



Advocacy



Choices in Healing

by HOPE Center serving Rice County

Victims/survivors of sexual violence have multitudes of feelings and stresses with which to deal. For some victims/survivors, working the assault through the legal system is a process that can be helpful and healing (though hard). For other victims/survivors, dealing with these systems is not a viable option. Sexual assault advocates can help the victim/survivor by assisting in finding other options for dealing with the feelings and pressures of the assault and healing. Healing choices are very individual—what is necessary to one victim/survivor may be impossible for another. The advocate's role is not to make the victim/survivor do one or another, but to suggest options and help the victim/survivor think of others. Here's a list compiled by one group of advocates and victims/survivors. It's made to be expanded.

- Find a therapist you can trust
- Find a good place to cry
- Talk to a sexual assault advocate
- Learn relaxation exercises
- Call a trusted friend
- Find a support group
- Take a bubble bath
- Make a list of places you can go and go there
- Get a pet
- Take action: volunteer for something you believe in
- Talk to someone about your options in reporting to law enforcement
- Build or create something
- Write a letter to the perpetrator (send it or not)
- Write a letter to yourself
- Talk to a religious leader
- Make a list of safety concerns you might have
- Talk with someone you trust about your safety concerns and try to find solutions
- Consider your options for a civil suit
- Push against somebody while they push back
- Dance or take dancing lessons
- Play sports
- Go to sporting events to scream
- Go out to dinner with someone who makes you laugh
- Have a pillow fight
- Get a haircut
- Write in your journal
- Listen to music that makes you want to dance or that makes you relax
- Make music
- Scream in a cornfield
- Throw ice cubes at trees
- Join a women's group
- Exercise
- Determine negative situations in your environment you can change and change them

- Find support from family/friends
- Identify your strengths
- Validate your feelings
- Have an imaginary talk with your perpetrator
- Curl up in a blanket
- Take a self defense class
- Political involvement: find something you are passionate about and become involved
- Eat chocolate
- Run, bike, ski, skate, swim
- Cuddle a stuffed animal
- Install new locks
- Pamper yourself
- Consider seeing a doctor for medication to address diagnosis such as depression or anxiety
- Meditate
- Go for a drive
- Sculpt, draw, paint, weave, knit
- Find a new job
- Establish a positive routine



Introduction to Advocacy

From the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Key Learning Points:

- Advocacy is not about “fixing” the problem or telling a victim/survivor what s/he “should do.” Advocating for victims/survivors of sexual violence means you are assisting them in understanding and exploring their options. By providing this knowledge to victims/survivors, you are empowering them to make their own decisions.
- It is essential to think about why you want to become a sexual violence victim advocate. You must be aware of your own issues regarding sexual violence, and be sure that you have appropriately dealt with them. By not reflecting on this, you could do more harm than good to the victims/survivors with whom you work.
- Being a sexual violence victim advocate can involve supporting victims/survivors of sexual violence in many different roles. To appropriately advocate, support your clients, and work with outside systems you need to have a clear understanding of what those roles are.
- As an advocate, victims/survivors will look to you for knowledge, reliability, a sense that you care, and other traits that will allow them to feel comfortable with you. Always be aware of yourself - from your body language to the tone of your voice.
- Advocates must comprehend and relay to victims/survivors that s/he in no way “deserved” to be sexually assaulted, nor was s/he responsible for the assault. The victim/survivor made the best decisions possible, and s/he survived.

What is Advocacy?

Advocacy is commonly defined as active support. Essentially, sexual violence victim advocacy encompasses assisting individuals in exploring and understanding their options and empowering them to make their own decisions. Advocacy is not about “fixing” the problem or having all of the answers. It is about fostering a safe environment where victims/survivors can tell their story and be heard without judgment. Advocates assist individuals in finding answers to their questions, understanding their options, and building support systems. (WCASA Manual, p. 41).

Goals of Advocacy

- To provide victims/survivors with information regarding their options so that they are able to make informed decisions
- To motivate victims/survivors to advocate for themselves
- To always listen and believe the victim/survivor
- To provide unconditional support while ensuring that the victim/survivor is treated with respect
- Not to “investigate” the circumstance or judge the victim/survivor
- Be an ally, a person the victim/survivor can trust

(Adapted from the OVC Manual)

Is Sexual Violence Victim Advocacy the Right Choice for You?

It is important to be educated about what it means to advocate for sexual violence victims/survivors in order for you to know whether it is something of which you want to be a part.



The decision to become a sexual violence victim advocate is a substantial decision, and one that can result in significant rewards. As a sexual violence victim advocate you make a difference by becoming a part of the solution by working against the problem of sexual violence.

Victim advocacy work is invaluable to victims/survivors of sexual violence. With that thought in mind, it is crucial for advocates to become aware of their own issues regarding sexual violence. An advocate that has not dealt with his or her own issues could potentially cause more harm than good in an advocacy situation. If a person feels that they may be uncomfortable working with victims/survivors, agencies often have other opportunities available.

Why do you want to be a Sexual Violence Victim Advocate?

Determine your real motivation(s)

It is of utmost importance that you become aware of and acknowledge your real motivations for working with victims/survivors of sexual violence. Your motivations will impact your own well-being while doing the advocacy work and also may have an impact on the agency you are working for, and it will ultimately affect the victims/survivors that you assist.

The activities in this section will assist you in assessing your motivations and help you decide whether victim advocacy is right for you. It is important to remember that there are no right or wrong answers and your responses should reflect your true feelings, not how you think you "should" feel.

Please list the factors that have motivated you to become involved in sexual violence victim advocacy:

1. _____

2. _____

3. _____

Advocate Role

From the Office of Victims of Crime Manual

Crisis Line

Crisis line advocacy is very important as the phone lines need to be covered by staff or volunteers 24 hours a day, 7 days a week. To cover the crisis line, an advocate must have extreme confidence in his/her ability to handle difficult situations. To prepare for crisis line work, it is imperative that you complete the required sexual violence advocacy training and you feel comfortable with your knowledge of sexual violence.

Sexual violence advocacy crisis lines are frequently staffed by trained volunteers, and the purpose is to deliver information and immediate support to victims/survivors of sexual violence. Calls received by the crisis line address a wide array of needs from a much diversified population. Some calls are from recent victims/survivors who need assistance in understanding that forced sex is indeed rape, even if it was with a trusted person. Other calls are from victims/survivors that may be experiencing flashbacks or recurrent memories of an assault that may have occurred decades ago.

Secondary victims, otherwise known as concerned family or friends may call with fear that their safety may be at risk or concerns about a friend, acquaintance, or loved one. They may need support or resources for themselves. Other callers may be calling with concerns because they are being stalked, and they need information and options that are available to them in order to find safety.

Furthermore, some callers may be calling to get information on obtaining a harassment order (HRO) or an Order for Protection (OFP). (For more information on HRO's or OFP's please see the Legal section of the manual). Yet, other community members may call to get information on registered sex offenders in their community.

Moreover, evaluation of suicide and homicide risk is a crucial aspect of crisis line advocacy. It is important that advocates are properly trained in this area and also know when it is time to involve local law enforcement. A complete understanding of the legal consequences of action and inaction in these particular cases is imperative, as is the capability of making decisions and acting under significant pressure.

Fortunately, with modern technology it is rare that volunteer advocates have to work onsite during their volunteer shift. Most often, calls are transferred to your home or cellular phone.

Medical-Evidentiary Exam Response

Many sexual violence advocacy agencies have agreements with their local hospitals to have their advocates called to the emergency room when a victim/survivor of sexual violence arrives without contacting the agency. The advocate's central task is to provide the victim/survivor with information about his/her options, answer questions, extend support and crisis intervention, and to advocate on his or her behalf with the medical personnel providing care.

Victims/survivors of sexual violence often require much needed support during the



Because advocates support victims/survivors through different experiences, whether at the hospital or reporting to law enforcement, you must have an understanding of each role you will play.



Knowing the goals and essential premises of advocacy, you can appropriately fulfill your role as an advocate.

medical evidentiary exam process because of emotional response to the assault and the invasive procedures required during the exam. Moreover, the advocate is there for the victim/survivor. At no time should the advocate become involved with the actual medical procedure or forensic investigation.

Law Enforcement Accompaniment

If the victim/survivor chooses to report the assault to law enforcement, the initial report is often taken at the hospital with the advocate present. The victim/survivor usually gives their official statement to law enforcement at a later time or day, and the advocate may accompany him/her to the appointment.

While the victim/survivor gives their official statement to law enforcement the advocate is present solely for emotional support. An advocate should allow the officer or investigator to answer questions that the victim/survivor may have and, most importantly, the advocate should never interrupt while the victim is giving her/his statement.

In order to be someone your clients can trust, you must know what advocacy is and know what ways you can support that person.



Court Accompaniment

The advocate often offers to accompany the victim/survivor to any attorney appointments as well as to the courtroom. The purpose is to familiarize the victim/survivor with the process and the courtroom, including where they will sit and what they will be asked to do or communicate.

Furthermore, there are often court hearings where it is not required that the victim/survivor be present. An advocate may offer to attend these hearings on the victim/survivor's behalf and report pertinent information back to the victim/survivor afterwards.

