

7.0 Victim Advocacy

Introduction

Resources and forms for victim advocacy are available on the DVOMB website.

Victim advocacy in offender treatment is critical in order to continually address victim safety issues. Victim safety and offender risk are fluid and dynamic. Shared information among professionals involved in the case and shared decision making are vital in this work. The primary goals of offender treatment are cessation of abusive behaviors and victim safety. (*Guiding Principles 3.0*) both of these are necessary, critical, interdependent parts of treatment.

Victim and community safety are the highest priorities of the Standards. This should guide the responses of the criminal justice system, victim advocacy, human services and domestic violence offender treatment. Whenever the needs of domestic violence offenders in treatment conflict with the needs of community (including victim) safety, community safety takes precedence. (*Guiding Principles 3.01*)

7.01 Treatment Provider Responsibilities

I. Victim Advocate

All offender Treatment Providers shall have a qualified, designated professional in the role of Treatment Victim Advocate.

II. Dual Roles

Treatment Providers shall not have a dual role with her/his advocate as defined in *section 7.03 VIII. Dual Roles*.

III. Victim Advocate Qualifications

(Reference *7.03 Qualifications of Treatment Victim Advocate*)

IV. Notification to DVOMB Office

- A. Treatment Providers shall keep DVOMB staff informed of the name of the Treatment Victim Advocate, current contact information and verification of the Treatment Victim Advocate's qualifications.
- B. Additionally, a confirmation letter from the advocate verifying that advocacy is being provided per the *Standards* shall be provided to DVOMB staff.

V. Cooperative Relationships

Providers shall also maintain cooperative working relationships with domestic violence victim services.

7.02 Role of Treatment Victim Advocates

The Treatment Victim Advocate holds the key to the confidentiality of the victim and assists the victim in determining not only whether information will be shared, but also what specific information can be shared with the MTT. Representing victim experiences and perspectives, whether the victim has been contacted or not, is unique to victim advocates. The victims of these intimate, complex and dangerous crimes require a specialized victim advocacy approach. Victim advocates are highly trained, experienced, knowledgeable and skilled professionals.

Discussion Point: It is the expectation of the DVOMB that individuals also governed under the Mental Health Practice Act (Title 12, Article 43 of the Colorado Revised Statutes) will also comply with the statutes, rules, and policies of their Governing Board.

I. Treatment Victim Advocates are an Integral Member of the MTT and Work with the MTT and the Treatment Provider to:

A. Function as a liaison and bridge between the victim and the MTT

B. Participate in case problem solving

Discussion Point: A facet of the Treatment Victim Advocate's role on the MTT includes identifying erroneous beliefs or attitudes that, if present, may be harmful to victims.

This includes encouraging deeper dialogue for the entire MTT to understand the meanings and purposes of behaviors of both victims and offenders. MTT members use all of this information to have an improved understanding of the case, even when the information is not aligned.

C. Provide specialized perspectives on victim trauma

D. Provide specific knowledge or expertise about victim safety

E. Educate the MTT on trauma informed considerations for victims

7.03 Qualifications for Treatment Victim Advocates Working with an Offender Treatment Program

Treatment Victim Advocates shall be familiar with these entire Standards.

I. All Providers Shall Have a Qualified, Designated Professional in the Role of Treatment Victim Advocate

II. Fully Qualified Treatment Victim Advocate Requirements

- A. Basic certification from the Colorado Advocate Certification Program (CACP) or National Organization for Victim Assistance (NOVA) National Advocate Credentialing Program is required. These programs are administered through the Colorado Organization for Victim Assistance (COVA) and NOVA: (<http://www.coloradocrimevictims.org/colorado-advocate-certification-program-cacp.html>) or (<http://www.tryNOVA.org/>)
- B. Training hours per COVA or NOVA program with focus on the following as electives:
 - Confidentiality, safety planning, co-occurrence of domestic violence and child abuse, sexual assault, elder abuse, DVRNA, MTT, DVOMB Standards, domestic violence offender issues, domestic violence offender treatment competencies, risk/lethality assessment, and special victim and offender populations
- C. Experiential hours according to COVA or NOVA requirements
- D. Peer consultation is strongly encouraged with other fully qualified Treatment Victim Advocates, or consultation with local victim services. Peer consultation may include:
 - 1. Sharing information about training opportunities
 - 2. Sharing information regarding resources
 - 3. Confidentiality issues
 - 4. Advocacy on behalf of a specific population
 - 5. Technical assistance, safety planning, brainstorming difficult cases

