

# RECOMMENDED PRACTICES IN TELE-ADVOCACY

ADAPTED FROM THE NATIONAL NETWORK TO END DOMESTIC VIOLENCE

*For your convenience, we have adapted information from NNEDV's technology safety digital services toolkit and organized it into one document. These best practices are the work of NNEDV and not the MDHHS Division of Victim Services (DVS) nor the Michigan Victim Advocacy Network (MiVAN). For more information, please visit [NNEDV's toolkit](#).*

*Crime victim advocacy agencies and multi-disciplinary teams have dramatically increased their use of tele-health and tele-advocacy services for clients. Communicating through technology comes with benefits and risks for both victims and advocates. By making necessary adjustments to meet the needs of victims, while also understanding important privacy and confidentiality considerations for digital service provision, advocates can provide safe and confidential help to victims. While some agencies have moved to tele-advocacy in response to covid-19, developing tele-advocacy skills can be useful beyond public health crisis-related restrictions, as these services can increase accessibility and benefits for victims who have limited access to in-person advocacy services, including those in rural areas and those with disabilities. The following guidelines offer key considerations, recommended practices, and an advocate checklist to consider before engaging in any tele-advocacy work. Any underlined text can be clicked to follow a link for more in-depth learning.*



## WHAT IS TELE-ADVOCACY?

- Tele-advocacy includes any advocacy services provided via a technology-based platform, including email, chat/text, virtual video, or phone. It could include adding text or online chat to hotline, video calls with clients, video or online chat for support groups, or email communication.
- Tele-advocacy is not just simply using technology to offer the same services in the same way they were being offered in-person—advocacy practices should be adapted to these key considerations for digital communication and service provision.

## KEY CONSIDERATIONS

- ✓ ***Advocates should consult their organization's policies on tele-advocacy before engaging with clients.***
- ✓ ***The communication platform must prioritize privacy and confidentiality***
  - Ensure HIPPA, VAWA, VOCA, and FVPSA compliance (remember, a HIPAA-compliant program does not necessarily meet the other privacy requirements).
  - Guidance from the Victim Rights Law Center addresses VAWA compliance for everything from transporting files home, use of personal cell phones, scanning, printing, document destruction, videoconferencing, and more: [Protecting Survivor Privacy When Working From Home: A Guide for OVW-Funded Victim Service Providers](#).
  - Be aware of any user information/data the platform collects and communicate this with clients. See [Digital Services Comparison Chart](#) (NNEDV).
- ✓ ***Advocates and clients must have a secure location where they are safe to conduct a tele-advocacy session***
  - Choose a communication platform that the client identifies as the most safe and private for them (e.g., text or chat might be better for some clients who cannot find a location to have a conversation without being overheard).
  - Brainstorm ways to enhance safety and privacy (e.g., suggest headphones, going out for a walk or phoning from a parked car). See [other practical privacy tips](#) (Resource Sharing Project).
- ✓ ***Tele-advocacy should not introduce new barriers for clients. Choose a communication platform that does NOT require clients to:***
  - Provide credit card or bank information
  - Download software or apps
  - Create an account
- ✓ ***Tele-advocacy should be accessible to all victims***
  - See [Tele-Advocacy Ensuring Accessibility for Underserved Crime Survivors During the COVID-19 Pandemic](#) (webinar, Vera Institute of Justice)

## RECOMMENDED PRACTICES

### ✓ **General recommended practices for digital services**

- Always have a backup plan for technical difficulties
- Establish clear privacy practices (e.g., What if someone inadvertently enters the room, will you hang up, stay silent, mute or turn off your video, etc.?)
- Consider providing clients the opportunity to be anonymous in applicable circumstances (e.g., in a [virtual support group](#) allowing clients to use a pseudonym instead of their real name or not collecting identifying information on a [hotline call](#))
- Come up with a code word with client to verify identity and/or to use if safety/privacy has been compromised during a session
- Collect the least amount of information needed from clients to provide the service
- Consider deleting message history, not saving client numbers in contacts
- Use program-owned devices whenever possible
- Frequently empty your computer recycle bin or phone cache history/cookies
- Do not ask victims to send anything that could be evidence documentation (e.g., photos of injuries or screenshots of texts)
- Check in regularly to see if the method of communication is still safe and preferred by client

### ✓ **Recommended practices for developing privacy policies and terms of service**

### ✓ **Recommended practices for using specific platforms**

#### EMAIL

- Email is generally a risky way to communicate but should not be banned entirely as sometimes it is the only way to reach clients
- Delete emails from clients as soon as they are no longer needed
- Encourage clients to delete emails they have sent and received
- Do not store client names in address books/contact lists

#### PHONE CALLS

- Phone calls are one of the most secure ways to communicate
- Use agency-provided phones whenever possible
- Allow client to determine if and when it okay for advocate to contact them and/or leave messages
- Create a plan with each client for what to do if the call is dropped (e.g., do they call you back or do you call them?)

