



# Chart a Course

Policies That Affect Victim Services for Teens

Office for Victims of Crime  
**OVC**  
*"Putting Victims First"*

THE NATIONAL CENTER FOR  
**Victims of Crime**





The primary mission of the **National Crime Prevention Council** (NCPC) is to be the nation's leader in helping people keep themselves, their families, and their communities safe from crime. NCPC's strategic plan for 2007 through 2011 is centered on four goals: protect children and youth; partner with government and law enforcement to prevent crime; promote crime prevention and personal safety basics; and respond to emerging crime trends. NCPC offers training, technical assistance, and a national focus for crime prevention, and acts as secretariat for the Crime Prevention Coalition of America, more than 400 national, federal, state, and local organizations representing thousands of constituents who are committed to preventing crime. It also operates demonstration programs and takes a leadership role in comprehensive community crime prevention strategies and youth crime prevention. NCPC manages the nationally recognized McGruff® "Take A Bite Out Of Crime®" public service advertising campaign. NCPC participates in the Combined Federal Campaign.



**The National Center for Victims of Crime** is the nation's leading resource and advocacy organization dedicated to serving individuals, families, and communities harmed by crime. Our mission is to forge a national commitment to help victims of crime rebuild their lives. Working with local, state, and federal partners, the National Center provides direct services and resources to victims of crime across the country; advocates for laws and public policies that secure rights, resources, and protections for crime victims; delivers training and technical assistance to victim service organizations, counselors, attorneys, criminal justice agencies, and allied professionals serving victims of crime; and fosters cutting-edge thinking about the impact of crime and the ways in which each of us can help victims of crime rebuild their lives.



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# Foreword

Working with teenage victims of crime and abuse can give rise to difficult issues. Teenagers are developing their individual identities and autonomy, yet they still depend on adults for many physical and emotional needs. When a teenager is victimized, service providers and first responders must find a balance between respecting teens' rights as victims and acknowledging that, as minors, teens do not have the same rights as adults.

This four-part booklet can guide you in examining your agency's policies for working with teen victims and offer suggestions and best practices. The first two sections will help you respond to initial reports of victimization, while the third offers guidance for providing services to teen victims. The final section gives ideas for conducting outreach to young people and building community partnerships with schools.

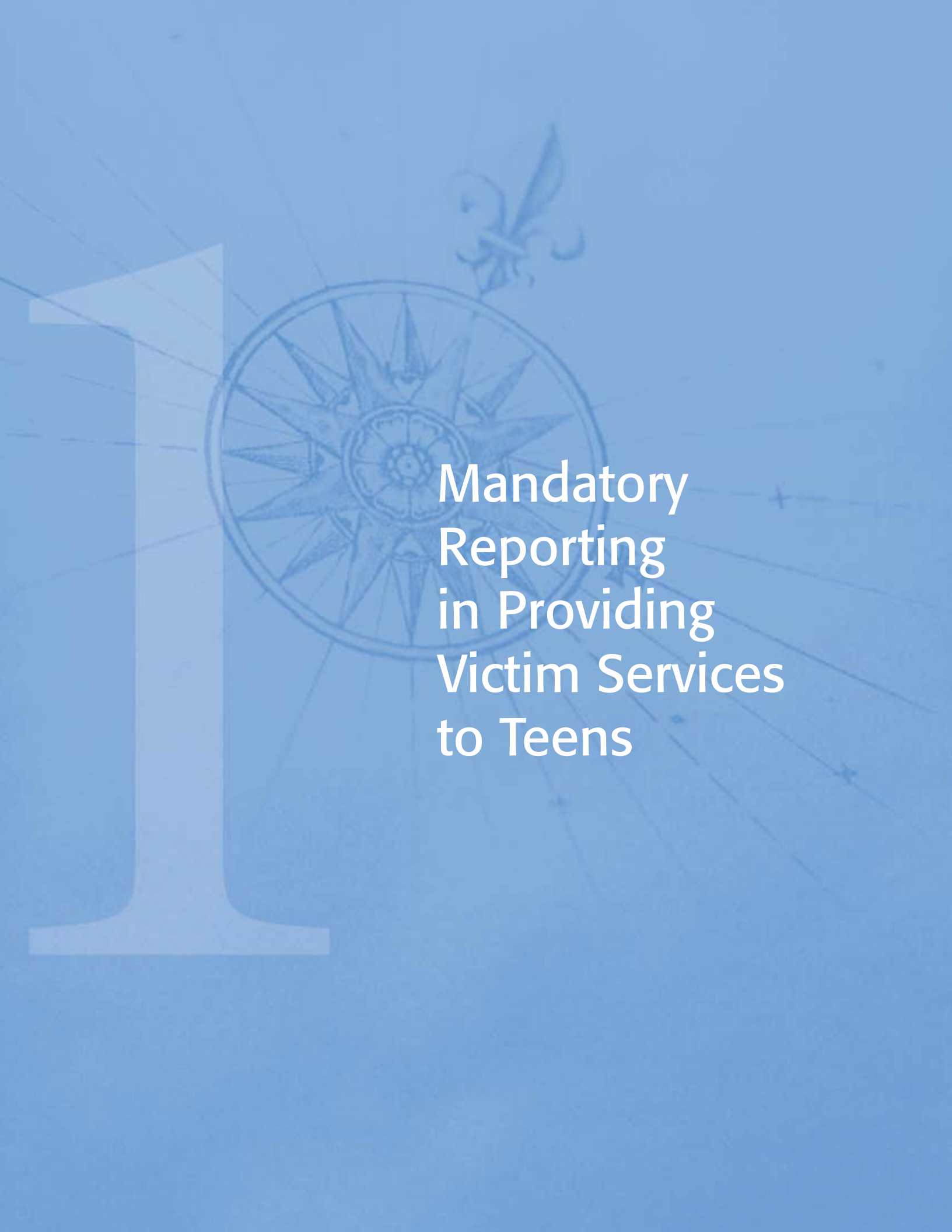
**1 Mandatory Reporting in Providing Victim Services to Teens** provides guidance on how and when to report a crime against a minor. The section talks about what mandatory reporting is, the importance of knowing state laws, and the need for organizations to establish clear policies and procedures to help staff comply with the law.

**2 Confidential Communications With Teen Victims** offers information on the importance of victim confidentiality. The section provides a historical reference of confidential victim-advocate communications and offers best practices when dealing with teen victims.

**3 Boundaries in Work With Victimized Youth** focuses on what boundaries are and why they are important when working with victimized youth. The section addresses factors that affect boundary development, what happens when boundaries are violated in a helping relationship, and how victim service providers can determine safe boundaries.

**4 Victim Advocates and Schools: Building Successful Partnerships** discusses the question of why victim services are needed in schools. The section presents potential barriers to collaboration and provides strategies for building successful partnerships with schools.

If you or your colleagues could benefit from an overview of working with teenage victims, please explore *Reaching and Serving Teen Victims: A Practical Handbook*. This innovative resource gives information on adolescent development and the way that victimization affects teens uniquely. It provides tips and strategies for educating youth about available services, making service environments welcoming to teen victims, and providing teen-specific intervention. You can download a free copy at [www.ncpc.org](http://www.ncpc.org) or [www.ncvc.org](http://www.ncvc.org).



# Mandatory Reporting in Providing Victim Services to Teens



# Mandatory Reporting in

Mandatory reporting requirements often place victim service providers in a difficult position. To protect minors, the law requires that certain professionals report abuse or neglect against children and teens, yet when children and teens tell an adult about abuse, they may expect that their confidences will be protected. Mandated reporters must balance their legal obligations against their duty to protect the privacy, safety, and emotional security of the young people who seek their help.

