, psychological, and emotional problems. For more information, visit the [National Child Traumatic Stress Network](#).

Pre-service training—Training required of an individual prior to that individual being permitted to deliver services.

Prevention—Theory for and practice of reducing victimization and its harmful effects through interventions based on a set of risk and protective factors. Primary prevention objectives are to protect individuals prior to victimization (i.e., stop the violence before it occurs.)

Privacy—Freedom from unauthorized intrusion; a victim's right to control who has access to his or her own story and personal information.

Privacy audit—An internal or external review of an organization's privacy procedures, policies, and controls; the review team will identify privacy risks and will develop an action plan to mitigate such risks in an effective manner.

Privilege—Protected communications between certain professionals and victims as defined by statutes. Even if it is relevant to a case, a privileged communication cannot be used as evidence in court. The established privileged communications are those between wife and husband, clergy and communicant, psychotherapist and patient, physician and patient, and attorney and client. In some states, communications with domestic violence and sexual assault counselors are included.

Program—Agency or division within an agency that performs a distinct and specified function. In victim services, many nonprofit victim service programs are independent agencies, while government-based victim service programs often exist within larger agencies (e.g., law enforcement, corrections).

Professional development—Wide range of activities designed to improve a variety of abilities, skills, and capabilities that may apply across victim service programs, including continuing education, formal and informal training, and leadership coaching.

Protocol—A written document that provides standard procedures and role delineation for a particular process. Protocols are reviewed and updated periodically to reflect changes in policies and practices.

Referral—An act, action, or instance of referring a victim to another program in the community for the purpose of matching a victim's unmet needs with organizations that can provide services to meet those needs (e.g., giving a patient a *referral* to a specialist).

Resilience—An adaptation that results in positive outcomes in spite of serious threats or adverse circumstances. Resilience is not unusual or special; it is the normal process of human development and adaptation that occurs in both children and adults.

Restitution—The amount of money that a judge orders an offender to pay to the victim as part of the offender's sentence.

Restorative justice—An approach to achieving justice through voluntary and cooperative processes that include those who have a stake in a specific offense. These approaches create opportunities for empowerment of crime victims to identify their own needs and requirements for justice, and those who have harmed have an opportunity to take action to repair the harm caused by criminal behavior.

Re-traumatization—Intense physical and psychological reactions that occur when a victim’s emotional wounds are re-opened or when they anxiously anticipate the re-opening of these wounds. This distress may occur when persons are exposed to additional traumatic events or when they find themselves in situations that trigger painful memories of past traumatic events. Re-traumatization may also occur when victims re-tell their stories. Victim-centered and trauma-informed approaches are implemented in an attempt to avoid re-traumatizing victims while delivering services.

Safety plan—A personalized, practical plan that can help individuals anticipate dangerous situations and develop ways to keep themselves safe when they are in danger.

SANE-SART—A Sexual Assault Nurse Examiner (SANE) is a nurse who has been specially trained to ensure that examinations of, and evidence collected from, sexual assault victims are forensically sound and sensitive to victims’ needs. A Sexual Assault Response Team (SART) is a multidisciplinary team (comprising, e.g., law enforcement, prosecutors, victim advocates, DNA analysts, and SANEs) that **collaborates** to provide coordinated, interagency responses that prioritize victims’ needs, hold offenders accountable, and promote public safety. For more information, review OVC’s **SART Toolkit** and the **International Association of Forensic Nurses website**.

Secondary Traumatic Stress—The physical and emotional stress of working with traumatized individuals; a psychological phenomenon in which the caregiver experiences many of the common feelings and symptoms associated with victimization.

Self-care—The intentional practice of stress reduction and resilience-strengthening techniques by staff who work in highly stressful situations or who are at risk for experiencing vicarious trauma.

Self-determination—The act of making up one’s own mind about what to think or do without outside influence or compulsion.

Sexual orientation—Describes the focus of a person’s romantic or sexual attractions, behaviors, and identity. Individuals may vary in their attractions to and sexual experiences with other people, as well as in the degree to which they identify as heterosexual, lesbian, gay, bisexual, queer, asexual, or something else. Sexual orientation may change over time.

Significant others—Romantic or sexual partners, family members, or others on whom an individual depends for meeting part of his or her mental, physical, financial, social, emotional, and spiritual needs.

Specialized, specialization—A defined area of expertise in working with victims/survivors of crime. Specialization can vary by program affiliation (e.g., prosecution-based, domestic violence program), crime type (e.g., homicide, sexual assault), or victim/survivor characteristics (e.g., older victims, ethnic minority victims).

Spiritual—Relating to spiritual belief systems; those that acknowledge and appreciate the influence in one’s life of a higher power or state of being.

Staff—A person who performs administrative or direct service tasks for a victim service program; includes both paid and volunteer workers.

Supervision—Oversight, often including direct management, of staff.

Survivor—A person who has survived an ordeal or trauma; includes both direct and indirect victims of crime. The term *survivor* emphasizes the strength and courage needed to survive a traumatic event.

Survivor-informed—A program, policy, intervention, or product that is designed, implemented, and evaluated with intentional leadership and input from victims/survivors to ensure that the program or

product accurately represents the needs, interests, and perceptions of the target victim population.

Training—Courses or instruction, whether in-person or online, designed to teach or strengthen knowledge or skills valuable to the victim services field (See also “In-service training” and “Pre-service training”).

Transgender—A person who identifies with or expresses a gender identity that differs from the biological sex they were assigned at birth.

Trauma—Serious injury to the body, as from physical violence or an accident; also, emotional or mental distress caused by an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening. The event may cause the individual to feel emotionally, cognitively, and physically overwhelmed and unable to cope. The adverse effects of a traumatic event may occur immediately or over time. Communities may collectively react to trauma in ways that are very similar to the ways in which individuals respond, and may experience the adverse effects of an event for generations. Many people who experience trauma readily overcome it, particularly with support; however, others may experience significant disruption in their lives and/or a long-term impact on their physical, social, emotional, and spiritual well-being.

Trauma-informed—Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor’s feelings of safety, choice, and control. Programs, services, agencies, and communities can be trauma-informed.

TTY—Teletypewriter or telecommunications device for individuals who are Deaf or hard of hearing.

Vicarious trauma—Negative psychological, behavioral, and physical consequences suffered by a service provider through exposure to another person’s pain and suffering; the net effect on the service provider of working with victims/survivors of traumatic life events. Vicarious trauma has also been called compassion fatigue, empathic strain, and secondary trauma.

Victim—A person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on his or her person or property; family members, significant others, community members, and others impacted indirectly by the crime are regarded as “secondary” victims. The term *survivor* is also used to describe a direct victim who has survived a violent crime or a significant other who has survived a deceased crime victim. Victim assistance providers should consult state, tribal, and federal laws for statutory definitions.

Victim-centered approach—Placing the crime victim’s priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims’ rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

Volunteer—Unpaid staff, which may include practitioners, administrators, policymakers, researchers, survivors, and students, who dedicate their time and efforts toward victim service organizations.

Vulnerable adult—A person who may be unable to adequately protect him or herself from mistreatment and may be afforded specific protections under local, state, or federal law, including older adults and persons with disabilities.

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RELATED RESOURCES

The following resources are mentioned or discussed in this e-publication.

NVASC Achieving Excellence Podcast Series

[Assessing Organizational Readiness for Online Services, presented by Jennifer Marsh](#)

[Human Trafficking, presented by Mollie Ring](#)

[Identity Theft, presented by Will Marling](#)

[Law Enforcement Self-Care, presented by William Petty](#)

[Technology in Victim Assistance, presented by Cindy Southworth](#)

Training and Technical Assistance

[Office for Victims of Crime Training and Technical Assistance Center](#)

The OVC Training and Technical Assistance Center (TTAC) is a gateway to training and technical assistance for victim service providers and allied professionals who serve crime victims.

[Victim Assistance Training Online](#)

Victim Assistance Training (VAT) *Online* is a free, foundational Web-based victim assistance training program that offers victim service providers and allied professionals the opportunity to acquire the essential skills and knowledge they need to more effectively assist victims of crime. VAT *Online* is composed of 50 modules, each of which take approximately 30–90 minutes to complete. This 40-hour training is now part of the National Advocate Credentialing Program pre-approved training list.

[SART Toolkit](#)

The *SART Toolkit* is a resource both for communities that are considering developing a sexual assault response team and those that want to enhance their existing coordinated response.