#### MOBILE PHONES

- Device should require a passcode or other security measure to unlock
- Devices should be able to be “wiped” remotely if lost or stolen
- Do not store client contact information on device
- Delete call logs/texts as soon as no longer needed
- If using personal device (not recommended), dial \*67 to make your number private or turn off “show caller ID” in phone settings

## TEXT MESSAGING

- Talk to clients about how to increase privacy if there is a concern that their phone might be monitored. Strategies may include deleting the message history and not saving contact details such as the program or advocate's name in the phone.
- Establish a method to verify client's identity to prevent impersonation (e.g., code words)
- Delete messages regularly
- Discourage the sharing of pictures of abuse or forwarding abusive messages since advocates should not become part of the chain of custody for evidence.
- Set boundaries around work hours and availability for messaging

## ONLINE CHAT (sometimes called Instant Messaging)

- Follow best practices for text messaging and note that online chat is safer than text because web-based chat platforms don't automatically store messages

## VIDEO CALLS

- Do not record video calls.
- Develop a plan of action if the client has to abruptly end the call. The plan should include if the client has to call back or if the advocate will call back, how long they will wait before reconnecting, or the best way to follow up, if they cannot return to the call.
- Specific considerations for [Zoom](#)

## ONLINE SUPPORT GROUPS

- Give group members the option to not put their real name or be anonymous
- Give group members the option to turn off their video and just use the microphone
- Establish virtual group norms with group members

*These guidelines are a foundation for beginning to provide tele-advocacy services and are not meant to be comprehensive. It is of critical importance to know and follow your agency's policies for providing tele-advocacy before engaging with clients in order to best protect your clients and their information and to provide safe and accessible services to all victims of crime.*

# TELE-ADVOCACY CHECKLIST

ADAPTED FROM THE PENNSYLVANIA COALITION AGAINST RAPE

*For your convenience, we have adapted information from the Pennsylvania Coalition Against Rape's (PCAR) Telecounseling Checklist and organized it into one document. This checklist and the information in Appendix A are the work of PCAR and not the MDHHS Division of Victim Services (DVS) nor the Michigan Victim Advocacy Network (MiVAN). For more information please visit [PCAR's document](#).*



## DECIDING IF TELE-ADVOCACY IS RIGHT FOR YOU

- Check with your state funders about any requirements related to tele-advocacy work
- Check with your state or tribal coalition about any guidance related to tele-advocacy work
- Check with your agency's policies on tele-advocacy. Does the agency have policies on:
  - What services are available via tele-advocacy (e.g., individual advocacy, support groups, legal or medical advocacy)?
  - What communication means can be used for tele-advocacy (e.g., email, phone calls, text, video)?
  - What technology platforms can be used for tele-advocacy?
  - Is obtaining signed, informed consent from clients ahead of time required?
- Ensure you have the necessary resources
  - Private, secure location to conduct sessions
  - Ability to keep records secure and confidential
  - Agency computer/laptop or mobile phone
  - Reliable internet access
  - Microphone, speakers (or headset), and camera
  - HIPPA, VAWA, VOCA, FVPSA-compliant platform
- Ensure you have the necessary skills and practice
  - Knowledge about providing remote services (e.g., best practices, challenges, benefits, moderating/interpreting meaning and tone over text/chat, adapting active listening and empathy to chat/text)
  - Comfort with providing remote services, including technology and ability to do basic troubleshooting
  - Practice having conversations with other advocates over any digital platforms you may be using (e.g., role-play letting clients know what to expect from tele-advocacy, discussing privacy and confidentiality, benefits and risks, safety and privacy checks). See [Online Communication for Advocates](#) (NNEDV).
- Establish your own boundaries around tele-advocacy
  - Intake boundaries (e.g., are you taking new clients via tele-advocacy or only continuing service provision for existing clients?)
  - Contact boundaries (e.g., Is it okay for a client to contact you via phone, text, email? If so, what times are you available to respond? Or are you only available to have contact during scheduled sessions?)

## HELPING CLIENTS DECIDE IF TELE-ADVOCACY IS RIGHT FOR THEM

Conduct a tele-advocacy intake assessment in partnership with clients to better understand their needs before using technology to deliver advocacy services. Preferably, this assessment is done in-person, but can be done virtually during a separate appointment prior to your first tele-advocacy session if an in-person assessment is not possible. Make referrals as appropriate if you feel the client's needs are beyond your scope of practice.

- Discuss client's preferred method of communication and potential privacy or safety risks. See [How to Talk With Survivors About Safe Methods of Contact](#) (NNEDV).
- Ensure client has the necessary resources (Provided by organization when needed)
  - Private, secure location to conduct sessions
  - Ability to minimize distractions and interruptions
  - Computer/laptop or mobile phone
  - Reliable internet access
  - Microphone, speakers (or headset), and camera
- Discuss client's comfort level with tele-advocacy
  - Feels comfortable or is willing to try receiving services remotely
  - Use of technology does not cause prohibitive amount of stress or anxiety (if so, consider scheduling practice sessions to build skills and feelings of competence)
  - Understands and accepts the benefits and challenges of tele-advocacy
- Obtain informed consent for tele-advocacy (see [Appendix A](#) for example language)
  - Fully explain the services you/your agency provides in a way that is rooted in foundational values like respect, empowerment, and choice.
  - Explain confidentiality and mandated reporting requirements
  - Discuss benefits and risks of tele-advocacy
  - Discuss alternative options to tele-advocacy if it is not a good fit
  - Outline client responsibilities
  - Discuss a plan for emergencies
  - Collect any necessary signatures and forms. See guidelines for [how to obtain written consent digitally](#).