III. Entry Level Treatment Victim Advocates

A Provider may utilize an “Entry Level Treatment Victim Advocate” who meets the following qualifications:

- A. Training Hours:
 - 1. A minimum of 30 initial hours of training in domestic violence to include: victim advocacy, domestic violence dynamics, victimization and safety planning
 - 2. The remaining 30 hours of training required for Fully Qualified Treatment Victim Advocate shall be achieved within the first year of work as a domestic violence Entry Level Treatment Victim Advocate
- B. Experiential Hours:
 - 1. 70 hours of experience working with domestic violence victims. These hours may be achieved through any combination of employment, volunteer work, or internships.
 - 2. The remaining 70 experiential hours required for a Fully Qualified Treatment Victim Advocate shall be achieved within two years.

- C. Peer Consultation: is strongly encouraged with other Fully Qualified Treatment Victim Advocates, or consultation with local victim services. Peer Consultation may include:
 - 1. Sharing information about training opportunities
 - 2. Sharing information regarding resources
 - 3. Confidentiality issues
 - 4. Advocacy on behalf of a specific population
 - 5. Technical assistance, safety planning, brainstorming difficult cases
- D. The COVA CACP basic certification shall be applied for by the end of the second year of working as an Entry Level Advocate. (NOVA certification is also accepted.)

IV. Specific Offender Populations

- A. Specific offender populations are defined as a group of individuals that share one or more common characteristics such as race, religion, ethnicity, language, gender, age, culture, sexual orientation and/or gender identity that would allow for the group to be considered homogenous (10.01).
- B. If Approved Providers are specializing in a specific population of offenders, the advocate shall have a minimum of seven (7) hours of training on each specific offender and victim population.

V. Continuing Education and Renewal of Advocacy Certification

- A. Renewal of COVA or NOVA certification every 2 years
- B. Treatment Victim Advocates shall submit proof of this to the Treatment Provider

VI. Victim Advocates Shall Be Knowledgeable About Resources

Pertinent to this work and victims' needs including but not limited to: domestic violence shelters, address confidentiality program, behavioral health services, sexual assault support services, and culturally and linguistically appropriate services.

VII. Treatment Victim Advocates Shall Be Violence Free

Violence free is defined as:

- A. No criminal history that would impact the Treatment Victim Advocate's ability to be an effective advocate. (a minimum of CBI criminal history search)
- B. The Treatment Victim Advocate does not engage in any acts of physical violence, does not verbally abuse, threaten, coerce or intimidate other people. An advocate does not deny personal responsibility for her/his actions or blame other persons for her or his actions.

- C. Additionally, any history of victimization and trauma cannot impede the advocate's ability to be an effective advocate.

VIII. Dual Roles

- A. Treatment Victim Advocates shall not have a dual role with her/his Treatment Provider, the offender or the victim.

Discussion Point: It is the expectation of the DVOMB that individuals also governed under the Mental Health Practice act (Title 12, Article 43 of the Colorado Revised Statutes) will also comply with the statutes, rules, and policies of their Governing Board.

- B. The Treatment Victim Advocate cannot be in another relationship with the Provider (such as a spouse or relative).
- C. The Treatment Victim Advocate cannot also be working in other therapeutic or case management capacities with the domestic violence offenders or victims within the same treatment agency
- E. The Treatment Victim Advocate shall not also be the therapist for the victim.

Discussion point: Dual relationships can create barriers to an open and honest dialogue. The advocate may be concerned about raising issues that may potentially impact the personal or other relationship with the Provider.

Dual roles may be confusing to a victim and impact their ability to trust the advocate.

7.04 Initial and Ongoing Advocacy

Offender treatment is not contingent on victim contact and the offender shall not be used as a mechanism to reach the victim.

I. Treatment Victim Advocate's Initial Contact with the Victim

- A. Timing of the initial contact with the victim is determined by the Treatment Victim Advocate, based on information available and victim safety considerations. Any contacts or attempts to contact victims should be documented by the advocate in a file separate from the offender file.
- B. Treatment Victim Advocates may need to find recent contact information for victims through avenues such as: the probation department, law enforcement agency or the district attorney's office. Treatment Victim Advocates should not attempt to locate victims using social media or similar electronic/digital communication avenues.