Family/Partner Supportive Counseling

The advocate typically works with one primary victim/survivor along with many secondary victims: the partner, family, or close friends who have been negatively affected by the assault of their loved one. The more the advocate can assist these secondary victims initially, the more supportive they are likely to be of the victim/survivor. If family and loved ones are present during the evidentiary exam, it may be helpful if the advocate spends time with them while a SANE or other support person is with the victim/survivor. It is imperative that the advocate communicate with the victim/survivor when working with his or her loved ones. If the victim/survivor does not want his or her loved ones to know certain details, the advocate must respect that decision.

Walk-In Crisis Intervention

Sexual violence advocacy programs often have victims/survivors of sexual violence who come into the office without an appointment and no prior contact with the agency. As with crisis line advocacy, walk-in clients present with varying

degrees of issues and responses to trauma. Advocates who respond to these victims/survivors often deal with similar circumstances to which crisis line advocates do.

Individual, Ongoing Supportive Counseling

Sexual violence advocacy programs usually have staff available to provide ongoing, supportive counseling to victims/survivors of sexual violence. This role of a staff person often requires advanced training in counseling, but advocates can still be helpful by utilizing basic supportive listening skills. If a victim/survivor has many psychological issues, referring them to a therapist is often the best strategy.

Support/Educational Group Facilitation

Support groups are becoming very popular and are often a sufficient way to help sexual violence victims/survivors obtain the support they may need to heal. Sexual violence advocacy programs often provide support or educational groups for victims/survivors in their community.

Advocacy Program Support Roles

From the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Advocacy at the Legislature

Sexual violence advocacy programs need support from individuals at the local, state, and national levels who are willing to communicate their views and concerns regarding future legislation. Often, you only need to have an understanding of the issues and a willingness to communicate your views. Individuals with advanced knowledge on the issues may enjoy testifying in front of committees advocating for or against pending legislation.

Educating the Schools and the Community

Sexual violence advocacy programs are often asked to speak in schools and at community organizations about the prevalence of sexual violence, prevention, safety, and other related topics. Presentations and trainings on sexual violence vary greatly depending on the audience and the purpose of the event. Videos, role plays, and discussion of scenarios can be very educational with most groups.

Educating the public about sexual violence is imperative to the prevention and the eradication of sexual violence in our community. (For more information on prevention, please see the Prevention chapter). Volunteers at sexual violence advocacy programs can be helpful in this area as staff are not always available to provide the presentations due to their case loads. High schools and college

campuses are usually in dire need of information on sexual violence, and information provided by peers may be better received. If you are a trained sexual violence advocate and feel comfortable providing public presentations, please contact the volunteer coordinator or available staff to express your interest in educating the public about sexual violence.

Court Watch

Some sexual violence advocacy programs now utilize staff and volunteers to watch court cases involving sexual violence. Court watch can be done to record information for a victim who may not want to attend the hearings but would like the information provided and the decisions of the hearings. Court watch can also be effective for monitoring and recording any biases that may occur on behalf of judges or other court officials. Programs can use this information in working with the criminal justice system to implement change and fairness for victims of sexual violence.

Program Evaluation

Evaluation of sexual violence advocacy programs is crucial, especially for funding sources. Most funders require sufficient data to show that the money provided is being utilized to serve victims and prevention efforts. Sexual violence advocacy programs use intake information on victims, and this information needs to be tallied for quarterly reports and year end reports for funders. This may be an easy, yet essential task for volunteers to do.

Fundraising

Sexual violence advocacy programs can always utilize more funds. Often, companies will match funds to a local agency when requested by an employee. See if your employer has such a program or will match funds you contribute or raise for your local sexual violence advocacy program.

Traditional fundraising efforts can also be useful for sexual violence advocacy programs, however, staff of the agency may have limited time to plan and organize such an event. Offer to hold a bake sale, candy sale, gift sale, fun run, car wash, golf tournament, or garage sale to raise money. You can get your friends, family, faith community, and/or local community involved and have fun while you raise money.

Administrative Support

Staff at sexual violence advocacy programs are often overworked with their direct service case load and, as a result, have little time to take care of administrative tasks. Volunteer to come in and assist with copying, filing, stuffing envelopes, word processing, data entry, or answering phones. It doesn't take much effort, and

it is usually very helpful to overwhelmed staff.

Traits of the Effective Advocate

From the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Empathy

Sexual violence advocates need to be able to perceive correctly what the victim/survivor is experiencing and communicate that perception. This does not mean that an advocate has to have been sexually violated to feel empathy towards a victim/survivor. The advocate must identify with the trauma of the experience, however. It can be very difficult to identify completely with individuals whose life circumstances, socioeconomic status, race/ethnicity, and sexual orientation differ from one's own; therefore it is imperative not to overemphasize similarities. Rather, the focus should be on displaying interest and concern for the victim/survivor's particular circumstance.

Respect

Sexual violence is a traumatic experience and, for this reason, respect is an important and influential element in the helping relationship. Respect insists the advocate display genuine appreciation for the worth of the victim/survivor, which embraces their experiences and their behaviors. This entails protecting the victim/survivor's rights to make their own decisions, their assessment and account of the situation, and their ability to overcome the crisis they are facing. Respect for the victim/survivor will assist the advocate from becoming overprotective or from viewing the victim/survivor in a negative regard.

Warmth

Being treated in a warm manner by an advocate can be very comforting to a victim/survivor of sexual violence. Warmth generates a sense of care, concern, and reassurance that results in trust. It is possible to display warmth in many ways, especially non-verbally. Advocates should be mindful that their nonverbal cues such as body language, eye contact, and facial expressions communicate appropriate messages.

Genuine

Advocates should be themselves when working with victims/survivors of sexual violence, being mindful to not assume behaviors or express opinions that are not authentic. Being "real" allows the advocate to relax and focus on the victim/survivor, rather on his or her own behavior or appearance. Genuineness implies to the victim/survivor the advocate's credibility and willingness to assist.

Concrete

One common reaction to sexual violence is a feeling of disorientation, which can lead to a sense of powerlessness and confusion. Therefore, an advocate must be as specific and clear as possible in his or her interactions with a victim/survivor. This does not mean, however, being directive (giving unsolicited advice or instruction), but rather providing detailed information in concise and understandable terms. This concept is related to the need for immediacy – discussing issues in the here and now.

Sensitivity to Cultural Factors, Social Conditions, and Personal Identities

Advocates need to comprehend how cultural factors, social conditions, and identities impact a victim/survivor's experience of sexual violence. The relationship will be considerably strengthened by an advocate that can demonstrate knowledge and respond sensitively to people from various cultural and social groups. This involves being aware of who the victim/survivor is, learning something about her/his background and how social issues affect her/his life. It is imperative not to make assumptions based on generalizations and stereotypes. If necessary, check with the victim/survivor about their background to understand better ways in which their culture and identity influence their life and the way s/he perceives their assault.

Potent

An advocate should be convincing, dynamic, and have charisma – characteristics which help the victim/survivor feel credible and safe. It is important to demonstrate that an advocate will indeed be able to contribute some of their experience and skills to the successful resolution of the crisis.

Adapted from PCAR's Trainer's Toolbox #9 p. 522 – Adapted from Legal Advocates Manual: A Survivor Centered Approach to Legal Advocacy and Systems Change: New York State Coalition Against Sexual Assault

Essential Advocacy Premises

from the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Advocacy is most powerful when the advocate has a basic comprehension of the sociological and psychological implications of sexual violence, and implements this knowledge to each individual advocacy relationship. Advocates need to be cognizant of, and to share with victims/survivors, some pivotal assumptions.

- The perpetrator, not the victim/survivor, is responsible for the assault – always.
- Victims/survivors have made the best choices and decisions possible – given

the pressures, fears, feelings, and circumstances at the time. The person survived.

- No one “deserves” to be sexually assaulted. Sexual violence is not about something that was “wrong” with the victim/survivor – or anything that s/he did, said, wore, or thought.
- Circumstances regarding culture, race, and socioeconomic background may be involved in the healing process. Advocates should be culturally competent and recognize their differences, but at the same time not make broad assumptions about the victim/survivor based solely on those differences.
- Victim/survivors have amazing strength and healing capacity. The healing journey may take time and endurance, but every victim/survivor can move through the process and recover from sexual violence.

(Jane Doe Manual – Massachusetts)

Bringing it Home:

- Are your motivations for doing this work clear to you? If so, are they appropriate motivations for you to provide support to victims/survivors of sexual violence?
- Do you possess effective traits of an advocate? Do you feel working in advocacy for sexual violence victims/survivors is a good fit for you?
- Do you understand the role an advocate plays in each scenario?
- How do you see yourself fitting into these roles of advocacy?
- What are the services your program offers (i.e. support groups or counseling)?



Crisis Intervention

From the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Key Learning Points:

- A crisis has many phases to it, but with early crisis intervention, healthy and effective coping mechanisms are more easily established.
- Common feelings that many victims/survivors of sexual violence may experience during crisis are anxiety, helplessness, guilt and shame, anger, and ambivalence. It is important to remember that everyone experiences crisis differently and there is no “right” way to react, especially regarding sexual violence.
- Some of the basic crisis intervention techniques are to define the problem, ensure safety, provide support, examine alternatives, and make plans.

Crisis intervention is quite possibly one of the most important roles of a sexual assault advocate. It should begin as soon as possible, usually when the victim/survivor presents to the hospital for a forensic exam. Crisis intervention has been found to be very effective and usually entails providing support and information to assist the victim/survivor in communicating his/her feelings, dealing with the assault, and creating effective and healthy coping mechanisms (Ledray, 1982).