## What Is Mandatory Reporting of Suspected Child Abuse and Neglect?

States have laws to protect children from harm by their parents or caregivers. Mandatory reporting is the legal requirement that persons serving in roles specified by law will—under specific circumstances—report any suspected maltreatment of a child to the authorities. Although parents have the responsibility for the well-being of their children, states will intervene when it is deemed that child maltreatment is present. Under federal child protective services (CPS) law, the term “child” generally refers a person who is under the age of 18 and who is not an emancipated minor.

State laws specify who is required to make reports. In general, mandatory reporters include anyone who, in his or her professional capacity, regularly comes in contact with children (including teens). Several states designate anyone with reason to suspect that a child has been abused as a mandated reporter. This section will provide guidance for victim service providers to consider as they develop policies and procedures related to their potential mandated reporting obligations.

## Know Your State Laws

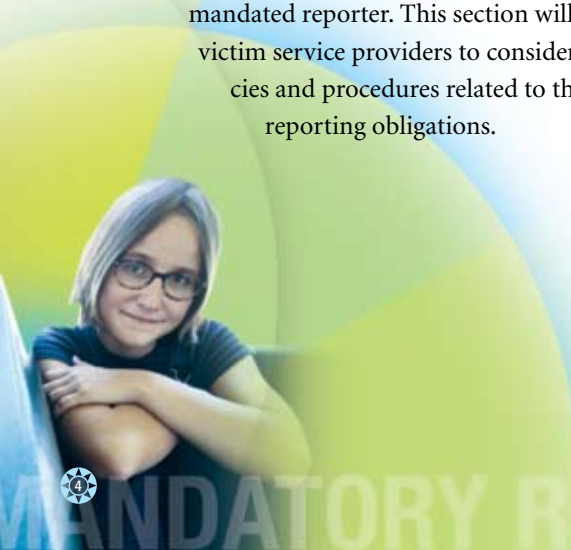
Any organization that comes in contact with minors has an obligation to be familiar with state laws on mandated reporting of child abuse and neglect. Important legal standards to be aware of include those below.

**Who is a mandated reporter?** Some states list general categories of professionals who must report suspected child abuse, while others give an extensive list of specific professions. The most commonly listed professions are medical and mental health care providers, social workers, educators, and childcare providers. Other professionals mandated to report may include commercial film/photograph processors, substance abuse counselors, attorneys, probation/parole officers, domestic violence workers, and clergy. Eighteen states require any person, regardless of profession, to report suspected child abuse or neglect. Given these broad variations, it is essential to be familiar with specific state law.

**What is abuse or neglect?** The federal Child Abuse Prevention and Treatment Act, as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at a minimum, “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation; or, an act or failure to act which presents an imminent risk of serious harm.”

Using this definition as a minimum, each state is responsible for providing its own definitions of abuse and neglect. Most states recognize four major types of maltreatment—neglect, physical abuse, sexual abuse, and emotional abuse—and define these categories in their statutes. Some states include additional types of maltreatment, such as parental substance use, abandonment, and failure to protect a child from witnessing domestic violence.

How an organization’s state law defines reportable maltreatment will guide its decisions about whether a specific instance must be reported. Behaviors that are abusive but may not fit the criteria for mandated reporting and



# Providing Victim Services to Teens

investigation may be referred to CPS for general support services and casework. If an organization is unsure whether suspected abuse fits the criteria for mandated reporting, the state child abuse reporting hotline may be called for guidance.

## **When must a mandated reporter make a report?**

In most states, one needs only to suspect abuse to be required to report it. Because of the fear of potential damage to relationships with parents and other caregivers that may result from reporting suspected abuse, professionals who are mandated reporters may hesitate to report unless they know for certain that a child is being abused. A careful reading of state law will indicate the threshold for having to report. In most cases, anyone (in the listed categories) who *suspects* or *has reason to believe* that a child has been abused or neglected is required to make a report. It is not the role of the mandated reporter to investigate the facts of the case; that is the duty of the child protection agency that receives the report.

For the most part, the laws are set up to encourage erring on the side of over-reporting rather than under-reporting. As a result, some reports will be unsubstantiated—and some parents will be justifiably upset; yet anyone who fears that a child is in danger is empowered to act on the first suspicion, rather than waiting until the child is seriously injured or killed. In all states, mandated reporters who make reports “in good faith” are protected from criminal and civil liability if the report is unsubstantiated.

## **Who can be reported for child maltreatment?**

The obvious answer is that anyone might maltreat a child, but for the purposes of mandatory reporting under child protective services laws, the answer will once again depend on the state’s criteria for defining the relationship of the suspected perpetrator to the minor. In some states, the definitions specify that reportable child abuse is abuse or neglect committed “by a parent or caregiver” or similar criteria— defined as meaning that abuse perpetrated by someone in a supervisory role over the child. Other states do not specify reporting criteria for the relationship of suspected perpetrators. Sometimes reportable perpetrators vary by the type of maltreatment. For instance, Georgia’s law specifies mandated reporting of “a parent or

caretaker” suspected of perpetrating child abuse, neglect, and sexual exploitation, while suspected sexual abuse is reportable when perpetrated by “a person” regardless of the relationship to the child.

If state law does not limit mandated reporting based on the relationship of suspected perpetrators, then it is true that a wider range of abuse is reportable. This may raise questions for some organizations about whether teen dating violence, bullying, statutory sexual assault, and other abuses must be reported under child protective services laws. To clarify how the victim-perpetrator relationship determines the types of victimization that must be reported, seek training from the county or state CPS or present the agency staff with hypothetical scenarios of various types of suspected child abuse and neglect. (see Considerations for Agency Policy and Practice, next page).

## **What is the procedure for making a report?**

State laws generally designate an agency to receive reports from mandated reporters—usually either CPS (which may be called the Department of Social Services, the Department of Child and Family Services, or another similar name) or law enforcement. The type of abuse may determine which agency receives the report. For example, CPS may handle reports of physical abuse and neglect, while law enforcement may investigate reports of child sexual victimization. Nearly all states have a designated hotline to receive reports, which are then referred to the appropriate authority for investigation. Often, two or more agencies jointly conduct these investigations.

In addition to reporting to the appropriate authority, the mandated reporter must also follow the correct procedure. Most states require that the initial report be made within one to three days of learning about the maltreatment, and the initial report may be made by phone. Some states require a written report to be filed within a specified time after the oral report is given, while others require a written report only if the agency requests one. State laws also generally indicate the responsibility of the agency receiving the report to initiate an investigation within a specified timeframe and provide information about rights and responsibilities of various parties involved in the report.

County and state CPS provide information and training for individuals and organizations. Organizations that have legal counsel should also ask their attorneys (or their state coalition) for an analysis of their state's legal requirements relevant to the organization's staff, policies, and procedures. Small organizations without their own legal counsel can find their state laws online at the federal government's Child Welfare Information Gateway, [www.childwelfare.gov](http://www.childwelfare.gov).

## Considerations for Organization Policy and Practice

Once an organization's leadership is informed about the relevant state laws, the organization should establish policies to guide staff members in complying with the law and acting in the best interests of the minor who is the subject of the report. The following are points to consider when forming policy and training on the duty to report.

***Safety planning for the victim should accompany mandatory reporting.*** Any time a mandated reporter determines that a report of suspected abuse or neglect must be made, that person must consider the impact of the report on the safety of the child or teen. Every effort should be made to ensure the child's safety before, during, and after the reporting and investigation of the maltreatment. Mandated reporters who are not victim service providers are encouraged to contact a trained victim advocate to help the teen victim make a safety plan.