- C. On the initial contact with a victim, the Treatment Victim Advocate shall inform the victim of the information that can be provided during advocacy contacts and explain informed consent and any mandatory reporting obligations (Reference 7.07 Confidentiality Section). Resources for advocates are available on the DVOMB website.
1. Reporting of suspected abuse or neglect of children and at risk elders
 - a. All Treatment Victim Advocates have a responsibility to report and shall report suspected abuse or neglect of children or at risk elders whether or not they are legally mandated to report. C.R.S. 19-3-302, C.R.S. 26-3.1-110
 - b. Advocates shall inform victims of this upon initial contact and as appropriate during victim contacts.
 - c. Advocates shall inform the Treatment Provider when a report has been made.
- D. The advocacy contacts shall address the following:
1. A brief explanation of who the Treatment Victim Advocate is and why they are making contact
 2. Explanation of confidentiality, including limitations
 3. Whether or not the victim wishes to be contacted including preferred and most secure method of contact. Social media or similar electronic/digital communication avenues are not appropriate ways to contact victims, as confidentiality may be jeopardized.
 4. General overview of the domestic violence offender treatment process
 5. General domestic violence information, including warning signs and risks
 6. Any concerns about safety the victim may have
 7. Referrals & resources

II. Initial and Ongoing Discretionary Areas

The following types of information can be shared with a victim at the discretion of the Treatment Victim Advocate:

Upon further assessment of victim safety and needs, advocates may use discretion on a case by case basis to determine the most appropriate information to be shared. When working with a co-defendant or a victim that the advocate believes may be a perpetrator, victim safety always prevails, refer to the Guiding Principles 3.0.

- A. Offender status in treatment, offender absences, discharge or changes in treatment plan, time and day of offender's treatment group and/or individual sessions with Treatment Provider
- B. Information about Protection Orders
 1. Individualized safety planning (intended to be fluid and changing as risk changes):

2. Safety planning if the victim is remaining in the relationship & safety planning if the victim is leaving the relationship
 3. Safety planning specific to children who are either in or out of the home
 4. Duty to warn: Treatment Victim Advocates need to explore with the Treatment Provider whether the advocate has a legal duty to warn, due to differences in professional obligations.
 5. Well-being checks via law enforcement
- D. Risk & abusive behavior patterns, both in general and that are specific to the offender
- E. Information specific to special populations (such as working with male victims and/or working with victims in same-sex relationships)
- F. Responding to additional victim requests
1. The role of the Treatment Victim Advocate in communication with the victim is to provide information regarding offender treatment, provide support, and provide information and referrals to resources.
 2. Responding to additional requests from victims should be guided by confidentiality, safety and based on the specifics of each case. Treatment Victim Advocates are also encouraged to seek ongoing training, supervision and refer to the Treatment Provider agency policies for additional clarification of issues.

7.05 Required Approved Treatment Provider and Treatment Victim Advocate Coordination and Consultation

I. Required Provider Coordination

- A. It is the Treatment Provider's responsibility to obtain the input of the Treatment Victim Advocate for MTT meetings, and to include the advocate in the scheduling of MTT meetings. The purpose is to obtain the Treatment Victim Advocate's expertise and perspective, not necessarily specific victim information.
- B. There are multiple methods that Treatment Victim Advocates and Treatment Providers can utilize to communicate with one another, given specific circumstances while considering confidentiality. (Please refer to the DVOMB website Treatment Victim Advocate page and the document: *Inclusion of Treatment Victim Advocates in MTT*)
- C. In addition to communication required in *Section 7.06 Treatment Victim Advocacy and the MTT*, Providers also have the responsibility to keep MTT members, which includes Treatment Victim Advocates, informed regarding pertinent issues during treatment.