[International Association of Forensic Nurses](#)

The International Association of Forensic Nurses (IAFN) is a membership organization that offers certifications, training, and networking opportunities for forensic nurses. IAFN seeks to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science.

Victims' Rights and Legislation

[VictimLaw](#)

VictimLaw is a searchable database of victims' rights legal provisions, including federal, state, and territorial statutes; tribal laws; state constitutional amendments; court rules; administrative code provisions; and summaries of related court decisions and attorney general opinions. The database is intended to be used in order to facilitate the exercise, implementation, and enforcement of crime victims' rights.

Office of the Victims' Rights Ombudsman

Created by the U.S. Department of Justice (DOJ), the Office of the Victims' Rights Ombudsman receives and investigates complaints of victims' rights violations against DOJ employees. The investigation process is not designed for the correction of specific victims' rights violations, but is instead used to request corrective or disciplinary action against DOJ employees who may have failed to provide rights to crime victims.

Trauma-Informed Care

National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) provides resources and information on care, treatment, and services for traumatized children and adolescents exposed to traumatic events. NCTSN is funded by the **Center for Mental Health Services, Substance Abuse and Mental Health Services Administration**.

National Center on Domestic Violence, Trauma & Mental Health

The National Center on Domestic Violence, Trauma & Mental Health's Online Training and Resource Center offers resources, training, and technical assistance for victim advocates, mental health and substance abuse providers, legal professionals, and policymakers who respond to the needs of survivors of domestic violence and their children. It offers online resources and webinars about organizational approaches to support staff and self-care.

Standards From Other Disciplines

2010 ADA Standards for Accessible Design

The *2010 ADA Standards for Accessible Design* sets minimum requirements for newly designed and constructed or altered state and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities. The standards also include a reference point for entities interested in making structural changes to existing facilities to meet their program accessibility requirements.

Adult Protection Services Recommended Minimum Program Standards

The National Adult Protective Services Association's *Adult Protective Services Recommended Minimum Program Standards* provides universal criteria for Adult Protective Services programs throughout the country that provide resources to state and local governments that offer social services to older persons and adults with disabilities.

NASW Standards for Social Work Practice in Child Welfare

The National Association of Social Workers' *NASW Standards for Social Work Practice in Child Welfare* serves as a straightforward tool for child welfare social work practice. The standards address prevention, family-based services, parenting programs, family foster care, adoption, residential group homes, kinship care, and independent living.

National Children's Alliance Standards for Accredited Members

The *National Children's Alliance Standards for Accredited Members* helps ensure that all children served by Children's Advocacy Centers (CAC) receive consistent, evidence-based interventions. The standards guide CACs during leadership transition, provide a blueprint for developing new CACs, and exhibit accredited CACs' high-quality healing interventions to policymakers, funders, and supporters.

Program Evaluation and Logic Models

[University of South Carolina Logic Model Webinar Series](#)

The University of South Carolina College of Social Work offers a 3-part webinar series that describes the basics of logic models, how to create them, and how to use them in grant development.

[Justice Research and Statistics Association](#)

The Justice Research and Statistics Association (JSRA), along with the National Center for Victims of Crime and Urban Institute, works to identify and close the gap between victim-related research and practice. JSRA conducts and publishes policy-relevant research on justice issues, provides training and technical assistance to build research and evaluation capacity at the state and local levels, and maintains information on state criminal and juvenile justice research and programs.

Mandated Reporting

[Child Welfare Information Gateway](#)

The Child Welfare Information Gateway provides useful information about mandated reporting and a list of designated mandated reporting agencies within each state. It also includes information on how to report child abuse or neglect.

[National Adult Protective Services Association](#)

The National Adult Protective Services Association (MAPSA) is a national non-profit organization that provides information about mandatory reporter statutes that apply to persons providing services to older individuals or adults with disabilities, and that helps service providers appropriately serve victims of abuse, neglect, or exploitation. MAPSA also hosts an annual conference and a national summit on financial exploitation, where experts share knowledge on the topic.

Safety Planning

[National Center for Victims of Crime Stalking Resource Center](#)

The Stalking Resource Center is committed to promoting awareness, action, and advocacy to enhance victim safety and hold stalking offenders accountable. It provides training and technical assistance to individuals and communities seeking to enhance their response to stalking, as well as tips on developing safety plans for victims of stalking.

[Domestic Violence Resource Center](#)

The Domestic Violence Resource Center provides basic guidelines and resources for safety planning in a domestic violence situation, as well as a downloadable personalized safety planning packet, available in both English and Spanish. It also offers free services to adult and child domestic violence survivors, including protective order advocacy, professional counseling, safety planning, community training, 24-hour crisis line response, and resource referrals.

Evidence-Based Practices

[Crimesolutions.gov](#)

Crimesolutions.gov provides assistance with practical decisionmaking and program implementation by gathering information on specific justice-related programs and practices and reviewing the existing evaluation and meta-analysis research against standardized criteria. The website offers easily understandable ratings of programs and practices based on research-based evidence.

[National Registry of Evidence-Based Programs and Practices](#)

Maintained by the Substance Abuse and Mental Health Services Administration, the National Registry of

Evidence-Based Programs and Practices is an online, searchable registry of more than 350 substance abuse and mental health interventions.

Screenings and Background Checks

[U.S. Equal Employment Opportunity Commission](#)

The U.S. Equal Employment Opportunity Commission enforces federal laws that outlaw job applicant discrimination on the basis of an individual's race, color, religion, sex, national origin, age, disability, or genetic information. It also provides information about what employers need to know about background checks.

[National Survey of Nonprofit Volunteer Screening Practices](#)

The *National Survey of Nonprofit Volunteer Screening Practices* details the findings of a National Center for Victims of Crime-supported telephone survey of 517 nonprofit human service organizations to understand their volunteer screening practices, and points to several steps organizations should take to improve their screening practices.

TRANSCRIPT—COMPETENCY STANDARDS

WILLIAM PETTY, VISITING FELLOW AT THE OFFICE FOR VICTIMS OF CRIME: It's a fact of life that, as the world demographics change and as people move about the world with greater ease, that the diversity of crime victims that present themselves to you is going to increase. The burden becomes how—when a new culture or an unfamiliar culture is presented to me for my services—what . . . how do I make my services flexible enough to where I can be of assistance to a person irrespective of where they come from?

TRANSCRIPT—HUMAN TRAFFICKING

NARRATOR: News headlines often tell the story of human trafficking only in terms of young women who are trapped in international slave trade. We hear less often of exploitation within our borders and even less often about the exploitation of children and teens. This Achieving Excellence podcast features Mollie Ring, the former Chief of Programs at SAGE—the Standing Against Global Exploitation Project. Ring discusses the vulnerabilities of youth at risk for sex trafficking and the methods used to introduce them to prostitution.

MOLLIE RING, FORMER CHIEF OF PROGRAMS, STANDING AGAINST GLOBAL EXPLOITATION PROJECT: Basically what the trafficker is looking for are youth who have ended up somewhere that they know they don't want to be, like the group home, or are walking around the mall and just clearly don't have what maybe other kids have. They're coming from a poor household, they don't have the latest clothes, they're not up to date on the latest fashion, but they know that as a 13-, 14-year-old, that's exactly what they want.

NARRATOR: The profile of many children in foster care overlaps very closely with the profile of youth most vulnerable to this type of trafficking.

MOLLIE RING: All of these scenarios—which the traffickers are well aware of—means that the foster care system as a whole is targeted as a source for vulnerable children who are looking to get out, looking for love, looking for someone to buy them things, someone to take care of them, someone to treat them well when they feel that they've been, you know—not that they use this term, but they feel exploited by a

larger system. They're drawn to someone who can make them promises. And the traffickers know that and that's why they prey on these children.

NARRATOR: The staff at SAGE Project meets many victims of human trafficking when they enter the criminal justice system. They enter the system because they've been arrested for drug crimes or prostitution. SAGE works to raise awareness about the commercial sexual exploitation of children and maintains collaborative relationships with law enforcement. Because of their efforts, more and more young people are being identified as victims of crime, rather than as criminals.