***Mandated reporters should consider adolescents' autonomy and rights.*** Adolescents under the age of 18 do not have the right to prevent a mandated reporter from making a report about them, but that does not mean that they have no rights at all in the situation. In view of teens' growing capacity for critical thinking and autonomy, as well as their developing sense of intimacy and trust, they should be appropriately involved in the process of releasing their confidential information, including the reporting of suspected abuse or neglect. This process starts with the teen victim's right to immediate, direct information about the limits to confidentiality and the adult's duty to report suspected abuse. Teens can be endangered and their trust in all adults damaged if they are allowed to believe that all communication is con-

fidential, then later informed— after disclosing abuse—that there are exceptions to confidentiality. It is also damaging to release teens' confidential information without informing them that this has been done.

Although teens commonly have fears related to the potential consequences of a report to CPS, a mandated reporter shouldn't assume that a teen does not want a report of abuse to be made. Many teens tell someone about the abuse specifically so that it will be reported to an authority who can make it stop.

Once it is determined that a report must be made, children and teens should be informed that the report will be made; what specific information will be released (by whom and when); and what may happen next. For example, the advocate might tell the teen that CPS will interview him or her and the suspected perpetrator within three days, but the advocate should not attempt to predict the outcome of the investigation, because that part is unknown. Teens may be given the option to make the report themselves in the presence of the mandated reporter or to be present when the report is made. Offering this choice is one way to give victims some power in a situation where they have very little control. Knowing the contents of the report will also allow the teen to prepare emotionally for the investigation and potential outcomes.

***Use hypothetical scenarios to find out whether you must report.*** If a mandated reporter is not sure whether a particular situation warrants a report, one option is to call the local or state CPS agency and present the scenario as a hypothetical question, without revealing any identifying details, to determine if the agency deems the suspicion reportable. If the agency agrees that the suspected abuse merits reporting, then the reporter can complete the report. If the agency indicates that such a case would not be investigated, then the teen is spared from the emotional distress of either hoping for or fearing an intervention that will not take place and can instead focus on other options and sources of support. Teens may also be referred to CPS to receive voluntary services and casework about abuse that does not fall under the reporting criteria.



***Children and teens need ongoing support.***

Making a report may be the beginning and end of a mandated reporter's legal duty; however, ethical and moral responsibility calls service providers and educators to do more. Part of responding to suspected child abuse and neglect is to offer ongoing support or help the young person connect with other services in the community, if that is more appropriate. In general, child and teen victims of abuse need validation and support, accurate information about their rights and options, counseling, advocacy, and safety planning. It is also good practice to help the teen connect to his or her existing support network, including nonabusive parents and other caring adults.

Handling suspected abuse or neglect of children is one of the greatest challenges victim service providers may ever face, and this is made more difficult if a provider is trying to sort out laws and policies during the crisis. When agency leaders have earlier analyzed their state's mandatory reporting law, created sound internal policies that are consistent with the law, trained staff on both the law and the policy, and provided consistent supervision and support of staff, mandatory reporting and many other related dilemmas can be handled appropriately when a crisis occurs.



VICTIM SERVICES

## Resources for Further Reading

Linda K. Bledsoe, et al., "Understanding the Impact of Intimate Partner Violence Mandatory Reporting Law," *Violence Against Women* 10, no. 5 (2004): 534-560.

The Lewin Group for the U.S. Department of Health and Human Services. *Statutory Rape: A Guide to State Laws and Reporting Requirements*, Washington, DC, December 15, 2004. Available at [www.lewin.com/Lewin\\_Publications/Human\\_Services/StateLawsReport.htm](http://www.lewin.com/Lewin_Publications/Human_Services/StateLawsReport.htm).

National Center for Prosecution of Child Abuse. *Mandatory Reporting of Child Abuse and Neglect: State Statutes and Professional Ethics*, Alexandria, VA, March, 2004. Available at [www.ndaa-apri.org/pdf/mandatory\\_reporting\\_state\\_statutes.pdf](http://www.ndaa-apri.org/pdf/mandatory_reporting_state_statutes.pdf).

U.S. Department of Health and Human Services, Child Welfare Information Gateway, [www.childwelfare.gov](http://www.childwelfare.gov). This website provides a searchable database of state statutes and summaries of many child welfare topics, definitions of child abuse and neglect, and reporting procedures.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, <http://www.ojjdp.ncjrs.org/publications/PubResults.asp>. This website offers a variety of resources related to reporting and investigating reports of child abuse. Of particular relevance are *Interviewing Child Witnesses and Victims of Sexual Abuse*, *Recognizing When a Child's Injury or Illness is Caused by Abuse*, and *How the Justice System Responds to Juvenile Victims: A Comprehensive Model Top Bulletin*.

Therese Zink, et al., "What are Providers' Reporting Requirements for Children who Witness Domestic Violence?" *Clinical Pediatrics* 449 (June 2004).

*Handling suspected abuse or neglect of children is one of the greatest challenges victim service providers may ever face.*





# Confidential Communication With Teen Victims

# Confidential Communication

## What Is Confidentiality?

Confidentiality is the act of keeping something (a communication, a relationship) private—not revealing it to anyone other than the parties involved. Legally and in practice, confidentiality has many different applications, restrictions, and exceptions (many of which are discussed below), but at its core, it is a reliable promise by one party to restrict revealing information shared by another in private.

## Why Does Confidentiality Matter for Victims?

It may seem obvious, but is worth stating, that for several reasons, confidentiality is essential to working effectively with crime victims. The first is safety. Victims fear (often with good reason) that reporting crimes or seeking help may result in retaliation and perhaps the commission of more crimes against them. It is crucial that advocates and others receiving disclosures of victimization thoroughly assess victim safety before sharing information with anyone.

Confidentiality is also a key to autonomy—the right of victims to control information about themselves. Many adults take the right to control their personal information for granted, but teens, despite their strong desire for privacy and confidentiality, are generally aware that they do not have much control over what happens to information they share with an adult. It is developmentally appropriate for teens to begin to value privacy and assert a right to it, but the legal landscape regarding their rights to privacy is complex, as discussed below.

Another reason confidentiality is important is the societal belief that victims are somehow at fault for being victimized, that they could or should have done something to protect themselves or to escape. Victims often internalize these attitudes as feelings of shame and self-blame. Without assurances of confidentiality, victims may hesitate to come forward for fear of blame or embarrassment.

Finally, confidentiality protects victims from being stigmatized as unstable, not credible, or even crazy when they express strong emotions that trauma may produce. The ability to speak openly about these feelings and experiences can be central to the healing process, and many adult victims would never confide in advocates and other service providers if they were not guaranteed that their information would remain confidential. Confidentiality, therefore, is central to effectively helping crime victims overcome the trauma of their victimization and rebuild their lives.

Confidentiality takes on added meaning for teen victims because most adolescents believe that adults will not respect their confidences. Though some adults are able to and do keep communications confidential, teens in fact do not have absolute rights to confidentiality in their communications with adults. For this reason, as well as other developmental factors,<sup>1</sup> many teens prefer to confide in their peers, if they speak to anyone, about victimization and their response to it.

## History of Confidential Victim-Advocate Communications

Community-based advocates for domestic violence and sexual assault victims have long provided confidential services—including crisis counseling, safety planning, shelter, and advocacy—to adult victims of these crimes. Some advocates, when receiving subpoenas for client records, have gone to jail fighting to uphold victims' rights to confidentiality. As a result of these and other challenges to the practice of requiring victim advocates to share confidential client information in court, several states have now categorized communications between advocates and victims as privileged (like attorney-client, doctor-patient, or priest-penitent communications)—and they are therefore exempt from being aired in the courtroom.<sup>2</sup>

1 For more information about teenagers' development and how developmental factors can impact teen victims, refer to *Reaching and Serving Teen Victims: A Practical Handbook*, produced by the National Crime Prevention Council and the National Center for Victims of Crime.