When working with sexual assault victims/survivors, crisis intervention should include recounting the sexual assault in detail; building a supportive connection to show sensitivity, empathy, support, and to initiate the recovery process; restructuring thoughts underlying negative symptoms; collecting information; teaching positive coping mechanisms; determining social support; assisting with medical and legal needs; safety planning; and helping with follow-up treatment.

Basic Crisis Intervention Techniques:


- Define the problem
- Ensure safety
- Provide support
- Examine alternatives
- Make plans

Questioning Techniques to Avoid:

- Avoid asking multiple questions at once
- Avoid asking questions that are off the topic
- Avoid questions that abruptly change the flow
- Avoid *why* questions, which can make people feel defensive
- Avoid imposing values
- Avoid making the victim/survivor defensive
- Avoid questions that assume there is only one answer
- Avoid questions that cut off discussion of feelings
- Avoid making assumptions

Crisis Definition

A crisis is a stressful situation that disrupts a person's ability to cope and cause a stage of lack of equilibrium (i.e. knocks you off your usual balance).



Crisis intervention may be the most important part of advocacy. The victims/survivors you come in contact with are largely in crisis, most often during your first initial contact.


A crisis may have several phases where the tension level increases. The tension may reach the breaking point (with resulting personality disorganization) unless:

- Significant forces are supported in the early phases.
- The person's own emergency problem solving mechanisms are able to resolve the crisis in a healthy way.

How a Crisis is Experienced

Although not everyone will experience all of the following feelings, they are the most common in any crisis.

- Anxiety - This is a response which can mobilize a person for action; great anxiety, however, produces confusion, poor judgment, questionable decisions, and self-defeating behavior. This is the time when the best service is given through concrete suggestions, information, and a helpful ability to listen.
- Helplessness - This is a common feeling. Encouraging a person through some action can be a way to counteract the helpless feelings.
- Guilt and Shame - This feeling is due mainly to feelings of incompetence and the need to depend on others.
- Anger - This is often hidden behind the expression of other feelings and may be directed at another person such as the volunteer or turned inward, producing depression.
- Ambivalence - This reaction may be caused by the need to regain control while there is a loss of control. Reaching out for help while trying to manage by oneself produces a decrease in self-esteem and leaves an individual extremely vulnerable.



When a person is in crisis, the people s/he comes in contact with will make either a strong positive or negative impact. As an advocate, it is important to make a positive impact and to show that you can be a support system for that victim/survivor during crisis.

Since normal coping ability is challenged in a crisis, the individual finds their world shaky and uncertain. In rare cases, fears, which may have been hidden, are now on the surface (e.g., nightmares, fear of going out, etc.). All of these fears bring on uncertainty, discomfort, and the feelings listed above.

Some people may act angry, demanding, or manipulative. These behaviors are often the defense against feelings of anxiety and helplessness. People in this state are trying to gain or regain a sense of control.

Resolution of a Crisis

Any crisis state is resolved by a decision towards action of some type. No crisis can be resolved without some decision, which could even be the decision not to decide. Time is a complicating factor in a crisis state, because usually time to decide is severely limited. A crisis can be of short duration if the intervention is effective. After the immediate crisis is resolved, change and feelings will continue, but making that first decision starts to bring about the resolution of the crisis.

Crisis Intervention Strategies

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

- **Provide Information:** Talk about the likely course of reaction, emphasizing that each person is unique, but that these are some common responses sexual violence victims have reported.
- Provide information about relating cues with terror/panic reactions. Helping victims/survivors relate cues with reactions may help her/him feel less “crazy” and possibly lead to working on desensitizing that specific cue.
- **Normalize Reactions:** Let the victim/survivor know that many reactions are common. This can also facilitate effective information gathering, such as “Many sexual assault victims experience flashbacks, have you had any?”
- **Facilitate verbal desensitization:** Let the victim/survivor talk as much as possible about the assault or how s/he is feeling. This can help with any denial s/he may feel. Find out whether the victim/survivor has anyone else to talk to about the assault or any support networks. Inform her/him that the agency is also available for significant others. Be alert to see whether s/he needs to protect others and take care of their needs.

If the victim/survivor does not want to talk, let her/him know that there may be a time when s/he will want to talk. Is there someone else who will listen? Let her/him know that someone can be there to listen.

Try to identify sources of support (i.e. family or friends). Also talk about the first response of a significant other to the disclosure.

- **Discuss victim/survivor concerns:** Let the victim/survivor express concerns about self-image; reaction of others; prosecution; and feelings of blame, guilt, betrayal of trust, etc.
- **Gather resources:** Help the victim/survivor initiate the sources of support identified.
- **Assess the need for referral:** Examine indicators that suggest a victim/survivor may need a referral:
 - A history of repeated victimization;
 - Other significant life problems besides the assault, such as divorce, problems with children, loss of job; and/or
 - Self-blame.

Referrals are generally not made unless the victim/survivor asks you to do so, or you have met with the victim/survivor many times to have sufficient information to assess that a referral is appropriate or necessary. A victim/survivor may follow up with another agency and still continue with the sexual assault agency for support.

References

Pennsylvania Coalition Against Rape. (2000). *The trainer’s toolbox: A resource guide for sexual assault counselor training*. Enola, PA: PCAR.



Because early intervention is such a crucial time for a victim/survivor, you must be knowledgeable on how to best respond.



Knowing the basic techniques, as well as the techniques to avoid, during crisis intervention, will help you be more effective in your role as an advocate.

Bringing it Home:

- There are times when you may feel that someone is suicidal or in need of someone with more of a mental health background. What resources are available in your community for someone in a mental health crisis? (i.e. Crisis Response Team or counseling centers)
- How could you partner with those community resources?



Confidentiality

Key Learning Points:

- Confidentiality is the beginning of empowerment, for it assures the victim/survivor that s/he alone has the right to choose to disclose information about the sexual violence.
- Keep conflict of interest issues in mind and refer when necessary. For example, it may be helpful to have two different advocates – one for the victim/survivor, one for the parents.
- Get written permission for release of information from the victim/survivor before discussing a victim's/survivor's situation with a representative of any agency or organization. (This includes referrals.)
- Staff and/or volunteer personnel information must also be confidentially maintained. Make sure you receive direction from your agency attorney about your staff and volunteer rights to privacy.
- A sexual assault advocate must meet all of the following:
 - Have undergone at least forty hours of sexual violence advocacy training
 - Work under the direction of a supervisor in a crisis center,
 - The crisis center's primary purpose must be to render advice, counseling or assistance to victims of sexual assault.
- The victim/survivor retains the right to know any and all exceptions to the confidentiality privilege, including the fact that the advocate is a mandated reporter of child abuse.

Confidentiality is the basic policy of crisis centers. It requires that all information provided to volunteers, advocates, and staff by victims/survivors or by friends and families of victims/survivors, be kept confidential. The following guidelines should be adhered to in contact with callers and clients.

When talking directly with a victim/survivor:

- Notify the victim/survivor that all information will be kept confidential. Confidentiality is the beginning of empowerment, for it assures the victim/survivor that s/he alone has the right to choose to disclose information about the sexual violence. Discuss limitations, if any, on confidentiality, such as mandatory reporting, Tennessee Warning, and group contacts.
- Always request the victim/survivor's permission before contacting others. Example: "I want to help you, but I need more information. I'd like to discuss this with my supervisor if that is okay with you."
- When filling out any log sheets, keep details concise and factual.
- If you need to get another advocate for outreach or any other reason, get the victim/survivor's permission.
- Let the victim/survivor do the talking to staff at the hospital, police station or county attorney's office. Try not to put words into the victim/survivor's mouth. Allow the victim/survivor to decide whether you should be present at any of these interviews.
- Do not question the answer a victim/survivor gives to others even though it may differ from what you think you heard. You may want to ask for clarification later in

private.

The high standards of confidentiality you hold with the victim/survivor will influence the nature of conversations you may have with secondary victims/survivors, fellow advocates, law enforcement, support services, prosecutors, etc.



When talking to relatives or friends of victims/survivors:

- If a victim/survivor has not given permission for your contact with any significant others, give general information about sexual assault victims/survivors and sexual assault issues.
- If a victim/survivor has given you permission to talk with family or friends, do so. Remember that it is always best to suggest that the callers convey their concerns directly to the victim/survivor. At times you may be able to facilitate this.
- Family and friends of victims/survivors also have rights to confidentiality. If family members do not want their call relayed to the victim/survivor, that is their prerogative.
- Keep conflict of interest issues in mind and refer when necessary.

Have you talked with your supervisor on what needs to be addressed, in terms of confidentiality, during your first interaction with a victim/survivor? Are you prepared to have that conversation?



When talking with anyone else:

- When referring to a victim/survivor, use a general phrase such as "young woman" or "a man I am working with," NEVER a victim/survivor's name.
- Do not tell anyone that an individual has contacted you.
- Get written permission for release of information from the victim/survivor before discussing a victim/survivor's situation with a representative of any agency or organization. (This includes referrals.)

Have you had a conversation with your supervisor in terms of maintaining confidentiality and debriefing after responding to a crisis?



Information about volunteers is also confidential:

- Only use your first name when talking with a victim/survivor or significant others.
- When referring to another advocate, use only first names.
- Do not give out your phone number or home address. Anyone who needs to reach you can always call the crisis number and leave a message. The advocate on call can relay that to you.
- Outreach volunteers should not go to a victim/survivor's home. Arrange to meet at a public place—a restaurant, hospital, police department, etc.