MOLLIE RING: Not only then do you have law enforcement identifying kids who are picked up on charges related to prostitution saying, "Wait, I think this might be human trafficking," but you have them and service providers delving deeper into kids who may be arrested for drug sales charges to say, "Well, who's giving this child those drugs? Where are they getting it from? Who is watching them when they're on the street?" Only to find out that the networks that they're involved in actually are trafficking networks, they're the same networks. Society sees them as bad kids because they are, in many cases, traumatized kids, and so they're acting out as a result of those traumas. And unfortunately, we see these kids as losing connection or falling through the cracks between the systems that could actually save them if they were identified earlier. So they don't make it through school because they can't comply with the behavioral standards or they end up in the foster care system because of the violence that's happening at home, and then it's those systems or the lack of those systems that the traffickers prey on in order to identify vulnerable kids who they can then exploit.

NARRATOR: Traffickers tend to target vulnerable youth. They draw young people in by offering material things or offering attention.

MOLLIE RING: They lure them in with promises of, "I can get you out of here. You want to come with me and we'll go on a trip? We'll stay in a hotel. I'll buy you beautiful clothes. We'll do all these adventurous things." Well, to a kid who's never had access to material things nor have they ever had the chance to travel, see the world, even be in a relationship with someone who says things like, "You're beautiful. I love you." You know, they are really preying on exactly what these youth have not had access to. And that is how they lure them in and that's how they keep them in through ongoing manipulation and emotional and physical abuse.

NARRATOR: The introduction of prostitution follows these material gifts and is proposed as a "one-time-thing."

MOLLIE RING: "Hey, you know, I don't have any more money because I bought us these plane tickets and now we're—you know, I got you those clothes before; how about you do this one thing for me and, you know, we'll make enough money to cover the whole weekend and then we'll go out for a nice dinner?" "Oh, okay. Well, this guy really cares about me so I guess, you know, why not?" That one thing is turning a trick, is prostitution.

NARRATOR: The relationship transitions from an exclusive one to pimp and prostitute. Although most of the victims are female, Ring says males are also targets.

MOLLIE RING: We see this particularly being the case in the LGBTQ community, where boys are targeted or vulnerable because of their sexual orientation or gender orientation and therefore are thrown out of their homes, run away from home, leave school, because they're bullied or because their parents don't accept them. And again, we see the scenario where traffickers prey on these youth, traffickers prey on runaway kids. And unfortunately, it's quite easy for them to get connected with the commercial sex industry as a disconnected youth.

NARRATOR: Youth are caught in the commercial sex trade and in survival sex.

MOLLIE RING: The definition of domestic minor sex trafficking is the exchange of anything of commercial value for a sex act. So that thing of commercial value may be money but it may also be a bed to sleep in, food, clothing, really anything. And so when we use the term "survival sex," we're talking about a youth who may exchange something of value, like a place to sleep or food—something you need to survive—for sex. It's not the commercial sex industry, which is what prostitution falls under; it's really a negotiation between two individuals that's not the sex industry. We call it survival sex because you're basically just trying to survive by exchanging sex.

NARRATOR: There are several signs that indicate a youth might be in a trafficking network. People who care for or work with youth can become familiar with these signs of exploitation.

MOLLIE RING: You're looking for kids who have sudden changes in appearance; so they went from being a kid who seemingly didn't have a lot access to resources and suddenly their coming in with new hair, new nails, new clothes, and access to a lot of cash, which maybe then they're flaunting or offering to buy other friends things. You also see youth who are highly sexualized at a very young age; so youth who seem to dress in a certain way or know a lot more about sex than you would suspect, or the way they talk about sex, the way that they interact with adults, specifically with male adults. If the interactions seem sexualized or there is a level of negotiation that is very inappropriate for that person's role, that's another major red flag.

NARRATOR: Red flags can be right before us, but victims can still be difficult to identify. Society avoids discussions of sexual abuse of children. And as we don't address sexual abuse, we leave children vulnerable to other forms of victimization, including sex trafficking.

MOLLIE RING: Well, I think as a society we're so disgusted by it, you know, we're so ashamed that we do this to our own children that we overlook it. It causes the opposite reaction of being totally enraged and empowered to act. We say, oh God, we don't even want to think about that. And that's one of the underlying issues. Another underlying issue is sexual abuse that happens in the family. So we don't want to look at kids who are sexually abused by their parents or an uncle or a family friend. And so typically it doesn't get addressed. And then what happens to that kid, well, they end up with a number of issues down the line, which then may cause them to interface with a victim services agency or another agency. But really, had only the issue of their child sexual abuse been addressed, maybe that wouldn't have been their trajectory. And I think, really, with this issue, you're looking at other issues that society has already turned a blind eye to, and this becomes kind of enveloped into that whole cycle of neglect.

NARRATOR: Victims and survivors who endure this kind of trauma often experience long-term effects. Once these youth are identified, victim services include both short-term interventions and long-term recovery.

MOLLIE RING: Deep down they are . . . they're scared, but I think the layers of trauma are so deep that they have developed an extremely tough exterior. And so working with them means trying to start to peel back that tough exterior and actually get to the heart of what made them vulnerable to this in the first place.

NARRATOR: Youth show their exposure to trauma in a number of ways.

MOLLIE RING: We see it in youth just not being able to focus in a group, you know, actually having it affect their ability to stay connected with a conversation or with what's happening around them because they're just disconnected, whether it's they've been triggered and now they have disconnected because you've talked about something that brought them back to the traumatic experience that they had, which they've never been able to process. One way that it manifests is actually through a physical reaction to particular words, phrases, or just a case manager or clinician trying to engage them. We see trauma manifest in ways where youth actually have sort of a foreshortened view of where their life is going to

end up. They don't think that they're going to make it to their 18th birthday or 19th birthday. I mean, talk about, "What are your plans for when you become an adult," you know, they don't even think they're going to make it to adulthood because they in their experience have seen so much violence that the idea that they would actually be able to survive beyond what is happening to them on a daily basis or nightly basis is just too hard to comprehend. It's really hard for them to set goals for that reason. Part of the abuse actually caused them to skip over normal childhood into a form of adulthood that they haven't quite caught up to developmentally. And so we're often just trying to get back at the heart of that through, you know, through a range of services that help them know they can be a kid again.

NARRATOR: Among the skills needed to work effectively with youth is knowledge of technology and how youth prefer to communicate. The model standards for competency and for programs offer relevant guidelines on issues related to technology and its use.

MOLLIE RING: By the nature of working with youth, you have to be up on the latest technology. That is how youth communicate with one another, that's how they experience the world, and if you're not using technology in the way that you provide services to youth, you're not going to be able to form the same types of bonds. And so working with young people, in general, means that you need to be up on how technology and the role of technology comes into play in providing services to them because that is going to be their go-to and how you can be up to date on it; but then making sure that you know what the boundaries are and what the best practices are for using it are really key. So for example, whereas a case management style with a population that is not as engaged with technology—say, a much older population that doesn't . . . maybe has a cell phone but never uses their texting functions—a phone call to remind them about services or to let them know that a resource is there or that they need them to come in to see them might work perfectly. A youth may never answer their phone but be much more likely to text their case manager. Similarly, youth who are in a situation of human trafficking may very well be surveilled, and so getting on the phone and talking to a provider may not be safe.

NARRATOR: In addition to technology, the model standards also address self-care, an area Mollie Ring says is crucial not to ignore.

MOLLIE RING: Self-care is really important for the providers who work in this field. The stories that you hear from youth directly, or even from other providers who are working with these youth directly, are extremely traumatic for the providers, not just because there is so much violence and brutality in this area but because we're talking about really young children. We're talking about 10- and 11-year-olds or we're talking about 15-, 16-year-olds who have already been doing this for years. These cases are all so really high intensity, and so a case manager who may otherwise be accustomed to working with 40 or 50 clients in their caseload because their needs are pretty easily met through specific phone calls or referrals and then that's kind of it. Some of our case managers only work with five or six of these kids at a time because they're so high-needs and they require so much follow-up, one, just getting the kid to stay engaged with services, but then making sure that all the referrals are happening and that providers know—other providers in the field know—how to appropriately take care of this child. I think the risk that you run is that burnout happens at a much faster rate and kind of in an irreparable way that providers end up leaving the field completely because the experience became so traumatizing for them.

NARRATOR: Solutions to this problem, says Ring, are in part found in enhancing the systems that already exist to serve youth.

MOLLIE RING: Devoting more time and attention to these other systems that the children currently exist in would actually help, rather than find new service providers to come and address the population. We could serve them perhaps even better within the systems that they're already naturally engaged in by having schools that are looking for this and addressing it effectively. Making sure that homeless youth shelters are asking the right questions to identify some of the other survival techniques or maybe who may have taken advantage of them while they were vulnerable is really important because they need to

then either refer that youth for services to see if this is an additional issue that they'd like to address or incorporate educational services, resourcing services, or clinical services that that youth can tap into within that agency so that they can feel like all their needs are being met, including the traumatic experience of being exposed to human trafficking.