2 This privilege, where it exists, does not apply to advocates who work for government agencies such as police and prosecutors. In general, members of prosecutors' staffs, including victim advocates employed by the prosecutor, are under the same legal obligation as the prosecutor to inform the defense of any exculpatory evidence. Therefore, it is vital that advocates working for prosecutors get clear guidance from their employers about the limits of the confidentiality of their communications with victims.

# With Teen Victims

State laws establish varying degrees of protection for victim-advocate communications, ranging from absolute privilege to qualified privilege in which a judge decides on a case-by-case basis whether and which information must be shared with opposing counsel in the case of a criminal prosecution. Questions arise about applying these laws and statutes to victims under the age of 18. There are also ethical considerations about confidentiality outside of the court context, such as parents' rights to information their children share with victim advocates and other professionals. Issues of confidentiality when providing services at school may be guided by another set of policies and laws, and then there is the challenge of evaluating which information about the victimization of teens must be shared with child protective services.

The answers to these questions depend upon state laws and regulations, which can be multiple, confusing, and even conflicting. It is not always easy to make sense of the complex and overlapping requirements governing information sharing (or withholding) embodied in each state's statutes, case law, and regulations. However, some basic principles may help clarify teen victims', agencies', and advocates' responsibilities and rights regarding confidentiality and information sharing.

*Confidentiality takes on added meaning for teen victims because most adolescents believe that adults will not respect their confidences.*

## Legal Context

Each state has a patchwork of laws that affect victims' and minors' (and therefore teen victims') rights to confidentiality and exceptions to confidentiality. All victim advocates, educators, youth workers, health and mental health practitioners, and anyone else in a position to receive disclosures of victimization from children and teens, must become familiar with these laws in their state. They should know about four basic types of laws, as well as the regulations governing the operation of their organizations.

**Minor consent laws.** In general, parental consent must be obtained for any services (medical, mental health, educational, or other) provided to their minor children. However, every state has legislated specific instances when minors may consent to services or treatment on their own. The types of services most often available to teens without a parent's consent (though not everywhere—*check state law*) include testing and treatment for sexually transmitted diseases, substance abuse treatment, family planning services, limited mental health services, and rape crisis services. A minor's right to confidentiality of communications with related professionals may hinge on minors' right to consent to the services on their own.

**Confidentiality laws.** Some states specifically require certain professionals to keep records and communications with clients confidential and to release information only with the client's consent. The Health Insurance Portability and Accountability Act (HIPAA) is an example of a law with specific requirements about the treatment of confidential information (by health care providers). It includes several provisions specific to minors, but in most cases defers to state laws on minor consent and confidentiality. Some states have laws specifically requiring rape crisis counselors and others to keep client information confidential unless the client authorizes its release. In the case of minor victims, there may or may not be exceptions to the confidentiality requirement.



**Privileged communications laws.** As mentioned above, some states have passed laws that categorize as privileged any communications between crime victims (usually sexual assault or domestic violence victims, specifically) and trained victim advocates working for a nonprofit, community-based organization. Under such laws, these communications are confidential and exempt from the legal process (subpoena or testimony). When the victim is a minor, the law may specify that a parent or guardian is the holder of the privilege, rather than the victim.

**Mandatory reporting laws.** All 50 states, as well as the U.S. territories and most American Indian tribes, have laws that mandate the reporting of known or suspected child abuse to child protection authorities. These laws have obvious implications for confidentiality of communications with youth, but should not be interpreted to mean that all information a minor shares about victimization is reportable. Victim advocates must consider their confidentiality mandate and the child abuse reporting mandate in deciding which information to include in reports of abuse (but not whether to report abuse—mandatory reporting laws are a universal exception to absolute confidentiality with children). See the related practice brief on mandatory reporting for more information on this issue.

**Regulations pertaining to different fields of practice.** In addition to the laws mentioned above, virtually every type of institution that interacts with youth is subject to some form of regulation and oversight. Schools are subject to their state department of education policies, health care facilities and practitioners are subject to licensing bodies, youth programs and camps may report to accrediting agencies, and victim service organizations may be subject to the policies of their state coalitions and/or funders. In addition to institutional regulations, individuals should become intimately acquainted with the code of ethics for their profession.

## When the Law Is Silent or Ambiguous

Although it is imperative to have a clear understanding of state laws, it may happen that the law is silent or ambiguous on the specific issue you need to address about handling teen victims' information. In this case, advocates should take several steps:

**Consult with an attorney.** The many different types of statutes that impact work with teen victims can cause confusion among victim advocates. A good attorney versed in victim issues or child welfare can review case law and provide guidance on how judges have interpreted the statutes. If no case law is available (meaning the law has not yet been tested in court), an attorney can advise you on how the courts would be likely to interpret the law. State coalitions for domestic violence and/or sexual assault can be a good resource for this kind of advice. See the “Resources” box for information on locating state coalitions.

### **Consider the best interests of teen clients.**

If, based on consultation with an attorney, the law is truly open to interpretation, then interpret it in the way that most protects the best interests of teen victims—with their safety the first and foremost consideration. Once an agency has determined how it will interpret and comply with the law, it must apply that policy equally to all cases.

**Establish, or review and update, your agency's policy on teen victims.** The absence of a policy on teen victims' rights to confidentiality invites confused and perhaps even unlawful responses to teens' disclosures. A policy of not working with teen clients—something agencies may resort to because of the confusion surrounding these issues—may leave teen victims with no place to turn and may even violate an agency's mandate to serve all victims. Before taking the drastic step of denying services to teens in need, consult with state governing bodies and/or the National Center for Victims of Crime's Teen Victim Initiative for further guidance.

**Establish or review interagency information-sharing protocols.** Just as victim service organizations operate under a specific legal framework and policies, so do the other community organizations and educational institutions that come in contact with victimized teens. It may be helpful to meet with the other community agencies that have occasion to seek information from you about teen clients and their families. Each agency might share their legal constraints and internal policies and devise an information-sharing protocol tailored to each agency's role in working with teen victims. Completing such a process will ensure that all applicable laws are followed and that the best interest of teens is the foremost priority in inter-agency communications about them. Such collaboration can also help head off negative reactions to professionals refusing to comply with each other's requests for information. (For example, when one professional has a confidentiality mandate and another has a mandate to gather information.) If agencies understand one another's roles and policies, they can incorporate them into their own protocols.

## Best Practices

Even when the law is clear and solid policies are in place, advocates and others will need to apply several considerations to specific situations of teens disclosing victimization or participating in ongoing counseling or communication about victimization.

**Safety assessment and planning.** No matter what the context, anytime a youth discloses victimization, the first concern of the adult receiving the information should be the youth's safety. Advocates should conduct a thorough safety assessment and create a safety plan with the youth that includes planning for anticipated responses by the perpetrator and others to the victim's disclosure and subsequent required reporting. If the adult receiving the disclosure is not a victim advocate, the youth's permission should be obtained to call upon a victim advocate to meet with the youth and discuss safety considerations. Safety plans should carefully consider the youth's safety in the moment, as well as after the disclosure, and when making any decisions about disclosing the information the youth has shared (subject to the laws and policies described above).