Bringing it Home:

- Have you talked with your supervisor about your agency's policies for maintaining confidentiality and professional conduct?
- Have you talked with your supervisor on the rights that victim/survivors hold?
- Have you evaluated why you want to be an advocate? What are your motivations?

Communication Between an Advocate and a Victim/Survivor is Not Always Confidential

In Minnesota, Sexual Assault Advocates may generally not be compelled to testify about any opinion or information received from or about the victim/survivor with whom they are working. See, Minnesota Statute §595.02 subd. (k). There are, however, some exceptions to this general rule

Do you meet the definition of a sexual assault advocate?	<p>A sexual assault advocate must meet all of the following:</p> <ul style="list-style-type: none"> • Have undergone at least forty hours of crisis counseling training; • Work under the direction of a supervisor in a crisis center; and • The crisis center’s primary purpose must be to render advice, counseling, or assistance to victims/survivors of sexual assault.
HOW PRIVILEGE IS WAIVED:	
Victim/Survivor Consent	<p>If you meet the definition, then communication is deemed privileged unless that privilege is waived. Waiver of the privilege may occur in more than one way:</p> <ul style="list-style-type: none"> • If the victim/survivor consents to having the advocate testify, the communication that has occurred will no longer be deemed privileged. • The privilege belongs to the victim/survivors, and it is their right to waive that privilege if they choose. • If the victim/survivor does in fact wish to have the advocate testify, the waiver will need to be stated on the court record so the advocate is clear that s/he is granted permission to testify. • It would be wise for the advocate to communicate with the prosecutor on the case to verify that the waiver has in fact been made before they testify.
Court Deems Good Cause is Shown	<ul style="list-style-type: none"> • This waiver applies when the advocate’s information relates to neglect or termination of parental rights. (Note: These fact patterns may lead to a situation requiring mandatory reporting.) • Victim/survivor does not consent to having the advocate testify. • Court is ordering this testimony or disclosure of information. • The court must perform a balancing test in order to determine if good cause exists for disclosure. • The balancing test requires the court to weigh the public interest and need for the disclosure against the effect on the victim/survivor, the relationship between the advocate and the victim/survivor, and the services provided if disclosure occurs. • In this instance, the advocate if called to testify would assert on the witness stand that the information they possess is confidential. The court will then rule on the issue, and the advocate will be informed as to whether they will be required to testify and what the boundaries of their testimony, if any, will be. • It is also important to note that Minnesota Statutes §626.556 and 626.557 address issues of maltreatment of minors, and these statutes should be consulted if your situation involves these issues.
Third Party Conversations	<ul style="list-style-type: none"> • Victim/survivor does not knowingly consent to the advocate’s testimony. • Conversations between victim/survivor and advocate occur in the presence of a third party. For example, a meeting between the advocate, victim/survivor and law enforcement. • Conversations between victim/survivor and advocate are subsequently purposefully disseminated to a third party. For example, after victim/survivor meets with an advocate, the victim/survivor then tells someone else about the content of the meeting. • The communication is no longer confidential because it has been shared with someone outside the confidential relationship. • Once the information is disclosed to someone else, even though it was by choice, the victim/survivor may not later assert privilege when disclosure is sought by someone else. • This concept is not unique to the relationship between sexual assault advocates and clients. It also applies to other disciplines including lawyers and their clients.
What Can I Do?	<ul style="list-style-type: none"> • The above information is not meant to discourage advocates from providing support to the victims/survivors in their meetings with third parties. Instead, the information is intended to help you understand the limits of confidentiality as you assist victims/survivors. • If you meet with a victim/survivor and they are being interviewed by law enforcement, remember the role of the advocate is to provide support for the survivor. Do not take notes; the officer will likely be recording the conversation. This reinforces the notion that the advocate is a support person and not an investigator. It also prevents the advocate from having to disclose those notes. • Discuss with the victim/survivor the ways in which the cloak of confidentiality may be waived so that they have knowledge of this issue from the beginning of the working relationship. • Talk to the local prosecutors in the jurisdiction in which you work. Discuss the potential ramifications within your community if victim/survivors do not have a confidential resource to talk to concerning sexual assault. • Let your local prosecutor know that you would be willing to testify as an expert witness on the issue of sexual assault. This may alleviate some of the issue of having advocates testify concerning case specific information. • If you are going to meet with the victim/survivor and someone else, ask that an additional person be present as well. That additional person may then be called as a witness. This will not be an absolute bar to you being called to testify, but it is a strong argument that your testimony would be duplicative and thus unnecessary.



Active Listening and Communication Skills

Compiled by Tracy Sheeley

Revisions by Karla Nelson, MNCASA

Key Learning Points:

- When a victim/survivor calls the crisis line s/he often has several thoughts racing through her/his mind. It is part of the advocate's role to listen actively and help the victim/survivor articulate those thoughts.
- While advocates listen to victims/survivors of sexual violence and support them in articulating what they feel they need, it is not the advocate's role to tell a victim/survivor what s/he needs. Victims/survivors need to make decisions for themselves which will leave them feeling empowered.
- Listening to the feelings a victim/survivor may have about themselves or of the sexual violence they have experienced may at times be frustrating. It is important that even if the advocate does not understand or agree with what the victim/survivor is feeling, the advocate must accept those feelings and support the victim/survivor.
- Open-ended questions are a non-judgmental way of encourage a conversation and talking more in-depth. They are a very useful tool when exploring with a victim/survivor her/his thoughts and feelings.
- Listening is not just about hearing. When talking with victims/survivors advocates must be aware of both their own and the victim/survivor's body language and tone of voice. Paraphrasing and clarifying what the victim/survivor is also very important because it shows her/him that you are listening and understanding her/him.

Advocates help sexual violence victims/survivors in numerous ways. Two of the major areas of assistance they provide are giving information and listening to the victims/survivors.

Sometimes victims/survivors have a clear picture of the services or information they desire:

- "Where do I file a complaint about sexual harassment?"
- "Can I have information on support groups?"

More often, s/he is concerned about more than one issue. Active listening is crucial when working with victims/survivors in crisis because a victim/survivor's needs will vary, and s/he may have difficulties articulating those needs. It is important to let a caller know that you are available to listen, but not to push if s/he is not ready. Try to leave the door open to crisis callers —"Please feel free to call back if we can help with anything else or if you need to talk."

It is also important to remember that victims/survivors have been exposed to the myths about sexual violence in our society. S/he has the right to non-judgmental communication.

One of the most important services you provide as an advocate is listening. It is vital that you maintain excellent listening skills.



While communicating with victims/survivors, keep the following in mind:

Trust: Each of us has the ability and power to make our own decisions and resolve our own problems. This ability is empowering and crucial in a sexual violence victim/survivor's recovery. An advocate's role is to help the victim/survivor explore feelings and courses of action—the decisions are always theirs to make.

Acceptance: We must listen to and accept the victim/survivor's feelings even if we wish they weren't their feelings or believe that we'd feel differently in the situation. Accepting her/his feelings enables them to move beyond them and/or understand where they are coming from. For example, guilt is a common feeling for victims/survivors. It is very beneficial for them to examine why they feel guilty and move on from that understanding to realize they don't have to feel that way. Acceptance also provides an atmosphere of safety for the victim/survivor to work on these issues. Active acceptance can be frustrating for advocates. Advocates know the victim/survivor is not at fault, and we do not want them to blame themselves for the sexual violence. People do not control their feelings, however, and whatever their emotions are represent the issue(s) to be dealt with at that time.

Empathy: Empathy is the ability to share in another person's emotions or feelings. Empathizing with the victim/survivor brings about trusting and honest communication. It is important not to get so caught up in the caller's emotions that you lose your ability to respond to their crisis; this will not help either of you in dealing with the situation. If you share their panic fear, rage, etc. entirely, you will not be able to offer them options and suggestions for coping with those emotions.

Respect: We respect the victim/survivor's right to confidentiality, to make their own decisions, and to get help in their own way and time.

Open/closed questions: Closed questions can usually be answered with a yes or no, or with a short declarative statement. Closed questions can be useful to elicit information or clarification. "Did the perpetrator have a weapon?" "Have you received medical attention?" Open-ended questions encourage longer, in-depth responses. They are especially helpful for eliciting feelings and perceptions. Much of our talk focuses on facts and opinions, rather than feelings. Open-ended questions are useful for exploring in a non-judgmental way. "How do you feel about it?" "What do you feel we have accomplished today?" "What do you think you'd like to do about it?"

Listening for Feelings

Part of an advocate's role is to help guide victims/survivors to look inside to discover what they are honestly feeling. Unless these feelings are identified and realized on a conscious level, a lot of important information will be overlooked in the determination of an appropriate course of action. It is likely that, if feelings are unidentified, a person will only react to them instead of rationally determining what they want to do with their feelings.

Remember, feelings are not right, wrong, good or bad - they just are. Ignoring the

reality of a feeling or placing judgment on it will only complicate the process of changing it or seeing it as a resource.

Responding to feelings you identify and/or suspect can be beneficial in many ways:

- It helps the person recognize what is really happening inside emotionally.
- It establishes a safe, trusting bond which allows the person to share and explore a variety of feelings that may be confusing.
- It provides a place for the victim/survivor to safely express emotions without judgment.
- It helps you check out your assumptions and get a holistic picture of the extent of a crisis or situation.