NARRATOR: Another way to enhance existing systems is to develop appropriate training for people who serve youth.

MOLLIE RING: I would really like to see this issue become more integrated into training, both of foster care parents and at group homes. I think group homes really need training on, again, what are the indicators, the red flags; how does this get addressed; what are the needs of this population; and how can you ensure that the facility that you're operating is more secure? Foster parents need to know how past trauma can manifest into ongoing behaviors but also, specifically, why they're at risk for human trafficking and then how to better address it if you start to see indicators that this youth may be targeted.

NARRATOR: Another important part of the solution is to build networks with law enforcement because it is a potential point of intervention for system-involved youth.

MOLLIE RING: We know that a lot of law enforcement who show that level of respect to these youth are able to build relationships with them where, when that child is in juvenile hall, she may not be intimidated by him, he may actually be able to be a source of support for her.

NARRATOR: The model standards can help victim advocates as they navigate complex cases such as these. The standards provide guidelines for networking with other professionals, for awareness and use of emerging technologies, and for effective support of staff facing such traumatic cases.

TRANSCRIPT—IDENTITY THEFT

NARRATOR: When you hear about a large data breach, your first thoughts might be about credit card fraud. In this Achieving Excellence podcast, Will Marling, Executive Director of the National Organization for Victim Assistance, gives an overview of identity theft and ways you can protect yourself. Marling is a Certified Identity Theft Risk Management Specialist. He says that while credit card fraud is a problem, it only accounts for about 17 percent of the crimes associated with identity theft.

WILL MARLING, EXECUTIVE DIRECTOR, NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE: Identity theft is commonly considered like a paper crime or a white collar crime, something like that. And we know full well that this crime is being used as a tool in violent criminal victimization, including stalking, harassment, sexual assault, domestic violence, trafficking for children. Because if you traffic somebody in, you need to give them an identity to change their status, and maybe they're from another country and they are here illegally—not just as a person, but criminally illegally, but also they don't have legal status, so what do we do? We give them legal status by stealing somebody's Social Security number and name.

NARRATOR: A stolen identity can be used for many different crimes beyond violent crime.

WILL MARLING: There's medical identity theft, where people are using other people's identification to gain medical services. There's employment identity theft, where somebody uses my name and Social Security number to legally gain employment because they don't have legal access to employment. There's child identity theft, where their personal information is being misused for all of those other things, sometimes. And so it's a complex problem, touching a lot of different areas, and that's why it's very intimidating for people to confront, but also to remediate.

NARRATOR: The crime of identity theft has been around a long time.

WILL MARLING: We've always had the personal information but many times it was in a hard copy file in a locked drawer in a locked file behind a desk. And, of course, there were breaches when people would break into doctors' offices and steal those files. What has changed the game, really, is the issue of technology and digital technology and digital information because that gives the potential for multiplying my personal information and putting it out there, and then it makes it accessible, not just locally but, because things are digitized, they're now in electronic files. And if those files are not secure, that makes the vulnerability and the potential for that much higher—in essence, exponential.

NARRATOR: Increasingly, our personal information is stored in large databases—often in the databases of many different organizations.

WILL MARLING: It's academic institutions; medical-related, health care-related fields. So many people have their hands on our personal information, the question is, are they taking care of it? And there's good indication that they're not; that it's being lost or stolen. And we have no control of that, and then it's breached. There were 550 declared major data breaches in 2011, which means that those are the ones we know about. In other words, a company or an entity or an organization that lost information, either through a hack or just some form of negligence, you know. Even with the known data breaches, we know that amounts to hundreds of millions of records of people's personal information.

NARRATOR: At this point, there is no consistent way to handle communication about breaches or consistent steps for remediation.

WILL MARLING: There are laws but they're inconsistent, they can vary from state to state, and there's really not a consistent data breach standard in the country to tell us what we should do about it, how we should tell people. There's really not a direction for remediation because the nature of the problem. And so that needs to change, because we need to give people options about what to do to remediate or to minimize the threat. And a good percentage of people who receive a data breach notice actually become victims.

NARRATOR: The model standards include program guidelines for securing and maintaining client data. The standards also address procedures for notice to the client if data is stolen or lost. Each person—from elderly to infants—is vulnerable to identity theft.

WILL MARLING: Targets for identity theft revolve around the value of the information, how it can be used, and the vulnerability of the person being targeted. For instance, the older generations can be targeted; there's no question about that. They come from a different generation where their information can be out there; they also have assets. If they are retired they might be considered more valuable because they've worked all their lives and now they have that nest egg that they're living off of. It's surprising to people that the most vulnerable group for identity theft is not the elderly but it's 20 to 30. That's the group most victimized by identity theft because those people are the most connected today, electronically, and they have probably the least amount of awareness about what their personal information means. In other words, they're posting a lot of information on their Facebook site or their social networking site. And so about 30 percent of people posting on a social networking site post their name, their address, their date of birth, including the year. And with just your name and your date of birth, there's a lot of damage I can do to you, actually, just with those two pieces.

NARRATOR: The value of what can be stolen and the vulnerability of the person combine to make military personnel common victims of identity theft. They are vulnerable while on deployment.

WILL MARLING: Those folks deployed are gone for a period of months or years on deployment. That gives perpetrators an opportunity to access their information while they're away, that nobody's going to be checking on unless it's an informed spouse or significant other or loved one or friend. And that means that many times the soldiers are being victimized in identity theft while they're on deployment, and they

don't even find out about it until they return. And now there are advocates who are becoming more aware of this and discussing options for security freezes. The military has its own security freeze option with the credit bureaus. But it's really important, obviously, to be aware that they can be easily targeted because they're simply gone for a while, and perpetrators that are aware that they're deployed know that they have time to use their personal information.

NARRATOR: While children may not have financial resources, their names and Social Security numbers are valuable. They are vulnerable, in part, because most parents don't realize the value of their children's personal information.

WILL MARLING: We laugh and say, "Oh, my kid's getting a, you know, a credit card offer." In reality, that could be a big red flag that his information is being used. So you want to check the Social Security Administration for any work history, because his name and his Social Security number are very, very valuable for that. And secondly, from the standpoint of credit, you should look and see if he has a credit history. This can happen very young because as soon as a child has that, that number can be stolen, of course, and misused.

NARRATOR: Children in foster care are also vulnerable to identity theft victimization.

WILL MARLING: It's quite egregious when you realize that children in foster care present a unique opportunity for perpetrators. They themselves are not aware of the value of their personal information. Many times they don't have control over their personal information. That information is in the hands of caregivers, foster parents, and it could happen with anybody who gets access to their personal information and realizes that that child really doesn't have anybody looking after that aspect of who they are. So in foster care, who actually is looking out for them? And that's a big part of the problem, because it could be anybody who has access to that personal information and uses it for a variety of reasons and then creates a context where a foster child has a lifetime of challenges trying to remediate debts that are created, crimes that are committed in their name; and they could end up dealing with this for a lifetime—literally, for a life time.

NARRATOR: These foster youth discover the theft of their identities as they are exiting or aging out of the foster care system.

WILL MARLING: And so now they have access to their information and they start getting calls from creditors looking for payment. Or they have a traffic stop and they're pulled over and they discover that there's a warrant out for their arrest for a crime committed in their name. The discovery could happen earlier by an attentive caregiver or foster parent who notices inconsistencies or realizes that there's a problem with the records that are being kept. And so it's another awareness issue for those of us who care about kids in this system to be paying attention to whatever symptoms might present themselves, just like any identity theft victim.

NARRATOR: A red flag that should warn you of a problem is anything unique or unusual on a statement. A missing statement can also indicate a problem.

WILL MARLING: The first place the breach occurs for an individual is commonly change of address because what perpetrators want to do is re-direct your mail to them. They get the statement and so that prevents you from knowing what's transpiring, you don't know where the statement went. And then, of course, they can commit crimes of identity theft and fraud in your name and it takes a while for you to even find out, and you don't even know where they redirected it to. Anything out of the ordinary. Many times it's very subtle, and commonly it's the victim who has to take notice. So it's truly paying attention to your own patterns, your own statements, and even the subtle things sometimes are indicators. For a child, anything that indicates that they're involved in some, you know, adult-level activity, like having a job or owning a credit card or having some account that they really shouldn't have at their age. I mean, a

child at 11 should not have a work history. And so that's an indicator that somebody could be using their Social Security number, for instance, to gain employment or to take out a loan in their name.