**Informed communications.** Victims of all ages have a right to know the limits of a given professional's confidentiality with them (and these limits will vary by profession, employer, and role in the specific relationship). Mandated reporters of abuse should inform teens about their responsibility to report, what types of information the professional would be required to report, and to whom the report would be made. This communication should happen before teens disclose victimization, to avoid the mistaken assumption that the professional who, in fact, is mandated to report it to authorities, will hold their disclosure of victimization in confidence. Adults should not agree to the broad request, "Do you promise not to tell anyone what I'm about to tell you?" Anyone would feel betrayed to later learn that a communication they assumed to be confidential was revealed to another due to mandated reporting requirements, safety concerns, or any other reason. Some professionals are concerned that informing teens of their mandated reporting obligations will discourage them from reporting abuse and getting help. Anecdotal evidence suggests that teens who want help are likely to disclose even after hearing such a disclaimer, and that they appreciate knowing what will be done with the information they share. Additionally, teens who are "helped" against their will by adults who falsely gain their trust are likely to think twice before trusting other adults or seeking help in the future.

**Follow-up.** Teens must be informed both before and after disclosure about what will happen with the information they have shared. Teens should understand who will be told what and what that person is likely to do with the information. According to basic ethics and clients' rights, if law professionals must reveal information shared in confidence, then the professionals should inform the client what will be done with the disclosed information, why those steps are required, and what the likely result will be.

**Release of information.** Where the advocate and the teen victim agree that there is a need to share information about the victimization to another party, they should first discuss the young person's ability to communicate directly with the other party. If the teen victim requests that the advocate share confidential information (in the course of advocacy, for example), the advocate and teen should prepare a limited

release-of-information form that is specifically tailored to the situation. Once confidentiality is released or broken—for any reason—it becomes harder to protect the confidentiality of the rest of the teen’s information. For this reason, forms asking for the release of confidential information should describe precisely what information will be shared, by whom, with whom, and for what purpose. The release should be valid for a specified time only.

**Plan.** To prepare your agency to handle complex challenges, brainstorm with your colleagues about specific scenarios in which a teen may disclose victimization and/or someone requests information from you about a teen victim. Real experiences or scenarios may be role-played and discussed to learn how to apply law, policy, and good practice to situations to achieve the best possible outcome for the teen and protect the organization.

Confidentiality and its exceptions are sticky issues for service providers and others working with victimized youth. It is challenging but worthwhile to dispel the confusion surrounding these issues and arrive at clear preparation for applying law, policy, and practice. First, teens have a right to understand how adult professionals will handle their communications with them. Second, professionals have a right to understand the legal and policy context within which they are working. And third, by establishing and following youth-friendly and victim-friendly policy and practice guidelines that comply with existing laws, agencies can confidently open their doors to all who need their services and implement their missions to the fullest.

## Resources for Further Reading

Jill Davies, “Confidentiality and Information Sharing Issues for Domestic Violence Advocates Working with Child Protections and Juvenile Court Systems,” [www.endabuse.org/programs/children/files/InfoSharing.pdf](http://www.endabuse.org/programs/children/files/InfoSharing.pdf) (accessed on September 22, 2006).

Abigail English and Carol A. Ford, “The HIPAA Privacy Rule and Adolescents: Legal Questions and Clinical Challenges,” *Perspectives on Sexual and Reproductive Health* 36: 80-86.

Rebecca Gudeman, “Adolescent Confidentiality and Privacy Under the Health Insurance Portability and Accountability Act,” *Youth Law News*, July-September 2003.

National Center for Victims of Crime, Office for Victims of Crime, U.S. Department of Justice. “Privacy of Victims’ Counseling Communications,” *Legal Series Bulletin #8*. Washington, DC: 2002.

American Bar Association Commission on Domestic Violence, *Statutory Summary Charts*, 2007.

These charts summarize statutes from all 50 states regarding advocate confidentiality in domestic violence, sexual assault, stalking, dating violence, and trafficking. [www.abanet.org/domviol/docs/Advocate\\_Confidentiality\\_Chart\\_8\\_2007.pdf](http://www.abanet.org/domviol/docs/Advocate_Confidentiality_Chart_8_2007.pdf)

*\*To identify state coalitions, go to [www.ncadv.org/resources/StateCoalitionList\\_73.html](http://www.ncadv.org/resources/StateCoalitionList_73.html) for state coalitions against domestic violence, and [www.nsvrc.org/resources/orgs/coalitions/index.html](http://www.nsvrc.org/resources/orgs/coalitions/index.html) for state sexual assault coalitions (in some states there is one combined coalition).*



# Boundaries in Work With Victimized Youth

# Boundaries in Work With

## What Are Boundaries and Why Do They Matter?

The term “boundaries” refers to the line of separation between people. A boundary is the line where one person’s space ends and another’s begins. Boundaries may separate physical space, emotional space, or social space.

Boundaries help define us as individual people, separate from others. One of the primary purposes of boundaries is to prevent people from being hurt. Human beings protect themselves by keeping others out of the space where they feel most vulnerable—and, conversely, develop intimacy by consciously allowing a trusted person into vulnerable space. Adults protect children and teens by helping them establish their own boundaries, respecting those boundaries, and ensuring that other adults also respect them.

*Boundaries help define us as individual people, separate from others.*

## What Factors Affect Boundary Development?

Many factors affect the type of boundaries that adults and children establish between themselves and others. One of these factors is the role of each person in the relationship. Boundaries appear very different in family relationships (e.g., between siblings), social relationships (e.g., between friends or neighbors), and professional relationships (e.g., between workers and clients). Each of these relationships involves different levels of physical, emotional, and social closeness. Even within professional relationships, people may have different roles that dictate different boundaries. For example, someone who facilitates a faith-based youth group may establish different boundaries than would someone who facilitates group therapy with youth. One person may even have both of these roles with different youth and, accordingly, establish different boundaries with each group.

Culture can also affect the way we set boundaries. It is widely known, for instance, that the typical amount of “personal space” expected when conversing with someone varies by culture. Signs of physical affection, such as kisses, hugs, and handshakes, also take on different meanings in different cultures. When dealing with cultural differences, it is important not to stereotype or make assumptions, but rather to ask people what is comfortable for them.

A critical factor affecting boundaries is the difference in power between individuals. When one person is in a more powerful position in the relationship than the other (e.g., in a boss-employee or adult-child relationship), it is the responsibility of the more powerful person to set and maintain appropriate boundaries for the protection of the more vulnerable person (and for his or her own protection as well).





# Victimized Youth



## Examples of Boundaries\*

**Physical Boundary:** I do not kiss children, outside of my family.

**Emotional Boundary:** I talk about my own personal struggles only with family members and close friends.

**Social Boundary:** I do not socialize with clients or students.

*\*These examples are intended only to illustrate different types of boundaries that service providers should reflect upon, not to serve as examples of appropriate boundaries.*

Finally, past or present victimization can affect how people set (or do not set) boundaries. At its core, victimization is a violation of boundaries—in most cases, both physical and emotional. Victimization of children—particularly by someone they trust—can damage their ability to understand and set appropriate boundaries. Anyone working with a victimized child or teen has a great responsibility to teach about, set, and enforce healthy and appropriate boundaries. Some victimized children and youth, rather than lacking appropriate boundaries, may develop a keener awareness of their own physical and emotional boundaries. It is important for victim service providers to listen, be sensitive, and respect the boundaries these youth set for themselves. Helping teen victims establish (or reestablish) appropriate boundaries can be an important part of the healing process, as long as adults never communicate a message of blame to youth for “allowing” someone to violate their boundaries. Adults with their own victimization histories must address and resolve their own boundary issues before they work with children and youth.