Telephone Skills

Active listening on the telephone can be a challenge. There are many facets of face-to-face communication that we take for granted. (Nods, facial expression, shrugs, gestures, posture, and eye contact all help determine our interpretations of conversations and help us communicate with others.) Phone conversations do, however, offer advantages to the caller. They have the control to end the conversation at any time and may feel safer on the phone if they are concerned about confidentiality. Immediately remind the caller that partners can track calls, and take appropriate steps to maximize privacy and safety. Some guidelines to follow:

- Be prepared to answer the telephone. Be attentive both physically and mentally. Separate yourself from all distractions. When you return a call, give a brief explanation of who you are and why you are calling. Prior to the call, dial *67 if necessary to prohibit the call from being traced. Be sure you have the right person on the line; do not violate the client's confidentiality by telling another person where you are from or what you are calling about. Don't leave a message. Beware of additional stalking technologies. Check to see whether it is an okay time to talk.
- Be aware of your tone and your voice. Speak clearly. Try to keep your voice calm and reassuring.
- The person has called with some need. Listen and focus on the caller's want, rather than on what you think s/he needs.
- Help the caller identify specific issues. If s/he seems overwhelmed, help them isolate the most important issue.
- Explore options with the caller. Help the caller determine which choices are best for them. In talking to a victim/survivor, remember and convey that s/he is in control and making the decisions.
- There may be pauses or silence during the conversation. Silence can be all right. Learn to recognize when it is a comfortable thing, and do not rush to fill in the gaps.
- Use active listening skills, making comments in a supportive manner. Remember to reflect the feelings you hear and to check your perceptions periodically, especially if there is any confusion: "Do I understand that what you want is...?"
- If you do not have the necessary information, say so. Do not try to fake it. It is okay to say, "I don't know, but I'll find out." Never make promises you can't keep. Be firm and clear about your own limits.



Whether sitting down and meeting with a client, talking over the phone to a caller, or facilitating a support group, you will be communicating and listening to victims/survivors everyday.

- Be aware of your own feelings and reactions. It is all right to share some of your feelings occasionally, especially as an expression of understanding and empathy. Do not let your feelings and reactions take away the focus from the caller and their needs.
- Phone contacts can be short or long. Your job is to respond to the crisis. Focus on the here and now.
- Always believe the victim/survivor. No matter how bizarre the incident or story, believe them.
- Assure the caller of confidentiality.
- Know your resources. Make referrals based on the victim/survivor's needs. If you need more time to explore resources, let the caller know you will get back to them.
- Summarize at the end of a contact. Provide a sense of closure. Review any follow-up or other plans the caller has made.
- Let the caller know you're glad they called before hanging up. It can be a difficult step to take.
- When you have had to handle a difficult situation, pay attention to your own feelings about it. Get the support you need from other advocates or staff.

Open-Ended Questions

Open-ended questions are designed to encourage victims/survivors to explore issues, as well as share and process thoughts and feelings. Open-ended questions can assist advocates in facilitating crucial conversations with victims/survivors. Listed below are examples of open-ended questions.

- How does it look to you?
- Tell me more about it.
- What do you think you'd like to do about it?
- What seems to be your greatest obstacle?
- How do you suppose you could find out more about it?
- What was your reaction?
- How does this affect you?
- How would you go about it?
- How do you suppose it will work out?
- What are some other possibilities?
- What information do you have about that?
- How do you plan to do it?
- What do you plan to do about it?
- What was it like?
- What have you tried so far?
- What are the likely solutions?
- What would you like to talk about today?
- What's new?
- What if that doesn't work?
- How have things been going?
- What experience have you had with this sort of thing?
- How does this fit in with your future plans?
- What do you feel we have accomplished today?
- How would you summarize your discussion?
- What have you been thinking about since we last talked?
- What do you want to do after you leave school?

- For instance?
- What do you think is best?
- What would you do in a case like this?
- What seems to be the difficulty?
- What have you figured out so far?
- Tell me about yourself.
- Where will this lead?
- What is your ultimate objective?
- How do you fit into this picture?
- Anything else?
- In what way?
- Will you fill me in on the background?
- If you had your choice, what would you do?
- What do you make of it all?
- Can you give me an example?
- What does it all add up to, as you see it?
- What will you have to do to accomplish it?
- In what way do you think you could improve the situation?
- Are there any other angles you can think of?
- Where do you go from here?
- What are your next steps?
- How do you explain those feelings to yourself?
- What would be the greatest thing that you could accomplish in your lifetime?
- How do you feel about it?

Communication in the Helping Relationship

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

The first stage of the helping relationship is building the relationship and it involves skills for understanding, support, and crisis intervention.

Skills for Understanding: Listening

This is not a passive activity. It is a very active process, involving not merely hearing the victim/survivor's words, or watching the victim/survivor's body language, but a total involvement with the victim/survivor - insightful, intuitive, instinctive listening. It doesn't mean "What is this person saying?" It means "What is going on right here, right now, with this person?" Active listening skills are basic to helping. There are separate skills involved in this process.

Attending

The primary element of attending is eye contact - not staring at the victim/survivor, but looking naturally at their eyes, in a manner that displays a warm, genuine interest in the person. It says "I hear you, I understand." Eye contact allows the

advocate to pick up nonverbal clues from the victim/survivor. It is important to be mindful of the distance between you and the client. Pay attention to signs of discomfort from the victim/survivor relative to physical space and eye contact. The degree of both is culturally learned, and thus, not identical for all people.

The second element of attending is posture. A good helper needs to appear relaxed and should lean towards the client while listening. Related to posture are gestures. In other words, the nonverbal messages the advocate gives through the use of arms, hands, sitting position, or facial expressions.

The final element of attending is the verbal message that accompanies the nonverbal behaviors. These verbal messages need to be reflecting and confirming words that help and encourage the victim/survivor to continue and to focus on feelings and experiences.

Paraphrasing

Paraphrasing is repeating the victim/survivor's message using similar but fewer words. It is a test of the advocate's understanding of the victim/survivor. Additionally, if the message repeated is correct, it encourages the victim/survivor to continue knowing that s/he was really heard and understood. It assists the victim/survivor in clarifying their own thoughts and feelings, and gives a sense of direction to continue communication. Paraphrasing is adding no new words or ideas to the message. The helper should be thinking "What is this person's thought and feeling message to me?" It is important that an advocate not become stilted in paraphrasing, though initially the process may feel awkward.

Clarifying

This is more than paraphrasing, for it is used when the message from the victim/survivor is unclear, vague, rambling, or roundabout. The advocate makes a guess, interprets, or explains what s/he thinks the message is. The advocate needs to admit that s/he is confused or doesn't understand, for it may not be the victim/survivor's message but the advocate's listening that is the problem. The advocate is admitting confusion, and then restating what s/he thinks was said or is asking for clarification.

Perception Checking

This process is a way of asking for feedback — checking to see whether the advocate's paraphrase is correct. It is a way to correct misperceptions before they become a misunderstanding later on in the communication process.

Skills for Understanding: Leading

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

This is an important part of the communication process, and these skills are most important in building the relationship in its earliest stages.

Indirect Leading

This helps the victim/survivor start talking and continuing to take responsibility for the direction of the conversation. It includes such phrases as "Why are you here?" "Please tell me more about that?" "How did that make you feel?" "What do you think that means?" Indirect leading is the message to the victim/survivor that the advocate-victim/survivor relationship is her/his responsibility, that s/he sets the course.

Direct Leading

This is more focused encouragement to the victim/survivor to elaborate, clarify, or illustrate. The goal is to encourage the victim/survivor to a greater awareness and understanding of feelings and concerns/issues. An example is "How do you mean that you felt frustrated?"

Focusing

This is most helpful if the victim/survivor is rambling or wandering over several topics at once. This may happen after an indirect lead by the advocate. It is a statement that emphasizes a single feeling or idea from those presented. It can be done by selecting one word or phrase and repeating it back as a question.

Questioning

Indirect leading, direct leading, and focusing are often expressed in the form of a question. The most effective type of question, in terms of continuing the communication process is open-ended. It is one that cannot be answered by a simple yes or no statement. Questions should be used sparingly and should elicit feelings or clarifications rather than information. It is best to avoid "why" questions.

Skills for Understanding: Reflecting

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

Reflecting is another element of the communication process, and is a message to

victims/survivors that the advocate is in their frame of reference. Reflecting occurs in three areas: feelings, content, and experience.

Feelings

The purpose of reflecting feelings is to bring vaguely expressed feelings into awareness, and to assist the victim/survivor in owning the feelings. The role of the advocate is to help the victim/survivor determine the feeling, describe it accurately, observe the reaction of the victim/survivor, and judge if the reflection facilitated continued communication or obstructed it. Even if the advocate is not accurate, it can still help the process, because the victim/survivor may correct the advocate and state/own the correct feeling. The helper must be mindful not only of words, but nonverbal cues in determining feelings.

Content

This is simply repeating in fewer and fresher words the essential ideas of the victim/survivor, and is similar to paraphrasing. It is a clarification of ideas the victim/survivor may be having difficulty expressing.

Experience

This type of reflecting is a descriptive feedback of observations of nonverbal cues. The advocate describes the observed behavior and then the feeling that is attached to it. An example is, "You say you are not angry, but the way your hands are clenched, it seems you may be angry."

The reflection of feelings, experience, and content are not mutually exclusive, but blend together. The advocate must read the total message, select the best mix of feeling/content/experience, make the reflected statement, wait for a response, and based on the response continue the process. The advocate should be aware of timing; that is, the advocate should not reflect after every statement, nor allow lengthy monologues that cannot be captured in simple statements. The advocate should beware of reflecting too much. And most importantly, language should be appropriate to the victim/survivor's age, education, culture, and present condition. If the advocate is sincere, warm, empathetic, genuine, and open, these qualities will outshine any "mistakes."