NARRATOR: Prevention and remediation, Marling says, begin with awareness.

WILL MARLING: Awareness is crucial here because once you begin to realize how valuable your information is, you begin to make different choices. You just simply make different choices about who you give your information to, and even in giving it, asking questions: Why do you need it? What are you going to do with it? How are you going to protect it and, when you're done with it, how are you going to destroy it? Those are very fair questions. Well, do you really need to have this information?

NARRATOR: Marling also cautions against keeping files on your computer with names that identify them as having personal information. Files with names such as "tax return" or "passwords."

WILL MARLING: Anything connected to a network really is accessible. So it's just really taking that extra step. If you have to have that file on that computer, I just suggest you rename it at the very least. You don't want to label sensitive files in a way that indicates what's in them. That's really the principle there. And that's easy to do. Just change that file name.

NARRATOR: Because of the time-lag between the theft and possible criminal use of your personal information, Marling suggests you review your own records.

WILL MARLING: It's important to, first of all, look at your credit report and continue to monitor your credit report. That's one indicator that something is awry, that somebody's using your personal information. We have the right—each of the three credit bureaus, the main credit bureaus, are obligated to give us one free credit report a year. And so, with that, if you stagger those, say, every four months, you can get a free credit report every four months, one from each of the credit bureaus. The common practice is simply to review records, any statements that you get. That information is important to review. But many people don't even bother to review their credit card statements, their bank statements that they're given on a monthly basis. As well, you can put a credit security freeze on your accounts, which means that no credit transactions can take place with your personal information. And that can impact a large area of the problem.

NARRATOR: Because so many organizations and institutions have our personal information, some may worry it's not possible to minimize the risk.

WILL MARLING: And so the temptation is to say, "Well, if everybody's losing my information, why bother? Why should I even, you know, bother to do this?" And, what's important to recognize is that if you're victimized, it commonly becomes more complex. And so anything you can do to minimize the risk, even if your data was lost in a breach—locking down your information, doing a security freeze on your credit, monitoring your credit. You can also do fraud alerts. Those kinds of things, if you're aware you can do them, narrows the risk. Because people are going to go to the lower-hanging fruit, to be honest.

NARRATOR: Another way to reduce risk is to hire a third party to monitor your data.

WILL MARLING: My personal recommendation is pick a service that has no vested interest in doing anything but protecting your information, a company that says, "Our reputation rises or falls on whether we're protecting your information, and the service we provide if you're the victim of identity theft."

NARRATOR: If you're the victim of identity theft—even if it's credit card fraud and the bank will handle it—Marling urges that you contact law enforcement.

WILL MARLING: To declare publicly, legally, officially, I am the victim of identity theft. Because it becomes very complicated when law enforcement can't tell the difference between the perpetrator and the victim.

And that's what makes it so complex and so frustrating for victims, because they now feel like they've done something wrong and they haven't. So these are the kinds of things that we're trying to emphasize. And this all goes back, really, to victim service standards, doesn't it? There's an emphasis in the standards on technology, which is really crucial here because very few of us can keep up with the technological advances that not only create options for efficiency and convenience in exchanging information but also, the reality is, it also creates opportunity for perpetrators. All of these things connect really. This becomes yet another tool in the scope and scale of victimization that includes violent criminal victimization.

NARRATOR: Crimes like identity theft put victim assistance providers at the forefront of emerging technologies. The model standards offer a comprehensive approach to improving the range and quality of service delivery.

TRANSCRIPT—ORGANIZATIONAL READINESS

NARRATOR: The internet provides a greater opportunity to serve victims and survivors in a wide-reaching and ever-present way. In this Achieving Excellence podcast, Jennifer Wilson Marsh, Director of Hotline and Affiliate Services for the Rape, Abuse, and Incest National Network, talks about how organizations can assess their readiness to deliver online services.

JENNIER MARSH, DIRECTOR OF HOTLINE AND AFFILIATE SERVICES FOR THE RAPE, ABUSE, AND INCEST NATIONAL NETWORK: Before your organization embarks on this, there's a lot of thought that needs to go into it internally and assessment about whether the organization is ready. Because it's online services, people often think that it's easier, it's less intensive, but what we've found is actually just the opposite. It takes a lot of time to create a system, and a lot of financial resources, legal expertise, and just a real organizational commitment to do it the right way.

NARRATOR: The first, most direct step to take is to put clear information on your website and on materials promoting your service that explain the risk and benefits when using online or digital communication. Another early step would be to assess your infrastructure for your technology.

JENNIER MARSH: You need to make sure that the database is storing information—personally identified information—in a secure way with secure servers. Is it a service that you want to look into encryption for? There's a lot of technical expertise out there on how to try and make things safe and secure, which is really the opposite inclination of what the internet is about. We always automatically want to gain and gather as much information as possible—IP addresses, etc.—and as an organization, you need to determine, based on state laws as well as national laws, what is the best fit for the service you want to provide.

NARRATOR: Another area to assess or change is your organizational privacy policy. Going online introduces new privacy considerations. You may change past decisions about the information you collect and store. You'll also need to reconsider how you use collected information.

JENNIER MARSH: So if you choose a program like analytics to track usage to your site, how do you determine what pages you put analytics on? Will you put it on your homepage to see what people are looking at or would you actually put the analytics page on your pages where you're providing services. Again, that collects personally identifying information that you won't necessarily control. And so if that's the case, you would need to share that with all visitors. We recommend a sixth-grade reading level, which can be difficult, especially when you're talking in legalese, to get it to that point. But again, you can't always control who's using these services, so if there is a minor who comes to the site and is looking for information, they should be able to read and clearly understand what information is collected, how that information is collected. And on top of that, you also have to take into consideration things like the Child

Online Protection and Privacy Act and what that stipulates in terms of what information can be collected from minors without a parental consent.

NARRATOR: Once you are online, you have a global reach. This new expansion has implications for the kind of legal counsel you'll need.

JENNIER MARSH: RAINN operates the National Sexual Assault Hotline as well as the National Sexual Assault Online Hotline. And anytime you're providing services online, you need to be knowledgeable about not only the state statutes in the state that you're operating but anywhere in the United States, and even be knowledgeable about international resources, because there's no way to really set parameters on service provision—geographic parameters. And people are going to come to you that you may not be knowledgeable about, but you need to have resources that you can pull from so that you can, again, direct them to the most appropriate services, whether it's a local service provider in their area or maybe it's a different national service provider. But anytime you engage with a victim on that level, if you're providing services to people who may live outside your jurisdiction, you need to be familiar with the statutes in that area, particularly laws that pertain to confidentiality and privilege, as well as mandatory reporting, so that you protect their rights as well as the organization.

NARRATOR: In an online environment, the notion of informed consent changes. This is another area your organization will need to review and modify before going online. Your clients will need to be thoroughly informed.

JENNIER MARSH: Before a person engages in the service, they should know everything about who is providing the service. Is it a volunteer? Is it a peer? Is it a licensed clinician? Are they providing referrals? Is it counseling or is it just crisis intervention? They pretty much need to know everything you need to know before you walk into any building to get counseling. You know, folks research their therapist, they research who they're going to be talking to. It's the same thing. Even though it's online, it doesn't mean that those things are less important. And so we never throw people on to service, and that allows the user to be more satisfied with their experience because they said, "This is the service that I need and that I want right now." And the staff are better prepared to meet those needs because they've been specifically trained on what those are.

NARRATOR: Your policies around informed consent will also need to consider staff limitations and technology. The model standards for serving victims and survivors of crime have many guidelines around technology and its use. The standards also provide guidelines for training. And, Marsh says, staff training will be necessary before you can effectively provide online services.

JENNIER MARSH: Training is imperative, and not only on the basic communication skills, but staff should know the issues surrounding using technology and safety and be able to talk about them comfortably with users. Online service provision, although it's still based on all we know about effective crisis intervention and how to talk to victims, there are very serious and very extreme differences than providing traditional services, whether it's on the phone or in person. With the way people communicate online is different and the way people communicate through SMS or texting is different, and you want to make sure that the empathy, the support—that nothing's lost in that conversation.

NARRATOR: This Achieving Excellence podcast touches only the high points of assessing organizational readiness for providing online services. Consult the Standards document for further information on assessing your readiness.