II. Information Sharing Requirements of Treatment Providers

- A. In order to optimize victim safety and victim considerations, Treatment Providers shall provide victim contact information, if available, from the offender intake to the Treatment Victim Advocate as soon as it is available.
- B. Prior to the offender beginning treatment, Treatment Providers shall provide additional information to the Treatment Victim Advocate. That information will include at a minimum:
1. Victim contact information (offenders will not be required to provide this, if it impacts victim safety)
 2. Victim and offender relationship status, such as living together, separated, civil or criminal matters
 3. Whether children are involved (such as custody, visitation)
 4. Offender's group or individual treatment day and time
 5. Confirmation that the release is signed by the offender to contact the victim
 6. The offender's initial level of treatment and risk factors from the DVRNA
 7. Status of protection order (civil order, criminal order, does it include no contact order? Any modifications)
 8. Police report on the current offense
- C. In addition to the MTT communication and decision requirements (reference 7.06); the Treatment Provider is responsible for providing the following information to the Treatment Victim Advocate throughout treatment:
1. Offender Absences
 2. Changes in Offender Risk
General concerns regarding immediate risk or imminent danger shall be reported to the Treatment Victim Advocate immediately. In the event that the Treatment Provider initiates a duty to warn, this information shall also be provided to the advocate. (Providers have a duty to warn, refer to *Standard 11.09*)
 3. All offender absences shall be reported within 24 hours of the absence to the Treatment Victim Advocate.
 - a. If an offender has more than three absences, the Provider shall consult with the Treatment Victim Advocate as part of the MTT to determine any needed consequences or modifications to the offender's Treatment Plan. The MTT may require the offender to provide documentation of reasons for absences.
 4. Violations of Offender Contract:
At a minimum, the Treatment Provider shall give written or verbal notification of the violations to the Treatment Victim Advocate. Further consultation between the Treatment Provider and Treatment Victim Advocate shall occur as needed to ensure victim and community safety. (Reference *Offender Contract 5.05 II*)

III. Guidelines for Treatment Victim Advocates Regarding Communication and Consultation with the Provider

Regardless of victim involvement, advocates have a responsibility to communicate with the Provider (reference 7.01)

A. Confidentiality and Victim Safety (Reference 7.07)

Confidentiality and victim safety guides the work of the Treatment Victim Advocate in communication with the Provider.

If the victim does not want information communicated to the Treatment Provider, then the information remains confidential, with the exception of reporting suspected abuse or neglect of children or at risk elders to the local county Department of Human Services.

B. Consultation with the Provider

1. If the victim does give verbal or written permission, the advocate can discuss offender behavior or victim concerns with the Provider. The Advocate and Provider will discuss ways the offender behaviors can be addressed in treatment, without the offender knowing the information was provided by the victim. The offender shall not be given any indication that the victim provided information, as protecting information shared by the victim is critical.
2. If the victim does not give permission for the advocate to discuss specific information with the Provider, the advocate shall respect the victim's wishes. The advocate can discuss general victim considerations but shall not discuss specific victim information.
 - a. However the advocate can inquire about offender progress and the nature of participation in treatment. The advocate and Provider can identify any offender deficiencies or non-compliance that the Provider can address more specifically.
 - b. The advocate can provide general education on domestic violence and victim dynamics to the Provider.

IV. Provider Responsibilities when Utilizing a New Advocate

A. Treatment Provider Responsibilities

When an advocate ends service with a Provider or treatment agency, the Provider is responsible for coordinating victim advocacy services between the outgoing advocate and the new advocate.

Sharing of victim and offender information from the outgoing advocate to the new advocate is important to ensure victim safety and to promote a smooth transition.

B. Treatment Victim Advocate Responsibilities

The outgoing Treatment Victim Advocates shall make every effort to transition the duties of the advocate leaving the position to the new advocate and to ensure that victim safety and victim confidentiality are upheld.

7.06 Treatment Victim Advocacy and the Multi-Disciplinary Treatment Team (MTT)

I. Importance of Treatment Victim Advocacy

Treatment Victim Advocates are integral to the purpose of the MTT. They represent victim perspectives and considerations regarding offender treatment and accountability, whether or not victim contact is made. Treatment Victim Advocates broaden the information available for making the most informed decisions by the MTT. They offer balanced perspectives and Treatment Victim Advocates view domestic violence cases through the lens of victim safety, which is the priority of offender treatment.

Members of the MTT are responsible for being professional, respectful and inclusive of other MTT members. MTT members acknowledge the expertise and perspective that each member brings to the work.

- A. Not only do Treatment Victim Advocates provide critical perspectives, but it is crucial for MTT members to provide information to the Treatment Victim Advocate for effective coordination of treatment.
- B. Each member of the MTT is responsible for victim safety and consideration of the impact of treatment decisions on victims.

II. Role of MTT Members (Excerpt from *Standard 5.02 MTT Members*)

As a member of the MTT, Treatment Victim Advocates shall be familiar with the entire Standards.