Skills for Understanding: Summarizing

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

Summarizing is simply pulling together the concerns/issues, feelings, and plans at the conclusion of the contact between the advocate and the victim/survivor. It enables the victim/survivor to feel a sense of accomplishment and closure, and to be aware that s/he has been heard and understood. It is also a final check of the victim/survivor's messages to the helper. It is an excellent idea to have the victim/survivor summarize, if appropriate in the context of the contact. "How do things look to you now?" or "Let's see what we've talked about?" are good ways to bring that about.

Barriers to Effective Listening

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000).

Over time, most of us have developed a series of bad listening habits, and we need to discover and unlearn them. If we are free of the following barriers, we are on our way to becoming effective advocates in crisis situations.

- **Judging or Evaluating Everything Heard:** The victim/survivor speaks and before s/he has had the opportunity to get the message across, we jump in, having already decided what is correct or incorrect. We have begun to formulate our response, and from that point on do not hear what is being said.
- **Jumping to Conclusions to Supply Details and Ramifications:** We jump to conclusions, fill in the blank spaces, put words in another's mouth, embellish what is being said — the non-critical inference syndrome.
- **Assuming Everyone Thinks the Way We Do:** We have beliefs, convictions, and assumptions that are so fixed that we assume everyone else holds those same ones near and dear; therefore, there is no need to really listen.
- **Closed Mind:** We know the answer without any doubt, so listening isn't necessary. When this bad listening habit is accompanied by the next one, it is known as verbal diarrhea and constipation of thought.
- **Infatuation with Own Words:** The incessant talker is NOT a listener at all, and won't be quiet long enough to listen to anyone.
- **Wishful Thinking:** This is hearing only what we want to hear.
- **Short Attention Span:** Our minds tend to wander after a very short period of time. Most of us are mediocre listeners and need to concentrate all of ourselves on the speaker.
- **Semantics:** The meanings of words, phrases, and terms vary from profession to profession, culture to culture, or one educational level to another level. We

Bringing it Home:

- Are you familiar with what active listening is?
- Do you feel comfortable with the listening skills that you possess? How could you improve them?
- What barriers of effective listening do you feel you possess? How can you get rid of them?

cannot assume words mean the same thing to everyone.

- Superiority: We must learn to overcome the belief that we are superior to whoever is talking, to get rid of the idea that we know everything and have nothing to learn. We each can learn something from every person we meet.
- Fear: We all fear change. If we really listen, we may hear something that will upset our thinking, ideas, or convictions. Then we may have to change our thinking. We may have to admit that someone else was right. We don't listen because we are too afraid to listen.

Along with not listening well, many of us do not respond in constructive ways that facilitate positive interactions. Unfortunately, poor listening and responding often go hand-in-hand.

References

Pennsylvania Coalition Against Rape. (2000). *The trainer's toolbox: A resource guide for sexual assault counselor training*. Enola, PA: PCAR.



Developing and Demonstrating Healthy Boundaries

Adapted/reprinted with permission from the Pennsylvania Coalition Against Rape (PCAR, 2000) and from the Minnesota Coalition Against Sexual Assault *Train the Trainer Manual*

Key Learning Points:

- Developing and demonstrating healthy boundaries are essential to effective advocacy.
- Advocacy work is very challenging and the boundary lines tend to blur in many situations, but the first step to maintaining appropriate boundaries with victims/survivors of sexual violence is to always be aware of them in your interactions.
- Set clear boundaries from the start. It is always easier to establish boundaries at the beginning rather than initiate them once the relationship has become unhealthy.
- Self examination is a constant process one needs to engage in as an advocate.
- Remember, a good advocate is one who knows her/his limitations. Understand you may not be effective with every victim/survivor.

*The news is full of accounts of boundary and other violations -- priests sexually abusing altar boys, teachers having affairs with students, doctors sexually violating patients. While most participants will be aware of these kinds of news reports, they will probably not be aware of the extent to which they occur. Of equal or greater importance is the need for participants to identify ways in which they -- with the best of intentions -- might transgress appropriate boundaries while "helping" victims of sexual assault. While these transgressions may never make the evening news, they are still inappropriate and may cause harm. --Pennsylvania Coalition Against Rape, *The Trainer's Toolbox**

A Boundary in an interpersonal relationship is the line between appropriate sharing for two individuals, and what is invasive or inappropriate. Moreover, boundaries can also be physical, such as the physical distance a person is comfortable with keeping between themselves and another person. Boundaries can also be behavioral or emotional, meaning the types of behavior and level of emotional sharing that is appropriate within the context of a relationship. In one relationship a certain behavior may be acceptable, but the same behavior in a different relationship may be deemed inappropriate. Hugging a friend or parent is quite different than hugging someone you just met or a victim/survivor.

Furthermore, victims/survivors of sexual violence or any other type of physical abuse may be especially sensitive to physical boundaries. Oftentimes as a result of the physical nature of the abuse they have endured they have little tolerance for others to touch them.

Developing and demonstrating healthy boundaries is essential to effective advocacy. In helping relationships, such as advocacy, “helpers” tend to have a significant impact on the individuals they help. In an advocate/survivor relationship, the victim/survivor may view the advocate as having certain credibility and authority. Additionally, victim/survivors may also be at a time in their lives where they are feeling especially vulnerable. Because of these factors, a victim/survivor may agree to “go a long” with the advocate based on assumptions that the advocate must know best or because s/he feels powerless to challenge the advocate. It is the advocate’s responsibility not to abuse this power with the victim/survivor by trying to influence the victim/survivors decisions, initiating emotional intimacy such as a friendship, or initiating a sexual relationship.

Advocacy work is very challenging and the boundary lines tend to blur in many situations, but the first step to maintaining appropriate boundaries with victims/survivors of sexual violence is to always be aware of them in your interactions. It is important to be consistently checking in with yourself and your supervisor or other advocates when you start to wonder if you are over stepping your bounds. It is also important to be open to feedback from others who may raise concerns to you about your boundaries.

Definitions of Boundaries

What are you going to do to ensure you maintain healthy boundaries?



- Boundaries are used to designate and preserve times, places, spaces, relationships, ideas, and people for a specific purpose – safely and effectively.
- Boundaries provide a dedicated space, place, relationship, or agreement devoted to protecting what is vulnerable, and safe-guarding what is valuable.
- Boundaries in relationships work to keep us faithful to the purpose of that relationship.
- Boundaries make it possible for us to safely venture into relationships of trust and vulnerability.

Boundaries: Setting Limits

Are you prepared to establish healthy boundaries with a victim/survivor immediately?



- Set clear boundaries from the start. It is always easier to establish boundaries at the beginning rather than initiate them once the relationship has become unhealthy.
- Express boundaries factually, without apologies, rationalizations, or anger.
- Expect that clients will test these boundaries and be consistent about enforcing them.
- Setting and enforcing boundaries should be done without anger or personal attacks. Focus on the behavior not the individual’s character.

As sexual Assault Advocates, we are expected to follow a professional code of responsibility. Whether paid or volunteer staff, we are expected to put the needs of sexual assault victims/survivors before our own interests.

Sexual Misconduct by Professionals Quiz

Circle the correct answer.

1. Records of sexual misconduct by religious leaders go back to the:
 - A. Old Testament
 - B. Puritans
 - C. Victorians
 - D. 1970s

2. What percent of female college students have been sexually harassed by academic faculty?
 - A. 2%
 - B. 7%
 - C. 17%
 - D. 30%

3. An article in the American Journal of Psychiatry in 1986 reported that _____ of psychiatrists admitted having sexual contact with a patient.
 - A. 4%
 - B. 7%
 - C. 12%
 - D. 20%

4. Physicians who had sexual contact with patients admitted to having sexual contact with an average of ___ patients.
 - A. 1
 - B. 2
 - C. 4
 - D. 6

5. The Presbyterian Church USA estimates that as many as _____ of clergy have engaged in inappropriate sexual behavior or contact with parishioners, clients, or employees.
 - A. 3%
 - B. 10%
 - C. 15%
 - D. 23%

6. Sexual misconduct by professionals results from:
 - A. women coming on to them.
 - B. women needing to have their sexual hang-ups addressed.
 - C. the professionals putting their own interests and desires above the needs of the client.
 - D. it's not misconduct; it's an affair.

7. Individuals at greatest risk for exploitation by a professional are:
 - A. going through a crisis.

- B. have a mental illness.
- C. are victims of child sexual assault.
- D. lonely.