JENNIER MARSH: The points that I've discussed are very basic and at the same time very complicated. There's a lot more to each one of those. And as exciting as embarking on online or mobile service provision is, I would encourage any organization or agency that's considering it to talk to people who are experts in this field—legal experts, technology experts, folks who have been providing online services—

and really evaluate and learn as much as you possibly can in an effort to protect your organization and also make sure that you do no harm in moving forward and the services are really a benefit to all those who use them.

TRANSCRIPT—OVERVIEW

JENNIER MARSH, DIRECTOR OF HOTLINE AND AFFILIATE SERVICES FOR THE RAPE, ABUSE, AND INCEST NATIONAL NETWORK: Although getting standards in place at your organization in the beginning can be a lot of work, in the long run it makes everything easier. It makes process moves smoother. Staff are better trained, and that, in the end, will free up more time. And just having an easy clear process internally as well as externally will alleviate the explanations and having to backtrack. And just overall, in the end, it's far easier to run an organization that adheres to clear basic standards than it is to kind of piecemeal and make it up as you go along.

TRANSCRIPT—PROGRAM STANDARDS

DAN PETERSEN, PH.D., ASSOCIATE DEAN & PROFESSOR, WASHBURN UNIVERSITY & JOINT CENTER ON VIOLENCE & VICTIM STUDIES: Program standards are really important, I think, for . . . for everyone who works in an agency, but probably most important for those people who manage and direct an agency. They relate to what quality is, how my agency is presented to the public. Here are things that have to do with integrity and consistency, and those are important things for any program to have if they're going to serve the public.

TRANSCRIPT—LAW ENFORCEMENT SELF-CARE

NARRATOR: Disasters, accidents, and violent crime expose law enforcement officers and other first responders to stress and trauma every day. While these first responders are well-trained to take care of the traumas, they may not have as much information about how to take care of their own distress. Welcome to the Achieving Excellence Podcast Series. In this podcast, William Petty, a Visiting Fellow at the Office for Victims of Crime and former victim services manager for the Austin, Texas Police Department, talks about self-care in law enforcement.

WILLIAM PETTY, VISITING FELLOW AT THE OFFICE FOR VICTIMS OF CRIME: One of the hallmarks of a law enforcement environment is go, go, go; put the job first, put yourself second. And that outlook pervades the entire culture of law enforcement, including emergency communications, including victim assistance, including forensics.

NARRATOR: This culture also delivers strong messages.

WILLIAM PETTY: Some of the messages—cultural messages—in the law enforcement community is that we're going to see some very horrible things in the course of our work. If I'm in the right field, then one way that I know that is I'm tough enough to where no matter what I see, hear, or feel, it's not going to slow me down, it's not going to affect me psychologically or mentally or emotionally, and I should be able to pick up the next day where I left off, without any adverse effects to me or to my relationship, to my home life, or to my ability to conduct my job. The culture says that you will do what needs to be done until the job is done, and then you can take some time off. And you should be strong enough, if you're the right person, the right fit for this culture, that you should be able to work the next case as it were your first, with a certain amount of freshness, as if you've never encountered this before other than the

strength that you bring along with you. That there's not going to be any emotional baggage that accompanies what it is that you do for a living. In reality, what we know is that being exposed to continuous stories of misery and anguish—just from being healthy human beings—it's not a matter of if that's going to be distressful to you, it's a matter of when you're going to be overloaded in your ability to cope with this.

NARRATOR: Law enforcement officers are likely to hear messages discouraging negative coping strategies but may be less likely to hear messages that encourage positive coping.

WILLIAM PETTY: What a lot of people in the law enforcement culture are used to hearing from the outside is, "Gosh, you guys drink too much. You guys—a variety of things that you do routinely, which blow off steam, may not ultimately be the most healthy way of dealing with issues that come up with work." That's what they're used to hearing. What they're not used to hearing is their 30-year-on-the-job sergeant saying, "If this is bugging you, then let's find somebody that you can confidentially talk to, because this is a very natural part of being in this profession, it's a very natural part of being human, and I care enough about you, and your present, and your future, and your wife, and your kids, or your partner to where I will partner with you to find relief." That's what they're not used to. That self-care is as important as wearing your vest.

NARRATOR: Another message in law enforcement, says Petty, is that it's actually a sign of internal strength to be able to withstand the brutality seen on the job.

WILLIAM PETTY: A bullet can hurt me, a car crash can injure me, but the stories of other people should have no effect. I—my strength is my internal ability not to be affected by the things going on around me. And nothing could be further from the truth. We are affected by the things that we see, the things that we smell, the things that we remember, the things that make no sense to us, and things that overwhelm our ability to just cope with them. We have an amazing ability to do that but there will come a point in time where our ability to do that thoroughly will become interrupted. At the point in which our ability to cope with that has been exceeded, that is the classic definition of trauma—my coping mechanisms to handle this or similar issues has now been exceeded and I'm left without resources, internal resources. That means that I need to do something active in order to build those resources to restore my stabilization.

NARRATOR: Vicarious or secondary trauma refers to the impact of another person's suffering on a caregiver, listener, or law enforcement officer.

WILLIAM PETTY: Even though the particular incident didn't happen to you personally, the fact that you're listening to it, you're seeing the evidence of it, you're experiencing the pain of the person to whom it did happen, either because this is such a huge event and the trauma is so big or because there have been so many of them, that after a while, your ability to cope with the worries and the injuries of other people begins to have an effect on you as an individual. For instance, if your job is working with people who have lost a loved one to suicide and you do that day in and day out, or if your job is interviewing child victims of sexual assault day in and day out, if every continuous story that you hear or every crime scene photo that you see kicks you in the teeth each time, then some adjustments need to be made. That doesn't mean that you're in the wrong field, it means that you need to pay attention to what your needs are to live life with gusto and not just being the recipient of the pain of other people.

NARRATOR: During his tenure with the Austin Police Department, Petty developed stress management programs for staff.

WILLIAM PETTY: What I have seen, when I begin to suspect that my staff was suffering from vicarious or secondary trauma, the things that I see first is a change in behavior. Whereas I am talkative, outgoing, I'm starting to isolate now. Whereas I had multiple interests that were outside of work and outside of home, now what I do when I get off work is I sit in a chair and I don't talk to anybody. I'm the person who will be

at work 5 minutes early every day and I start to call in a lot, and my excuses are a variety of ailments. What may be emotional ups and downs, I start to call, "I've got a stomach ache," "I've got a headache," "I'm just feeling tired like I have no energy." So my body is telling me that something is going on on the inside that's not being addressed. What I look for and what people talk about is the change in what's normal for them, to where their ability to enjoy and engage life has taken an adverse turn. And that can come on suddenly or it can come along gradually as well.

NARRATOR: The first step to self-care, says Petty, is to recognize the strain and to talk to someone.

WILLIAM PETTY: The one silver bullet that every individual that works in a law enforcement community—whether it's large, medium, or small size; whether it is across town or in the next county or by telephone—is you have the ability and the responsibility to consult with someone else who you don't have to work with on a daily basis, where that person can be a good mirror in order to make sure that your job is not taking life from you and has the ability to give life to you. It has to be someone or somewhere that understands the culture in which you work. So the one thing that I would strongly recommend—And, again, even if you're in the most remote part of the country and it has to be telephonic, do some research, ask the people around you, "Where can I go?" I need first of all to talk with someone who can objectively listen to me with how I'm integrating what I do for a living into the healthy aspects of my life so that I can be on the active side of self-care rather than hoping it just happens to come along.

NARRATOR: One of the most effective interventions in law enforcement and other emergency services, says Petty, is peer group support.

WILLIAM PETTY: There are a couple of organizational ways that self-care can be supported. One is the development of peer support programs that teach the people that you work with who understand the culture best and who you may trust very, very well and have strong relationships with, with a good set of boundaries in place to be listening ears for their co-workers and people within their agencies without forming a therapeutic or a clinical relationship, can just be from a peer to a peer someplace that you can go and talk about, "Well, I'm not even really sure how significant this is. All I know is, when I'm driving home every night, I'm crying. So what do you think about this?" So a peer-to-peer support program can be and has proven to be very, very valuable for emergency responders around the country—whether it's law enforcement, fire, EMS—in a variety of different settings.

NARRATOR: The basis of effective self-care is daily attention.