## What Happens When Boundaries Are Violated in a Helping Relationship?

Appropriate boundaries protect both the teen and the adult in a helping relationship. When boundaries are violated, consequences can range from confusion and discomfort to trauma and revictimization, depending on the severity of the violation. Violating boundaries in a professional relationship with a victimized teen may

- Reinforce unhealthy boundaries learned as a result of victimization
- Re-traumatize the vulnerable youth
- Make the teen even more vulnerable to further victimization
- Mislead the teen by allowing him or her to believe a relationship is personal rather than professional
- Subject the worker to professional discipline or civil or criminal liability
- Discredit the worker and his or her agency and profession

## How Can Victim Service Providers Determine Where the Boundaries Should Be?

There are many lists of “rules” about what professionals should and should not do with clients or youth. Most of the time, however, setting boundaries is not as simple as adhering to a list of “DOS” and “DON’TS.” One clear and obvious rule is that professionals should never have sexual contact or intimate relationships with the people they are helping—whether adults or minors. Aside from this requirement, setting boundaries is less a list of rules than a continual process. Some important elements of the process are described below.

**Self-awareness.** First, victim service providers must know and be comfortable with themselves. They should cultivate self-awareness and regularly examine how they feel about relationships; physical, emotional, and social closeness and distance; and the youth and families they are working with. They should make sure their own needs for intimacy and support are being met outside work through relationships with a partner, family, friends, mentors, clergy, or therapists.

**Supervision.** Along with self-reflection, it is essential to have good supervision of boundaries and interpersonal issues that may come up in the course of working with victimized teens. Both one-on-one and group (peer) supervision can be helpful in working through questions about boundaries. Supervisors and coworkers may have a more objective view of a provider’s relationship with a client and may be better able to observe warning signs of a violation of a boundary.

*One of the challenges of working with youth is that they sometimes ask personal questions of the helper.*

**Self-disclosure.** One of the challenges of working with youth is that they sometimes ask personal questions of the helper. Victim service providers must many times decide whether to tell youth about their own experiences—with victimization, drug or alcohol use, sex, or any other “hot topic.” Deciding whether and how to answer such questions requires careful consideration—before the questions are asked! Some issues to consider follow.

**Personal vs. private.** It can often be useful to share with youth information that is personal but not private—such as that the provider has a dog named King and loves German shepherds. Sharing such a fact (and that’s only an example) can help youth see the provider as a real person and not a robot. Establishing authenticity as a human being can help build rapport with youth. Private information, on the other hand—matters that would not normally be shared in ordinary conversation—should rarely, if ever, be shared with youth or clients. It is important for professionals to know where they (and their agencies) draw the line between personal and private and to handle private information with much more care. (Some individuals and circumstances may dictate withholding even nonprivate personal information, if sharing such information puts the provider at risk or creates a false sense of equality or friendship with the youth.)

**Reasons for wanting to share.** Providers who feel moved to share normally private information with a youth (a history of sexual abuse or drug use, for instance) should carefully consider their reasons for wanting to share the information. Will the information further the teen’s growth and healing? Or, in sharing the information, are providers seeking support or help in meeting their own needs or hoping the youth will identify with them? Self-disclosing for these latter reasons usually harms more than helps and should be avoided.

**Provider’s safety when sharing.** If the potential self-disclosure appears to support the provider’s work with the teen, the last question to ask before sharing information is, “Does it feel safe to disclose this information?” Even if the information might help the youth, providers are not obligated to share information they are not comfortable sharing. Providers should think about their own safety—emotional, psychological, and physical—in the situation, and share only if it feels comfortable.



## Sample Ethical Codes and Standards

### National Victim Assistance Standards Consortium

[www.sc.edu/ccfs/training/victimstandards.pdf](http://www.sc.edu/ccfs/training/victimstandards.pdf)

### VS2000 Victim Services Network

[www.vs2000.org/denver/en/tech\\_asst\\_training/model/code.html](http://www.vs2000.org/denver/en/tech_asst_training/model/code.html)

### The National Youth Agency

[www.nya.org.uk/Templates/internal.asp?NodelD=90868](http://www.nya.org.uk/Templates/internal.asp?NodelD=90868)

### American Counseling Association

[www.cacd.org/ACA\\_2005\\_Ethical\\_Code10405.pdf](http://www.cacd.org/ACA_2005_Ethical_Code10405.pdf)

### Feminist Therapy Code of Ethics

[www.feministtherapyinstitute.org/ethics.htm](http://www.feministtherapyinstitute.org/ethics.htm)

### National Association of Social Workers

[www.socialworkers.org/practice/standards/NASWclinicalSWstandards.pdf](http://www.socialworkers.org/practice/standards/NASWclinicalSWstandards.pdf)

**Reflection.** One technique for dealing with personal questions is to ask the youth why he or she is interested in that particular piece of information and use their answer to steer the conversation back to the teen's own needs and the purpose of working with the victim service provider.

**Client disclosure.** A teen's privacy is as important as an adult's. While it may be necessary for the provider to know some private information about the teen to fulfill the professional's role in the relationship (e.g., helping the teen to overcome the effects of abuse), it is not necessary to know every detail of the youth's mental and emotional landscape. Professionals should limit questions to information that is pertinent to the work and should not probe for intimate details of a teen's life "just in case" it might be relevant to the task.

**Power differences.** Power differences exist in any helping relationship. The professional has something the client needs (information, service, and support) and has the power to provide or withhold that particular good in the relationship, while the client has no such power. In addition, there is always a power difference between youth and adults—because of the teen's lack of both legal status and life experience. Therefore, adults who work with victimized teens need to be aware of the teen's double vulnerability in the relationship. Ignoring power differences and presenting oneself as a friend and equal to youth is both disingenuous and ultimately damaging.

Alternatively, adults who work with victimized youth should try to equalize power in the relationship whenever it is possible and appropriate to do so. The core of victim advocacy work is empowerment. Victims and survivors of all ages should be provided with protection, information, options, advocacy, and support to make their own decisions about their lives as much as possible. Youth should be partners in their own healing, growth, and advancement. With guidance from the helper, they decide the focus of their healing work, goals for counseling and advocacy, and the activities to be carried out. Because of the adult's role in maintaining professional boundaries, there will be times that the adult must be comfortable using adult power (and training, experience, and the professional role) appropriately for the youth's safety and benefit, even if the youth disagrees in the moment. The adult must also be willing to concede being wrong at times, accept

suggestions, and put the youth in charge of his or her own life, as much as possible. Supervision can help the provider strike the appropriate balance.

**Professional codes of ethics.** Human relationships, including professional relationships, are messy and complicated rather than neat and tidy. Ethical codes can be a helpful tool to use as a standard in developing personal styles of practice with youth. Such codes will not detail exactly what to do in every situation but rather will help ground the provider's work in solid principles, such as acting in the best interest of the client or youth at all times.

**Asking for help.** If a situation becomes confusing, uncomfortable, or overwhelming, providers should ask for help from their supervisors, coworkers, or another professional resource. It is best to seek help to sort out the situation early than to let it continue and risk the damaging consequences of boundary violations. Victim service providers who find they are often facing boundary-related challenges should consider finding a position other than direct service, at least for a time, while receiving professional help to focus on and work through the reasons for such difficulties.

## Resources for Further Reading

Melissa Hook. *Ethics in Victims Services*. Baltimore, MD: Sidran Institute Press, 2005.  
[www.valor-national.org/valorethics.html](http://www.valor-national.org/valorethics.html)

Gerald Corey, Marianne Schneider Corey, and Patrick Callanan. *Issues and Ethics in the Helping Professions*. Pacific Grove, CA: Brooks/Cole, 1998.

Mary E. Hunt, "Degrees of Separation: Good Boundaries Support Good Relationships," *On the Issues* (Summer 1994): 18-21.

Frederic G. Reamer, "Boundary Issues in Social Work: Managing Dual Relationships," *Social Work* 48 (2003): 121-132.