Sexual Misconduct by Professionals Quiz Answer Key

1. **The correct answer is A.** In the book of I Samuel, it is recorded that the sons of Eli had sexual relations with women who came to the temple. *Letter B gives you an opportunity to talk about The Scarlet Letter by Nathaniel Hawthorne. In discussing letter C, mention that even during Victorian times religious leaders were accused of sexual misconduct. The Rev. Henry Ward Beecher, whom some considered the greatest preacher since St. Paul, had sexual relations with a member of the congregation who was the wife of his best friend. There was a lawsuit, private admissions of guilt, and the recognition that there had been other women similarly abused, but Beecher did not lose his job. For people who selected letter D, it might surprise them to know that it wasn't until 1976 that the term sexual harassment came into use as we know it today.*
2. **The correct answer is D.** In multiple studies, between 20-30% of female college students have been sexually harassed by college faculty. *Letter C represents the percentage of female graduate psychology students who have been sexually intimate with a professor. An additional 30% had been approached and declined.*
3. **The correct answer is B.** Of 1,057 male psychiatrists who responded to a survey conducted by Judith Herman, 7.1% admitted to having sexual contact with a patient even though the Hippocratic Oath and Code of Ethics for the American Psychiatric Association both prohibit sexual contact between doctor and patient.
4. **The correct answer is D.** Thirteen percent of doctors admitted sexual involvement with patients. Most had sexual involvement with more than one patient. The average number was 6.
5. **The correct answer is D.** In addition to the estimates of the Presbyterian Church, a study at the University of Wisconsin found that over 20% of the clergy participating in the survey were identified as being vulnerable or at-risk for sexual misconduct. Other research indicates that 10% of clergy have been or are sexually involved with a member of their parish and another 15% are on the verge, waiting for the opportunity.

6. The correct answer is C. In any one-way relationship where one person seeks out the experience, knowledge, or help of another and surrenders or exposes her physical or inner self, financial assets, dreams, or vulnerabilities, it is with the expectation that the professional will act in the best interests of the person seeking assistance. *Letter D provides an opportunity to discuss the difference between "affairs" where both individuals are of equal power, resources, and control, and misconduct by professionals where there is power imbalance. Where one person has more to lose --job, class grade, needed expertise, or connections to resources.*

7. All of these answers can be correct. When we are in the midst of a crisis, we are more vulnerable and less able to connect with our own power. We turn our power over to another, someone we believe to have more knowledge, skills, and resources to deal with the issue. We may not know what to expect and, therefore, may be unable to recognize when an approach, treatment, etc. is not appropriate, ethical, or in our best interest. As many as one third of women who report being the victim of incest seek therapy and become sexually involved with their therapist. This rate is two to three times higher than the overall incidence of therapist-patient sexual involvement. Some believe that women with histories of incest are at the highest risk for sexual exploitation by therapists. These women may see sexual abuse as a normal part of their lives and expect that relationships with individuals of greater power and authority will result in sexual activity.

Information/statistics for this exercise were gathered from:

Is Nothing Sacred? by Marie Fortune. *At Personal Risk: Boundary Violations in Professional-Client Relationships* by Marilyn Peterson.

Sex in the Forbidden Zone by Peter Rutter.

"Therapeutic Violations of Women with Histories of Incest," in *Treating Abuse Today* by Mary W. Armsworth.

When Helping Becomes Harmful - Warning Signs

It is much easier to avoid boundary problems with a victim/survivor by recognizing warning signs in advance rather than finding yourself in trouble after it has occurred. The following is a list of feelings/behaviors within an advocate/survivor relationship that should be considered indicators to the possibility of boundary problems. Some warning signs are clearly problems while others are more subtle.

These feelings/behaviors may not always be inappropriate, but the advocate needs to be aware of the potential for serious boundary violations. The advocate must be aware of his/her own feelings and why s/he is feeling or behaving in a certain way. Self examination is a constant process one needs to engage in as an advocate. The following are subtle warning signs that you may be at risk of violating boundaries with your client:



There might be times when you will be able to identify some of the gray/red flags with a victim/survivor you are working with. Are you prepared to honestly evaluate the situation with yourself and supervisor?

- Frequently allowing sessions to run long with a victim/survivor.
- Accepting calls at all hours from a victim/survivor, without setting limits.
- Over-identification with a victim/survivor - assuming a client's pain/happiness/anger.
- Feeling angry at, manipulated by, and/or resentful toward a victim/survivor.
- Wearing an outfit a client said s/he likes, in anticipation of seeing the victim/survivor.
- Frequently thinking of the victim/survivor throughout the day/night; often feeling compelled to discuss the client with co-workers and others.
- Feeling emotional in response to a victim/survivor's anger or disapproval.
- "Showing up" at places, meetings, etc., knowing in advance the victim/survivor will be there.
- Sharing personal details of your life that don't directly benefit the victim/survivor.
- Feeling afraid of a victim/survivor.
- Allowing a victim/survivor to violate pre-established guidelines of the helping relationship, while other clients are not permitted to do so.
- Wanting to punish a victim/survivor.

These are major violations of boundaries. The relationship has moved towards serving the interests of the advocate rather than those of the victim/survivor. When these feelings are acted out by the advocate, s/he has committed a boundary violation.

- Thinking you are the only one who understands the victim/survivor and nobody else can help him/her as much as you can.
- Attending social functions at the victim/survivor's request.
- Inviting the victim/survivor to attend social functions with you.
- Reluctance to terminate with a victim/survivor when termination is appropriate.
- Volunteer advocates placing themselves in the role of therapist.
- Seeking advice or comfort from a victim/survivor.
- Performing tasks for a victim/survivor that are more appropriate for the victim/survivor to do, thus fostering greater client dependence.
- Thinking the victim/survivor is the only one who understands you.
- Specifically scheduling a victim/survivor at times you know there will be nobody else in the office.
- Using the advocate-victim/survivor relationship in any way as a means of fulfilling your own emotional needs or wishes.
- Considering another role with the victim/survivor -- friend, co-worker, employee of the victim/survivor.
- Complaining to a victim/survivor about your co-workers, supervisor, or working environment.
- Failing to honor or respect a victim/survivor's personal space.
- Touching/hugging a victim/survivor without her/his expressed consent, or when non-verbal communication indicates s/he does not wish to be hugged or touched.
- Feeling sexually attracted to a victim/survivor.
- Feeling sexually aroused in response to a victim/survivor's description of a

- sexually (or other) abusive incident.
- Drinking or taking drugs with the victim/survivor.
- Having any form of sexualized contact with the victim/survivor.

Guidelines for Those Who Feel They Are at Risk for Violation

If you have not had adequate supervision, please seek supervision immediately.

- Have you explored why you are having problems with this victim/survivor?
- Following supervision and self-examination, is it in the victim/survivor's best interest for you to continue as the advocate?
- Remember, a good advocate is one who knows her/his limitations. Understand you may not be effective with every victim/survivor.

Self-Awareness Inventory

Please consider the following questions about yourself when becoming an advocate:

- Why did you decide to become an advocate?
- Can you identify what you are feeling? Do you feel comfortable expressing anger, sorrow, etc.?
- What are your feelings about men? About women?
- Have you ever been in treatment? If yes, for what issues?
- Are you a survivor of sexual violence? If yes, where are you in your process of treatment as a survivor?
- How do you feel about working with the GLBTQ community?
- How do you feel about working with underserved communities?

Reprinted with permission from Anna Fleck, Blair County.

Resources

Pennsylvania Coalition Against Rape. (2000). *The trainer's toolbox: A resource guide for sexual assault counselor training*. Enola, PA: PCAR.



Have you honestly answered the questions in the self awareness inventory? Are there additional circumstances you should address?

Bringing it Home:

- Have you talked with your supervisor on the agencies policies for professional conduct?
- Have you evaluated why you want to be an advocate? What are your motivations?
- What does the agency you volunteer/work for actively do to ensure healthy boundaries while working with a victim/survivor?



Self Care for Advocates

Key Learning Points:

- As an advocate, to be able to support victims/survivors of sexual violence, you must take care of yourself physically, mentally, and emotionally. If you are not taking care of yourself you will lose the ability to support your clients in a healthy way.
- Listening to your clients talk about their experiences of sexual violence can be emotionally draining. Be sure to talk with other staff and/or volunteers within your agency for support when you need to.
- Remember that we are human and we will feel emotion in doing this work. It is important to be aware of how you are feeling and not to ignore your own needs.
- Know that you can provide victims/survivors with support and empower them with knowledge, but you can not "fix" the situation for them.
- For as draining as advocacy can be at times, do not lose sight of all of the great work that you do! Advocating against sexual violence can be difficult but it is also something rewarding and enjoying.

Advocates are there to respond to the needs of others. It is crucial to remember, however, that advocates have needs of their own as well. Particularly in working with victims/survivors of sexual violence, advocates may experience emotional stress and the depletion of resources. To feel that you are giving all of yourself and your time can leave you with a sense of emptiness - with nothing left to offer. You may feel that you have no more energy, strength, or resources left.

Advocates also have legitimate needs. We have needs for recognition and support, for validating the difficult jobs we do. We also have expectations of ourselves — sometimes expecting that if we serve the needs of the victim/survivor, it means that we don't have needs of our own. Setting aside our own needs in order to focus on the needs of a victim/survivor may become a habit that spills over into our other interactions, or may have been a habit we previously learned.

Hearing several painful stories in a row can be emotionally draining. Sometimes the stories victims/survivors tell and the feelings they express can hook into our own personal issues. When the needs of victims/survivors are urgent, it may become harder for us to say "no" and to set limits. The rhythms of crisis counseling can also work to undermine the well-being of the advocate; you may see someone in crisis, but not when they're healing and thriving. We may make excessive demands on ourselves and our colleagues. We may forget to develop our own support systems or to take advantage of the ones that are available to us.

Burnout can also creep up on people working in any human services field before they are aware of it. If you begin to experience one or more of the following, consider the possibility that you are burning out:

Your role as a sexual assault advocate is to support victims/survivors. This support can be emotionally draining. It is important to not only know more about supporting your clients, but knowing how to support and take care of yourself.