WILLIAM PETTY: You have interests that are outside of work, you have things that you find very life- and energy-giving as opposed to life- and energy-depleting, so that you've replenished the joy of life in between the stories that you have to hear, the tears that you have to see every day. Then you're exercising in a variety of forms good healthy self-care. Those are things that actually have to be worked on actively. They don't just take place by themselves in a vacuum.

NARRATOR: The model standards include guidelines on staff stress assessment and management. Such support of staff can prevent burnout and turnover.

WILLIAM PETTY: Coming from a background in law enforcement, victim assistance, I am particularly grateful that the standards do address good health, wellness, and self-care. Why this is so important to me is, having worked in a police department that was in transition in its understanding of the need for self-care, and having taken on some personal responsibilities of building self-care into the culture with a peer support program, with the use of an employee assistance plan, with the folding in of the chaplaincy program, these are things that I saw as being accessible, not particularly at high cost. And then working through with the individuals at the ground level and also with their supervisors, what they thought about the significance of this, and watching that change, that metamorphosis take place slowly over time, has

made me a true believer that good solid law enforcement work and self-care are complimentary terms; they're not exclusive terms. You just have to recognize the need for both.

NARRATOR: The model standards help create a strong and supportive environment for staff and help you advance your mission of justice for victims and survivors of crime.

TRANSCRIPT—TECHNOLOGY IN VICTIM ASSISTANCE

NARRATOR: Welcome to the Achieving Excellence Podcast Series. These podcasts bring you important issues facing those who serve victims and survivors of crime. In this segment, Cindy Southworth, the Vice President of Development and Innovation at the National Network to End Domestic Violence, presents an overview of high- and low-tech advances in the field of victim assistance. She talks about how the use of technology can be both helpful and harmful in keeping victims and survivors safe. Although technology constantly changes, the model standards provide a framework for victim assistance based on traditional principles.

CINDY SOUTHWORTH: VICE PRESIDENT OF DEVELOPMENT AND INNOVATION AT THE NATIONAL NETWORK TO END DOMESTIC VIOLENCE: It's important to know about technology. It is pretty impossible to be a solid fabulous victim advocate in a digital age if you can't talk to victims about technology use and technology misuse. So when a victim comes to your local victim service agency and says, "I'm worried that my phone's being monitored or my computer's been hacked or that spyware might be on my computer," we want victim advocates to know how to handle those questions and feel confident that they can safety plan with any victim of domestic violence, sexual assault, stalking, or trafficking about technology stalking and safety. So it's more important to think about the activities we're doing, the ways that we're providing services, the ways that we're documenting our services, than whether we're doing it on paper or electronically, whether it's done by a smart phone or a laptop or mainframe. It's more important that we think about the principles of confidentiality, privacy, autonomy, respect, dignity—those types of principles, which are woven throughout these model standards for excellence.

NARRATOR: Technology gives offenders new ways to harass victims. Offenders hack into web-based accounts such as online banking, email, and social media like Facebook. Once in, the offender impersonates the victim.

CINDY SOUTHWORTH: Often offenders and abusers know a victim's passwords. Perhaps they've dated, they may have shared passwords; or it's the mother's maiden name, pet's name, perhaps date of birth—any of those things that an abuser or an offender or an ex-partner could guess. And so it's really a problem when offenders illegitimately access a victim's account. It might be a bank account, it might be a social networking account, it might be an email account. Many offenders will impersonate their victim, send out messages as if it is the victim to the victim's boss as a way to try to get her fired. They'll send embarrassing things to her family and friends and will also post sexually explicit photos in her social networking account and make it look like she's doing these things, when in reality it's not. They'll often lock the victim out of their own account. So once the offender has made it into the Facebook account or the email account or even the bank account, they'll change the password or PIN number, making it impossible for the victim to access that account.

NARRATOR: Problems like these can actually be addressed quickly. In many cases, you can simply call the bank or tech company and have them reset passwords or PIN numbers. It's important that the victim assistance providers are aware of new issues that come with new technology. To be prepared to address these issues, organizations will find they must review their training, planning, and program policies.

CINDY SOUTHWORTH: On the upside is that technology, when it's misused, creates a phenomenally persuasive digital trail that you can take into court and use it to prove that the stalking, the abuse, the harassment, the monitoring did indeed occur. Twenty, 30 years ago, when a victim was stalked, harassed, and threatened, often the abuser did it when there were no witnesses, and it was entirely up to the victim to have to convince the judge that these behaviors happened and she's terrified and why.

NARRATOR: Your understanding of technology can make a difference in the quality of your plans of action for victims and survivors. If someone receives an email containing offensive or disturbing content, they should save the original email. Law enforcement can retrieve information deep within the email's header, and this information can become part of the paper trail in court.

CINDY SOUTHWORTH: It's important for survivors to save the original email message in its electronic form so that you can get the additional email header information that lives with it and behind it. Printing it out will show you the text of it but it doesn't show you the email header that actually allows law enforcement to trace it back to the stalker.

NARRATOR: Many people don't know that technology used for communication can be spoofed. Perpetrators may send text messages disguising their identities and claiming to be someone else.

CINDY SOUTHWORTH: The stalker might actually be sending threatening messages to the victim that would make it look like they're coming from her sister. And the only way to prove that they did indeed come from the stalker is to go to the phone carrier and subpoena those records. Unfortunately, those records may only exist for 24, 48, 72 hours; it depends, carrier by carrier.

NARRATOR: The brief life span of this potential evidence introduces a new necessary skill for those who work with victims and survivors. Many victims may be initially hesitant to go to law enforcement for help. Victim service providers may need to stress to their clients the possible data loss that can occur if records aren't subpoenaed quickly.

CINDY SOUTHWORTH: Many victims are not sure they want to go to the police yet, and that's their absolute right. What we do encourage victim advocates to do, though, is talk to victims and say, "It's completely your choice if you want to work with law enforcement or not. I'm never going to pressure you to do that. However, if, down the road, you think you might want to go to the police about this threatening text message, we're probably going to need to get the evidence quickly before it disappears from the phone carrier's databases."

NARRATOR: Many crimes perpetrated with new technology are not new crimes. Keeping close observation on a victim's movements, daily activities, and location is an old practice. For years, victims have been tracked by checking car odometers. Whether it's done this way or with GPS, it's still stalking behavior. Through the use of GPS monitoring, perpetrators can now gather more information than ever without victims knowing they're being tracked.

CINDY SOUTHWORTH: There's different ways that GPS can be misused for victims. One of them is a physical device that is attached to the car, and they sell them for keeping track of shipping trucks, they sell them sometimes to parents to keep an eye on your children's driving speeds, those types of things. However, some of the features do not lend themselves to child safety. One product, actually, it says it's about kids' safety but they allow you to flash the dome light, lock and unlock the doors, and honk the horn. So it does make me wonder if these products are really designed to help your child be safer or is it really designed as a stalking, and threatening, and harassment tool for abusers and offenders. Another way that GPS can be misused is actually optional locational services on a smart phone. And it's really important for victims to know they can go into their phone settings to see what is using location services or not.

NARRATOR: Some location services can be disabled temporarily. A low-tech solution may be necessary if a stalker catches on when victims and survivors attempt to manually change their locations.

CINDY SOUTHWORTH: The challenge with that is it might increase suspicion by the abuser. So another strategy is to accidentally, quote unquote, leave the phone at home when she's going to meet with an attorney or a victim advocate, instead of taking it with her.

NARRATOR: GPS can be an extremely useful tool in helping victims and law enforcement keep a close watch on those suspected of or convicted of stalking or other dangerous behavior.

CINDY SOUTHWORTH: More and more communities are using GPS monitoring of offenders as one strategy to help them keep survivors safe and holding offenders accountable.

NARRATOR: There are two main ways that GPS is used to monitor an offender's activity. The first is a type of passive monitoring, which is used more commonly for non-violent offenders. This method uses a device worn around the ankle all day to record where a person has been. It's plugged into a system at night and sends information to the offender's probation or parole officer. The officer can see if the offender has gone somewhere they weren't supposed to go. The second type—a live GPS monitor—is used much more frequently for offenders who stalk and threaten victims and survivors.

CINDY SOUTHWORTH: The more commonly used style of GPS monitoring is called active tracking, and that anklet is connected with a satellite and is constantly tracking, real time. That provides much more notice and information if the offender is moving into an area of the community where the victim is, where the victim goes to work, school, any place the offender is prohibited from going. The thing that's important to remember is GPS monitoring is not an invisible shield. It will not stop a bullet and it will not ultimately keep the victim safe if there are not enough community resources.