*Adults who work with victimized teens need to be aware of the teen's double vulnerability in the relationship.*



# Victim Advocates and Schools: Building Successful Partnerships



# Victim Advocates and Schools:

Compared with other segments of the U.S. population, adolescents are disproportionately victimized by crime. Twelve- to 19-year-olds had the second highest violent victimization rates reported for 2005. (The most victimized group was young adults, ages 20 to 24).<sup>1</sup> Adolescents are also at a unique developmental stage when physical, psychological, emotional, cognitive, and social changes have tremendous impact on their ability to seek help when they are victimized.

Teens spend at least one-quarter of their waking hours in school—more than any other location except for their homes. For these reasons, it seems both logical and reasonable that victim services should be available in schools. In practice, however, setting up the partnerships to make these services available may require overcoming a number of challenges.

Experts who are working in these partnerships know they are feasible. The experts also share remarkably similar views about how to assess and overcome the challenges the partnerships present. The practitioners interviewed for this brief<sup>2</sup>—who represent a suburban community, an urban community, and a rural community that formed different types of partnerships—proposed similar approaches. These included staff preparation, good will, flexibility, and responsiveness in building and maintaining strong school-community ties for the benefit of victimized teens.

1 U.S. Department of Justice, Bureau Of Justice Statistics. Shannan M. Catalano, *Criminal Victimization, 2005*, Washington, DC, 2006, 7. [www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf), accessed September 19, 2006)

2 Interviews include Betty Kirby, assistant professor in the Educational Leadership Department at Central Michigan University and former principal of Mt. Pleasant High School in Mt. Pleasant, MI; Barri Rosenbluth, director of School-based Services for SafePlace in Austin, TX; and Lisa Brito Greene, youth outreach advocate and educator from Women's Resources of Monroe County, PA.

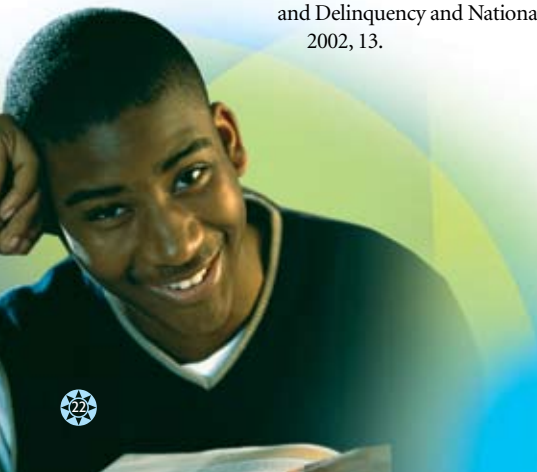
3 Madeline Wordes and Michelle Nunez. *Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention*. Washington, DC: National Council on Crime and Delinquency and National Center for Victims of Crime, 2002, 13.

## Why Are Victim Services Needed in Schools?

Teens who have been victimized are more likely to be truant, have more negative interactions with teachers, and—ultimately—earn less over their lifetime because of their lower school achievement than nonvictimized youth.<sup>3</sup> Victimization, inside or outside of school, significantly affects students' academic achievement. "If students are being victimized outside of school, the symptoms are still surfacing inside of school," said Betty Kirby of Central Michigan University. "Students can be inattentive or depressed, act out, have poor attendance. When any of those things come up, relationships with peers and teachers can suffer. . . . They pull back, and in the long run, may drop out. This impacts the type of career and future these kids hope to have." Victimized teens may not be able to achieve academically until they feel safe and supported. Whether they were victimized inside or outside the school, school itself should be a "safe zone" for youth, and having someone in the building who is trained to support victims is one way of accomplishing that aim.

Another important advantage of school-based victim service providers is that they can intervene with the entire student body, which includes not only victims, but also their friends, as well as youth who are not direct victims but who have witnessed violence in their homes or communities. All of these youth need to learn skills to overcome the effects of violence in their own lives and to support their peers who may be victimized. "When we bring programs into the schools, not only do we reach out to victims but also we maximize the ability of the whole peer group to support victims and prevent victimization," says Barri Rosenbluth of SafePlace in Austin, TX.

A third reason to provide victim services in schools is that teens may not be aware of or have access to services in the community. When youth are being abused at home or in relationships, the abuser is likely to limit the teens' access to outside support; for that reason, school may be the only safe place where these teens can reach out for help. Even when victimized youth are free to access services, they may not know what agencies exist in their community to help people in their



# Building Successful Partnerships

situation. Victim services in schools “bridge the gap between services available and youth in need,” said Lisa Brito Greene of Women’s Resources of Monroe County, PA. “Young people are not often going to come to your center on their own,” said Barri Rosenbluth. “You need to go to where they are.”

## Barriers to Collaboration

Despite the clear needs of victimized youth and the benefits of reaching out to them at school, many barriers can prevent communities from establishing school-based services. These obstacles may originate in the school, the victim services organization, or the community at large.

**Inadequate staff training.** Many agencies underestimate the importance of assigning experienced, well-trained staff to conduct youth outreach and serve as liaisons to the schools, according to Barri Rosenbluth.

“Agencies usually delegate these positions to the lowest-paid, non-professional staff or volunteers. In these positions there is frequent turnover, so the agency staff doesn’t get to establish personal relationships with the schools. . . . Those positions also often don’t have direct access to the executive director or the board of the agency, so the needs of their program may not receive the same weight as other programs within the agency.”

Appropriate staffing is critical, says Brito Greene, adding that school-based victim advocates should have specific competencies, such as “experience with school policy and practices, program development, community collaboration, conflict resolution, youth empowerment, flexibility, negotiation, and listening.”

**Lack of responsiveness to schools.** In their eagerness to reach victims, service providers may unwittingly fail to match their services with the mission and needs of schools. If the victim service organization is more intent on advancing its own agenda than on responding to the school’s needs, partnerships may not get off the ground. “Many collaborations fail because they start with a program that nobody asked for,” says Rosenbluth, “with no natural partners and nobody advocating for you on the campus.” “When you walk into someone else’s home, they have things set up the way they have it. You need to . . . work in their environment, not mold the environment to you,” notes Brito Greene.

**Political pressure on schools.** The drive for standards and accountability to help students reach academic benchmarks has put enormous pressure on school administrators to increase instructional time and cut out nearly any nonacademic program or activity during school hours. As a result, even if school leaders agree in principle with the goals of a victim service program, they may not think they can afford to include it in their school day. “When considering even great new programs,” says Betty Kirby, principals will ask, “What is in this for the students, the teachers, the school, and the administrators? If we create this partnership, will it address our needs and ease our burden in some way?”

**Lack of funding.** At the same time that schools are under intense pressure to boost academic achievement, they may also be facing reduced budgets. Lack of funding and staffing can prevent schools from taking on new programs. Outside programs that come with their own resources and staff are much more likely to be accepted than those that require teacher time or resources from the school’s budget, which may already have been cut back to the “bare essentials,” says Kirby.

**Fear of negative publicity.** Both schools and victim service organizations need positive media coverage and the best possible public image. But it may be difficult to avoid negative press when addressing such a “heavy” issue as victimization. “Schools are being bashed all the time,” says Kirby. “Doing a program or making a partnership that acknowledges victimization is taking place brings the risk of creating a negative perception of the school.” One solution, she suggests, is “packaging” the program positively. Using such positive terms as “building a caring school community” and “positive school environment” can help make the partnership acceptable to the public.

A challenge for victim service organizations, says Brito Greene, is a common misconception that because they challenge the social norms that contribute to violence, victim service organizations are anti-establishment or anti-male. One of the ways her agency combats this problem, says Brito Greene, is to work with the local press to write articles about people who have been helped by their services. Building community partnerships and encouraging clients to speak up on behalf of the programs can also help improve the agency’s public image.