- A. The Treatment Victim Advocate is a member of the MTT and participates in MTT decisions.
- B. MTT Membership
The MTT consists of Approved Provider, responsible referring criminal justice agency, and Treatment Victim Advocate at a minimum. Other professionals relevant to a particular case may also be a part of the MTT such as human services, child welfare, and child protection services.
- C. MTT Purpose
The MTT is designed to collaborate and coordinate offender treatment. Therefore the work of the MTT needs to include staffing cases; sharing information; and making informed decisions related to risk assessment, treatment, behavioral monitoring, and management of offenders. The MTT, by design, may prevent offender triangulation and promote containment.
- D. MTT Training
In the best interest of having an effective MTT, team members should successfully complete training specific to domestic violence in each of the following areas:

1. Dynamics of domestic violence
2. Dynamics of domestic violence victims
3. Domestic violence risk assessment
4. Offender treatment

The MTT may also want to consider cross training to further develop team competency.

E. MTT Communication

The MTT will determine the most effective methods and frequency of communication, which can include face to face and/or non-face to face contact. Information regarding frequency can be reviewed in the *Treatment Plan Review Intervals in Standard 5.07*. (Also reference DVOMB website MTT resources document: inclusion of victim advocates)

F. Offender Containment

This is one of the goals of the MTT. The MTT will collaborate to establish consequences for offender noncompliance.

G. Victim Confidentiality

The MTT shall make victim safety and victim confidentiality its highest priority. However, when the Treatment Victim Advocate makes contact with the victim, the victim shall be informed regarding the limits of confidentiality.

1. The MTT has the responsibility to protect confidential information that cannot be discussed during the MTT process. Specific victim information may be shared with the MTT only after written consent has been given by the victim (Refer to *Standard 7.07 II.C.*) Therefore, the Treatment Victim Advocate will not be expected to violate victim confidentiality.
2. In cases where there is not written consent or where the advocate has not had contact with the victim, the Treatment Victim Advocate provides perspectives and insights regarding victim issues in general, not regarding a specific victim. (Please note: Some information is not confidential such as homicidal, suicidal ideation/intent, and child abuse or neglect.) (Refer to *Standard 7.0* in its entirety.)

Discussion Point: Protection of the victim is priority, therefore, if the only information available that would prevent offender discharge is victim information, and the MTT has determined that victim information cannot be revealed in order to protect the victim, and there are no other ways to validate or confirm, then the MTT may determine that discharge is appropriate.

H. MTT Consensus

1. Consensus is defined as the agreement among the team members. The MTT shall have consensus as its goal in managing offenders.

The MTT shall reach consensus for the following phases of treatment, at a minimum: initial placement in treatment, when treatment planning indicates a change in Level of offender treatment, and discharge. While there is acknowledgment that there is a supervising agent for the court, the intent and goal are to work collaboratively.

2. MTT members are encouraged to discuss and attempt to resolve differences in order to achieve consensus. An effort should be made by MTT members to meet in person to work toward resolution.

7.07 Victim Confidentiality Section

I. Importance of Victim Confidentiality

- A. The ability to have confidential communications with and confidential assistance from domestic violence treatment advocates is critical for victims of domestic violence, both for their safety and for their ability to reach out to and to trust advocates.

Discussion point: it is the Treatment Victim Advocate's responsibility to know the different types and roles of other advocates and victim assistants in community based organizations or in the criminal justice system. Other advocates have different duties and requirements in regard to confidentiality of victim information. (Reference DVOMB website MTT Resources Document: Explanations of the Different Advocate Roles in Colorado)

- B. It is important for advocates to explain the benefits and limitations of confidentiality to the victims they assist (reference 7.04 I.C.1.)
- C. When a victim chooses not to provide information, the approved Provider, the MTT and the Treatment Victim Advocate shall honor the victim's decision and right to control their own information.

II. The Duty of Confidentiality

Treatment Victim Advocates have a responsibility to take steps to protect victims' privacy and safety.

- A. Treatment Victim Advocates have a responsibility to not reveal any confidential information relating to assistance provided on behalf of, or communications with, a victim of domestic violence. This is the Treatment Victim Advocate's duty of confidentiality to the victim.

Treatment Victim Advocates shall know the Treatment Provider's/agency's confidentiality policies and procedures.