NARRATOR: Using GPS to monitor perpetrators is only effective if law enforcement is available to respond. If there is a lapse in response time after authorities are alerted, the purpose of monitoring is defeated. Distance and response time are often issues in rural communities. GPS satellites can also lose service, much like cell phones, and are useless in areas where connection isn't attainable. This could be dangerous in a place like a courthouse, where perpetrators and survivors might both be found.

CINDY SOUTHWORTH: It's important when using GPS monitoring that we don't promise things to a victim that we can't deliver. So it's a great strategy, it's a great tool as part of a coordinated community response, which means sufficient victim advocates to safety plan, enough law enforcement and trained law enforcement, and then judges that will actually hold offenders accountable when they are brought into court for violating that GPS monitoring.

NARRATOR: How secure data is or can be on a computer is another constantly changing area of technology. Although many improvements have been made for data security, new problems also arise. New to the field of victim assistance is the need to understand the programs that are designed to access information without a user's knowledge. Spyware increases the threat to a person's privacy and safety.

CINDY SOUTHWORTH: With spyware on a computer, it will monitor and record every single key stroke logged, every website visited; every single thing that a survivor does on a computer will be recorded, and it is virtually impossible to discover that spyware. It doesn't show up in the history, you don't know it's there, the computer runs just as fast. The only way survivors typically know is because the stalker is challenging the victim on activity she did on the computer. Why were you researching protection orders? Why were you emailing your sister? Those types of questions would allow a victim to realize that his or her computer activities were being monitored.

NARRATOR: Perpetrators can begin spying without setting foot in someone's home. The software can be installed from another location without the person's knowledge or consent.

CINDY SOUTHWORTH: There are products out there that allow you to remotely install spyware on your victim's computer. In fact, the Federal Trade Commission went after Remote Spy and filed a civil lawsuit against that company because they allowed you to spy on any computer from anywhere by installing their spyware without a person's knowledge. You can also physically install it onsite, so a lot of them allow you to very quickly install it either from a USB flash drive or you can download it from the internet—truly, in less than 5 minutes—and then remove all trails of the installation and run it in stealth mode.

NARRATOR: One solution to this problem can be using a computer in another location, such as an office or public library. With the rapid advance of technology, smart phones also present new threats.

CINDY SOUTHWORTH: When it comes to phone spying, there is now spyware for smart phones. More and more, we are concerned about stalkers and abusers using spyware on a phone to track text messages sent, websites visited, emails sent; and I think that's only going to increase in the future as more and more of our computer use is being done by smart phones.

NARRATOR: When providing information over the web, agencies have the responsibility to make sure clients are notified that their activity may be monitored. Site visitors should be told to take proper precautions when researching sources for help.

CINDY SOUTHWORTH: If you are a victim service provider and you have a website, you have an ethical responsibility to make sure that website educates victims about computer monitoring and misuse. In fact, we do not recommend that victim service providers tell victims they can clear their cache and history cleanly, because they can't. If there's spyware on the computer, it will merely record all of those steps that a victim is taking and alert the offender that not only is the victim looking for help, going to a domestic violence or stalking website, but also that the victim is trying to hide that from the abuser or stalker or offender.

NARRATOR: As technology evolves, organizations may want to review their policies and standards that address confidentiality, communication, and interagency collaboration. Data security touches all of these areas.

CINDY SOUTHWORTH: Victim service providers over the years have been incredibly good at protecting paper records. Many of them were trained that it's critical you don't turn over a victim record for any reason to anyone. I was raised that I would go to jail to protect a victim's paper file. We need to take that same passion for victim privacy and safety and translate it into all files, including electronic files, from an Excel spreadsheet to a client's computer database that might be stored on the agency computers. One of the best ways to make sure that if you have to give any information away for any reason—whether it be you're at a community meeting and someone asks how survivors are doing in your programs and what are their biggest obstacles and challenges—is be careful about using anything that's truly unique to one person. So if you need to bring up the issue that women with large families and multiple children are having a hard time finding apartments because there just aren't enough in our housing projects and programs, that's fine. But you wouldn't want to say that a mother with six children is having a problem finding housing, because in a given tiny community that might only be one family, and you've just provided identifying information about a family you're serving.

NARRATOR: Another low-tech solution is to ensure that staff is trained to create robust passwords.

CINDY SOUTHWORTH: Making sure that they're not using the word "password," which unfortunately in the United States is the most common password; making sure they're not using any word that's in the dictionary. The ideal password is at least eight characters long, if not longer, and has a combination of letters and numbers and often symbols in it, because if it's a dictionary word, it can usually be hacked in less than 7 seconds. There are software programs that will run and try every single word in the dictionary until it finds a match.

NARRATOR: It's also important to make sure the password chosen is easy to remember. It shouldn't have to be written down and stored at a desk where it can be found. Simple tricks like substituting a number for a letter—for example, "3" for an "E" or "1" for an "l"—can make a password safer.

CINDY SOUTHWORTH: Staff also need to understand that encryption is a good thing. Encryption is fabulous; it basically just locks your records and locks your data a little bit. It's just like locking up your filing cabinet. The difference is it would be like giving your filing cabinet to someone on the street because they said, "Don't worry, it's locked." You would never give your filing cabinet away, even with it locked. So if someone's asking for confidential, privileged victim data, merely encrypting it is not alone enough to give it away. You're basically violating confidentiality. It's just giving away a locked filing cabinet that someone could unlock and open.

NARRATOR: It's also important for staff to understand how accessible email is. They need to be mindful about the sensitivity and confidentiality of all content sent electronically.

CINDY SOUTHWORTH: It's important for victim service providers to think about email as very similar to a postcard, and we would never send postcards all over town talking about the victims and survivors that we're serving. We need to remember that when we're doing email because anyone can read almost any email anytime. They fly through cyberspace; someone can put their foot out and trip an email and read it—just flying around. One of the things that we have done on our website is if you want to access us by email, before you can, there are some safety tips to read about computer monitoring and passwords and safety. Once you've done that, you can actually fill out a form and ask for assistance but there are check boxes to do it. So you provide information up front: a safe way to reply—is it safe to reply by email, by phone? Is it safe to call? What time of day is it safe to call? Is it safe to leave a voicemail? That way there's a little mini safety plan on our website that, as you're reaching out to us, you're also providing information about how we can reply.

NARRATOR: Using basic principles of good practice, like those supported by the model standards, is key to providing quality services. Implementing straightforward guidelines and staying up to date with changing technology will support those who serve victims and survivors. This will allow service providers to do their jobs efficiently and effectively.

CINDY SOUTHWORTH: They need to understand about firewalls, virus protection, encryption, hashing, confidentiality, what's identifiable. How can you re-identify data by just knowing someone's date of birth, gender, and zip code? One little fact there is 87 percent of the United States population can be re-identified by merely knowing their gender, their zip code, and their date of birth.

NARRATOR: The model standards provide a framework to help tackle both the traditional and new issues that arise from changing technology.

CINDY SOUTHWORTH: I'm not too worried about any victim service provider being able to pick up that document and check them all off today, tomorrow, or perhaps even in a year. But if the conversations in staff meetings start about, should we have a social media presence? How do we do it? Can we friend each other? Can we post that we work at our local victim service provider on our social media page? I also think staff training around technology should be woven in to staff training about anything. If you're doing regular in-service trainings, make sure you're weaving in things such as effective passwords, computer use, firewalls.

NARRATOR: There are many issues that arise in the field from use of new technology. Still, the model standards provide guidelines for those who serve victims and survivors. Doing research, looking at similar cases, and reviewing the work of other organizations all can be useful when brainstorming solutions to new problems.

CINDY SOUTHWORTH: And sometimes it's as simple as going to the National Network to End Domestic Violence website and borrowing all of our language around internet safety. It's there for the taking; please help yourself to it and put it on your website. You can also link to our Internet Safety page, if that's useful. You can download handouts on technology tips and start having conversations at staff meetings. It can be quite basic. You can also start asking every victim you work with about the technology in their lives; you know, are they feeling comfortable, do they have any questions, do you want us to research it together? You don't have to know everything; just be willing to sit with the victim next to the computer in your office and figure it out, or know to pick up the phone and call national technical assistance providers like us and others to find out how can you best serve victims.

NARRATOR: The landscape of providing comprehensive victim services constantly changes, as evidenced by the technology issues in this podcast. The model standards consider both the traditional principles as well as the emerging issues. If you or your agency serve victims and survivors of crime, you will want the model standards in your toolbox.



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