- Feeling physically depleted or chronic exhaustion;
- Numbness or feeling emotionally drained;
- Detachment;
- Inability to empathize with victims/survivors;
- Experience the pain the victim/survivor describes;
- Problems with sleeping and/or eating;
- Ongoing irritability, disproportionate anger;
- Self-harm;
- Suicidal thoughts or behaviors;
- Cynicism;
- Impatience;
- Omnipotence;
- Suspicion of being unappreciated;
- Disorientation;
- Depression or hopelessness;
- Inability to have fun;
- Denial of your feelings;
- Lessened satisfaction;
- Psychosomatic illnesses;
- Loneliness;
- Rigidity; and/or
- A need to please everyone at once.

There are no simple prescriptions or recipes to avoid or to heal burnout. It is important for advocates to have ways to care for themselves. Just as passengers on airplanes are encouraged to put on their own air mask in order to assist others, advocates should care for themselves in order to better support victims/survivors. In addition, just as every victim/survivor has their own pattern of recovery and healing, every advocate has unique possibilities for regaining energy and interest. Some options shared by advocates:

- Use your center's resources. Other advocates and staff are there for you.
- Speak up about your own needs. If you've had a call that was especially hard, ask to process it with staff or peers. If you need a leave of absence from providing advocacy, talk to the program coordinator. They will understand; they are concerned about your well-being, too.
- Learn to ask for help from others.
- Acknowledge the challenges and personal impact of advocacy.
- Take a moment to decompress. Color a picture, take deep breaths, count to ten, visualize serenity, decorate your office, or make a quick phone call to a friend.
- Know your limits, and stick to them.
- Remember that the process belongs to the victim/survivor. You can't control it for them, "fix it", or guarantee that they get what you want them to get. Have faith that the victim/survivor received from you what they needed or were able to receive. Maybe on another occasion, they'll go further or take the next step.
- Keep some balance in your life. Play. Have fun. Nurture yourself. If you've had a difficult situation or call, do something especially nice for YOU, that rebuilds your energy and reminds you that life is good and that you are worthwhile.
- Prioritize your life goals. Learn and move toward where you want to be.
- Develop positive addictions: hugs from people you love; music; dancing;

walking or jogging; good, healthy foods; reading good books; the amount of sleep you need to feel good; hobbies you enjoy.

- Laugh. Laugh as much as you can—at silly jokes, at yourself, at the strange and wonderful potpourri of life.

Working with victims/survivors of sexual violence can be joyous and satisfying. That may sound odd, but it is the experience of many. We are doing something active and important. We can see the differences our responses make to people in need. We get as much energy back from this work as we put in. To be in that state, we need to pay as much careful attention to our own processes as we do to those of victims/survivors. Just as with those we advocate for, we do know what we need, we do have resources to draw upon, and we can learn new coping skills. We are whole persons.

From Cordelia Anderson, Sensibilities, Inc.

If you had a jar of your own personal “restorative balm” – nourishes, nurtures, renews your body, mind, soul:

- How full is it by the end of a work day?
- What takes away from you having a full “R balm?”
- What fills up your balm (spiritually, work, family, friends, life partner, play/fun/pleasure, exercise, hobbies)?
- At the end of the day, what do you have left to renew with and/or share with those you love?
- How do you refill your “R balm”?

Ways to Practice Self Care

From the Office of Victims of Crime

- Watch a feel-good movie, read a book featuring resilient characters, find activities that bring you joy and invite family or friends to join you, or spend time with children.
- Rebuild your shattered beliefs about the world by exposing yourself to goodness.
- Travel, visit new places, fly a kite, go hiking, go camping, or be with nature.
- Identify activities that give you a complete new sensory experience and that will literally expand your worldview.
- You need a variety of experiences to balance your exposure to trauma. Meditate, do yoga, exercise, dance, write in a journal, or create art.
- Enhance your ability to connect to yourself and others.
- Get a massage, pedicure, or facial.
- See a therapist of your own.
- Take a long bath.
- Light a candle, lie down, and listen to your favorite music.
- Take a personal day off to participate in activities you enjoy.
- Take care of yourself at work, too! Take a lunch break away from your desk.

Bringing it Home:

- What do you keep in your jar of “restorative balm?”
 - Does your agency provide an encouraging environment for staff/volunteers to talk to one another about the stresses of advocacy and the toll it can take on you personally?
 - Have you had feelings of burn out? If so, what have you done about it?
- Ask your agency for supervision and debrief calls with a supervisor or colleague.
 - Embellish your workspace with bright colors or fun decorations.
 - Attend a conference to recharge your battery.
 - Walk around the block for a quick refresher.
 - Eat well.
 - Discover a favorite hobby and pursue it.



Guidelines for Making an Appropriate Referral

Key Learning Points:

- Before making the referral, talk with the victim/survivor to establish what her/his needs are (i.e. counseling, financial assistance, etc.)
- After establishing what type of service the victim/survivor is asking for, search for agencies offering this service. If there is more than one, give the victim/survivor that information. This will allow her/him to have options to choose from which can feel empowering.
- It is helpful to call an agency and inquire if you are unsure of something, for example, what services they provide or if there is a cost to their services. This will save the victim/survivor the hassle and stress of calling an agency only to find out they can not help.
- Remember that it is always up to the victim/survivor as to what resources or services they choose to look into and receive.

Your role as an advocate will often mean that you will need to refer sexual assault victims/survivors to other community agencies. Situations often arise that you do not have the resources or expertise to deal with. It is important that you be aware of local agencies that provide services for the victim/survivor.

Your local center will maintain a list of community resources that will assist you in providing a victim/survivor with an appropriate referral.

Steps in making an appropriate referral:

- What are the victim/survivor's immediate needs?
 - Medical: injuries, evidentiary exam, STI, pregnancy, and other medical problems;
 - Law Enforcement: reporting, protection, or safety;
 - Legal: prosecution, Order for Protection, divorce/separation, or sexual harassment;
 - Financial: information or assistance;
 - Food/Shelter; and/or
 - Counseling/Therapy: sexual assault, chemical dependency, marital, family, support groups, long-term therapy, etc.
- What community agencies offer those services?
- Know the resources available in your area and utilize the internet for additional services.

Part of your role as an advocate is providing victims/survivors information about their options. An important piece of that is making them aware of other services that are available to them.



It is a good idea to have knowledge about services in your community in order for you to give the best referrals to your clients.



Bringing it Home:

- Are you familiar with all of the different types of service providers in your area?
- Does your agency have a resource book or some kind of easy access to this information for you to refer to?

- If several agencies offer a service, check with your program coordinator about which may be most appropriate related to the victim/survivor's needs.
- If several agencies offer a service, it is empowering to offer more than one option.
- The ultimate decision to seek other services belongs to the victim/survivor. The advocate's role is not to insist or to pressure the victim/survivor to seek such services.
- In some areas and in some cases, you might offer to accompany the victim/survivor to the appropriate agency (e.g., hospital emergency room, police).
- In some referrals, it is helpful to check some issues out with the referral agency ahead of time. For instance, it may be helpful to inquire whether certain therapists/counselors have experience with issues of sexual assault and have openings in their schedules before referring victims to them. Victim/survivor's rights need to be protected in such cases. Maintain confidentiality. In particular cases you may wish to have a client sign an authorization for the release of confidential information.
- Similarly, in certain agencies it may be most helpful to refer victims/survivors to specific staff. Check with your program coordinator.
- Be respectful when referring. Listen, probe, and clarify to be sure that you have a grasp on all the victim/survivor's needs. Do not refer like a "hot potato". The victim/survivor may also need you to listen and validate feelings or to provide other services through your agency.



Working with Other Service Providers and Professionals

By Autumn Cole

There are many other professionals with whom you may come into contact with as an advocate. They may include law enforcement officers or representatives of the courts; nurses and doctors and other medical personnel; social workers; psychologists, counselors and therapists; other volunteers and members of other crisis centers. While interacting with these other service providers, it might be helpful for you to consider these guidelines:

- Clarify and identify your role. You're not doing their job or threatening it.
- Be respectful of their own problems in their job.
- Take a "How can we work on this program together?" approach rather than "You're doing something wrong." Give affirmation and recognition wherever possible.
- Don't demand confidential information they can't share.
- If possible, go to them. Meet them at their own place, try to adapt to their schedule. Speak the language with which they are familiar.
- Don't assume they know the basics of sexual assault. Check it out. Make them aware of the training opportunities that may be relevant to them. Recognize that service providers may have anxieties or fears about sexual violence. Help them feel more comfortable. Keep them up to date on the latest developments in the sexual violence field, as well as the resources your program offers. Encourage them to develop skills for working with sexual violence issues from their own agency stand-point.
- Ask for their input. You can always learn something new from someone specialized in another area. In some cases your center may want to invite them to provide a special training session for your workers.
- Encourage interagency meetings or teams to build professional relationships before responding to a sexual assault. Try to eliminate turf issues. There are many areas where a coordinated approach between agencies is the best way to get the best service for clients. Sexual assault victims/survivors are best served by a coordinated and consistent response system.
- Work out differences as soon as they surface. Don't wait to let feelings fester. Be careful about dumping or being dumped on. Don't criticize other service providers behind their backs. Be assertive and share your concerns in a professional manner with whom you have problems.
- Admit your own mistakes with others. We all make them and need to own up to them.
- Recognize your limitations. You can't please everyone all the time. Don't compromise your beliefs and philosophy to meet their needs. Decide what your integrity requires.