- B. Exceptions to victim confidentiality

1. Reporting of suspected abuse or neglect of children and at risk elders:
 - a. All Treatment Victim Advocates have a responsibility to report and shall report suspected abuse or neglect of children or at risk elders whether or not they are legally mandated to report. C.R.S. 19-3-302, C.R.S. 26-3.1-110
 - b. Advocates shall inform victims of this upon initial contact and as appropriate during victim contacts.
 - c. Victims should be notified when a report is made for suspected child abuse or neglect or elder abuse, or when their information is shared under a court order
 - d. Advocates shall inform the Treatment Provider when a report has been made.
 2. Informed consent to a release of information
 - a. Explain to victims her/his options regarding providing consent before their information is shared by the Treatment Victim Advocate with anyone else, including other members of the MTT
 - b. Victim consent should be informed, written, and reasonably time-limited
 - i. Victim consent may be obtained verbally for information being shared only with the Treatment Provider; advocates shall document victims verbal consent and all conditions that apply.
 - c. Treatment Victim Advocates shall honor victims' rights and choices regarding what, if any, victim information will be shared, and with whom including:
 - i. What specific victim information the advocate will be sharing
 - ii. Who the information is to be shared with
 - iii. How that information may be utilized
 - iv. When that information will be shared
 - v. The time period for the release
 3. Court ordered release of information
The Treatment Victim Advocate or the advocate's records could be subpoenaed (reference 7.08 I.C.)
- C. Victim Releases of Information
(A sample release form is available on the DVOMB website)
1. A release of information from the victim is not required for advocacy to be provided by a Treatment Victim Advocate.
 2. When a victim requests that information be shared with the offender or the MTT:
 - a. The Treatment Victim Advocate is responsible for exploring with the victim the possible range of consequences of sharing the information.
 - b. The Treatment Provider and MTT need to consider how to effectively address the victim's concerns in order to consider the impact to the victim and victim safety. The information might not be directly shared with the offender, but rather the offender's treatment plan may be modified to address the issues of concern.

- c. The advocate will inform the victim of the MTT plan for addressing the victim's concerns and modify the safety plan accordingly.
 - d. A written release from the victim is required to share the information with the MTT and the offender.
 - e. Approved Providers shall verify that the Treatment Victim Advocate has obtained a written release of confidentiality from the victim before victim information can be shared with the offender or with the MTT.
3. Advocates shall accept a victim's verbal request to withdraw a release. The advocate shall obtain verification in writing from the victim as soon as possible.
 4. Advocates shall not accept a release of information form from another agency in lieu of a release of information from their own Treatment Provider/agency.

General discussion point: whenever releasing information about a victim, Treatment Victim Advocates and Treatment Providers should keep in mind the "minimum necessary concept". This means that even with a release or when filing a mandated report, share only the information necessary to accomplish the victim's purpose or to meet the requirements of the reporting obligation. The time limit on the release of information should be the minimum amount of time necessary to meet the victim's needs

- D. Treatment Victim Advocates shall not disclose personally identifying information about victims without a release of information.
- E. Treatment Victim Advocates shall protect victim confidentiality throughout their work by sharing only the minimum amount of information necessary to meet the victim's needs, or in other words, on a "need to know basis".

General discussion point: Treatment Victim Advocates should always consider the most protective privacy option. Before obtaining a release, advocates should determine whether there is another way to meet the victim's needs without revealing her/his confidential information. For example, connecting the victim to resources can be done by referral or by setting up a three-way call with the referral organization, and then leaving the call to allow the victim to have privacy and disclose her/his own information.

7.08 Documentation and Record Retention

This section and the Victim Confidentiality Section are critically linked. (also reference 7.07 victim confidentiality)

I. Documentation

- A. Attempts to contact the victim need to be made throughout the course of treatment as requested by the victim. Attempts to contact the victim shall be documented.
- B. Confidential victim information shall be kept in a locked file separate from the offender file and access should be limited to advocates or to the Treatment Provider on a “need to know basis”.
 - 1. Electronic files that contain victims’ personal identifying information should be properly protected with limited, password-protected access.
 - 2. The Treatment Provider and advocate both have the responsibility to keep victim information in a separate file and properly protected.
- C. A victim shall be allowed access to her/his own information and be provided copies to her/him of her/his records upon request, and after doing adequate safety planning with the victim.

General discussion point: Treatment Victim Advocates need to be aware that all information written about a victim could potentially be subject to subpoena, court review and/or court ordered release. Advocates therefore should keep in mind the “minimum necessary concept”. For every piece of information that is recorded, advocates should consider: what is the purpose of recording this? Is this information necessary (a) to meet the victim’s needs? (b) to maintain agency functions?

II. Record Retention

- A. Advocates shall ensure that victim records are kept confidential. (Also reference Confidentiality Section 7.07 for additional considerations)
- B. Records of confidential victim information should only be maintained as long as is necessary to meet the victim’s needs.