Finally, whatever methods schools and victim service providers decide to adopt, they should include strategies to build a positive image in every collaboration plan.

## Qualities of a Successful Partnership

We asked each of our three experts what they thought were the most important qualities of a successful school-community partnership. Each expert's answers are provided in a separate sidebar.

## Betty Kirby

- **Availability.** Maintain regular contact with school staff. When you have that relationship, you can call or email when a situation arises, and know without a doubt that someone there will help you out.
- **Presence.** Spend time in the schools. Face time is important. Community partners should meet once or twice a year with the principal to nurture the relationship and ensure that it remains mutually beneficial.
- **Usefulness.** Use your resources and networks to fill gaps in the school's services. Schools recognize that children have needs the school cannot meet and value links to community partners that can provide those services.
- **Longevity.** Make the partnership last. The partnership should be enduring—not a quick-fix or a one-time deal.

## Getting Your Foot in the Door

The first contact with a principal or school system can make or break a collaboration. Former high school principal Betty Kirby offers these tips for getting off to a good start:

- 1 Send a personal card to the principal. "Mail a personal card," says Kirby. Secretaries often screen a principal's mail and discard items they think are not important. But only the principal would open a personal card. Once the principal has read your card asking for a meeting, you can follow up with a call.
- 2 Go through the superintendent. The superintendent is sometimes the best "route" to inform a school system about programs and resources that can help its schools. Once you ask the superintendent's permission to share information with the principals, he or she may feel an obligation to make that happen. A superintendent may invite you to make a presentation at his or her meeting with the principals. "Superintendents generally don't want to be responsible for the partnership," says Kirby, "but they want to be sure the connection is made between the principals and the community resource."
- 3 Ask to make a presentation at a faculty meeting. "Ask to make a short presentation at a faculty meeting to let them know what you're up to. Send a flier on your program with a request to get on the agenda for 15 minutes and tell the teachers what you do. We always have that time available."
- 4 Contact teachers directly. "Put yourself on a list of potential guest speakers. Contact health teachers; that would open up areas for the need for people to come in."
- 5 Have a seasoned professional make the first contact. Make sure that your director or another experienced professional makes the initial contact with the schools. Agencies that send well-intentioned but inexperienced staff to the first meeting may not succeed in generating sufficient interest. "But when you get a director who comes in, and maybe brings in the young person to introduce them, the credibility would go up a lot," says Kirby.

- 6** If you're proposing a program, have evaluation data available. "Principals have to know that what's coming in is going to be good, professional, and work well with their students.... If you have something that's proven, that's been implemented elsewhere and been successful before, that helps a lot."

## Qualities of a Successful Partnership

### Barri Rosenbluth

- **Staff dedication.** Involve your most dedicated, skilled staff in the partnership. "We hear over and over, 'Your staff is so excellent, they work so well with the kids, they come back year after year.'"
- **Openness to growth.** Expand your partnership to other groups. "One collaboration leads to another. You start out with one strong partner, you show that you're having success, and that partner has another partner."
- **Good faith.** Be a trustworthy partner. "Let your partners get the credit, and be considerate in speaking of them.... Reinforcing the partnership builds trust."
- **Commitment from the top.** Involve your directors in the partnership. "When the executive director got involved and saw the superintendent and the school board members as people she would have lunch with and make an effort to talk with, that helped things along tremendously."
- **Seamless coordination.** Carefully coordinate your joint efforts with other service agencies. "In a good collaboration, the client (in this case, the school) is not necessarily aware of which agency is doing what. It's an easy, user-friendly approach that's client-centered, rather than agency-centered."

### Making it Happen: The Approach

As initiators of successful school-victim service partnerships, Rosenbluth and Brito Greene had a wealth of practical advice for victim-serving organizations wanting to make an initial pitch for collaboration with their local schools.

**Increase your visibility.** The more an agency is known in the community, the more comfortable school leadership will be working with that agency. Some ways to increase agency visibility include having a booth at the local health fair, speaking at a PTA meeting, and getting blurbs about the agency into school newsletters and other local media. Rosenbluth's program used to send a letter to every principal and every counselor in the school district at the beginning of each school year. The letters outlined the available services, such as classroom presentations, staff training, counseling, crisis intervention, and consultation. While SafePlace (Rosenbluth's agency) often did not receive immediate responses to the letters, the staff noticed that occasionally, schools that had incidents of victimization would remember receiving the letter and call SafePlace for assistance. Also, if your local news media should report high-profile incidents in schools, Rosenbluth suggests calling the school and offering to help. Being there to help in a crisis builds trust and can foster long-term collaborations.

**Have a long-term vision.** Having a long-term vision for your collaboration with the schools is as important as being responsive to the schools' needs. Building a sustainable relationship is a matter of responding to immediate needs while at the same time looking more broadly at what's going on in the school and making constructive suggestions. In this way, Rosenbluth says, solid programs can be created around the primary needs of the school, and responding to short-term needs evolves into a long-term strategy to address ongoing needs that the school may not have previously identified. At the same time, victim service providers who begin working in one or more individual schools should have a plan for eventually becoming a partner at the district level. Partnerships with individual schools often are limited to providing services, Rosenbluth notes, but when a victim service organization is present at district level meetings, more systemic and far-reaching opportunities emerge, such as providing training for all the



school counselors or helping to create a student services web page on the district's website.

**Speak the school's language.** To make a case that your services will work for a particular school, you also need to show that you understand the school's policies and operating frameworks, including curriculum. Show that you know where your program might fit into the school's present program. In your presentation, suggests Brito Greene, show how you would build on what the school is already doing about violence prevention. It's also important, she notes, to let the school know how you will minimize interference with the educational process, for example, by providing services during study halls, electives, and lunch hours whenever possible.

**Involve clients in advocating for the partnership.** Every service provider knows that the people who use their services are often the most eloquent and passionate advocates for their programs. In addition, advocating for the programs that have helped them can be extremely empowering for both youth and adult victims. If you're providing services to someone who has a relationship with the school, says Brito Greene, "Find out what the relationship is and if that person can speak on your behalf." This includes not only adults in the community but also students who can be powerful advocates for programs on their campuses when they are motivated, informed, and prepared to advocate.



## Qualities of a Successful Partnership

### Lisa Brito Greene

- **Inclusivity.** Involve all programs that relate to the mission. "Collaborate with other groups that are providing services in the school, such as drug and alcohol programs and teen pregnancy prevention. ... You can do co-training or program development, and direct the most appropriate resources to the individuals receiving services."
- **Collaborative use of funds.** Work together to find and wisely target funds. "The money is out there, but if you split it so many ways, you're not going to get all the help that's available to the individuals that need it."
- **Knowledge of state law.** Know state laws that govern working with minors. To protect both the school and the service provider from liability, know your state's laws about minors' rights to services. "In our state, students who self-refer have the right to services that they request. Youth ages 14 and up can get mental health services on their own. Providers should know their state laws."
- **Empowerment.** Strive to help teens make their own decisions. "We're an empowerment program; we don't force teens to accept services. If they are referred, we introduce ourselves and the program and ask if they're interested. If they are, we ask them to write down their request in their own handwriting. That way the school is covered and we're covered. Since I've been doing this, I've only ever had one student tell me they didn't want the services."



## Prepare To Build Successful Partnerships

Victims benefit when the public and private agencies that serve them can work together. In the case of youth, schools are an essential partner. Victim service providers who approach school officials, help them serve students better, and enhance their public reputation stand a great chance of developing successful partnerships with schools. By respecting the needs of young victims, investing in the joint mission, respecting each other's roles, and wisely using resources, such partnerships can take root, bloom, and bear impressive fruit.









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