*In general, if you don't require a form to be signed before speaking with someone in-person, then you don't need anything signed before speaking with them remotely. If you do require a form to be signed (e.g., release of information or informed consent forms), then you will need to obtain a signature before speaking with someone via video or chat/text. See [Example form](#) from Pennsylvania Coalition Against Rape.*

## BEFORE A SCHEDULED TELE-ADVOCACY SESSION BEGINS

- Send client confirmation of meeting time and any required access link/number
- Prepare your space and yourself
  - Ensure your space is safe, confidential, and quiet (e.g., lock doors, turn on sound machines)
  - Limit distractions by turning off or muting any device notifications
  - Check internet connection (use a wired connection if possible)
  - Ensure device is plugged in or fully-charged
  - Test microphone, speakers (or headset), and camera
  - Adjust lighting and camera angle to ensure your video is clear and at eye-level (if applicable)
- Prepare your client
  - If needed, help client learn how to use the platform. Schedule a practice session if necessary.
  - Outline backup plan for technology glitches
  - Discuss plan for verifying identity and ensuring confidentiality if someone inadvertently enters the room during session (e.g., code words, hand signals)

## DURING A TELE-ADVOCACY SESSION

- Make sure the client can see/hear you
- Confirm client's identity
- Conduct safety/privacy check
- Confirm alternate method of contact
- Review emergency plan and technology back-up plan
- During the session, use body language to convey empathy, make eye contact, and use active listening
- At the end of the session, ask client about their experience with tele-advocacy (e.g., Is it working for them? Is there anything that would improve it?)
- Conclude the session by reviewing if/how client can reach you between appointments and schedule next appointment



## AFTER THE TELE-ADVOCACY SESSION CONCLUDES

- Document the appointment according to organization's policies
- Send any follow-up information to your client (e.g., referrals, resources, feedback surveys)
- Follow your privacy and confidentiality protocol (e.g., erasing message history, clearing browser cache)
- Reflect on your experience (e.g., What went well? What new skills do you need/want to learn?)

## OTHER RESOURCES

- [Technology Safety Digital Services Toolkit](#) (NNEDV)
- [FAQs for Victim Service Programs About HIPAA Privacy, HIPAA Security, & Technology](#) (NNEDV)
- [Survivor Support During and After COVID-19](#) (Resource Sharing Project)
- [Tips and Resources for Mobile Advocacy](#) (Resource Sharing Project)
- [Working Remotely: Key Considerations For Survivor-Centered Organizations](#) (Vera Institute)
- [Technology Guide during Shelter in Place Orders](#) (N. Carolina Coalition Against Sexual Assault)

## Appendix A: Example language for obtaining informed consent

(adapted from [Pennsylvania Coalition Against Rape Informed Consent Talking Points](#))

*Below is suggested language for obtaining informed consent for tele-advocacy. Please know it is important for you to “find your own voice” when covering these areas with clients. Your authenticity is critical to helping build trust, rapport, and emotional safety with your client.*

### **Confidentiality and mandated reporting requirements**

“First, I want to explain the confidentiality that you have with me and also the limits to that confidentiality. Everything that you say to me is confidential. But, there are several limits to that confidentiality. The first is if you tell me about the abuse or neglect of a child, I am mandated to report suspected child abuse and neglect (confirm this with supervisor). The second is if you threaten to harm yourself or someone else, and the third is if I receive a subpoena. For the most part I can keep what you share with me confidential, but it’s important for you to know these limits so that you can decide what you want to share with me.”

### **Benefits and risks of tele-advocacy**

“Tele-advocacy will hopefully make it easier and safer for you and me to have consistent sessions. We hope that it saves you time and reduces travel costs, too. There are a few risks I need to inform you of. There might be some technical difficulties where our connection gets disrupted, or we can’t connect at all. Sometimes the image resolution might be poor, and our faces could look pixelated. We can chat about how you will want to continue if something like this happens (i.e. if the audio doesn’t work, we can talk on the phone while still using the video). Even though the platform we will use for our sessions, stores your information in a confidential and secure way, there is a very small chance that in the event of a privacy breach, your personal information could be exposed. We would inform you right away if this were to happen.”

### **Alternative options to tele-advocacy**

“If you find after trying tele-advocacy that it’s not a good fit, we can discuss other options that are available to you.”

### **Client responsibilities**

“There are a few things I will need you to do. It’s important that you have a private and comfortable space to us to talk. It’s up to you if that place will be at home or work and we can talk more about that if you’d like. Wherever you choose, we ask there to be sufficient lighting so I can see your face on the camera. We also want it to be free from distractions and somewhere that other people won’t be around. Each time we start a session, I might ask you something like, “Is anyone in earshot of our conversation or nearby?” It’s important for me to know if someone is in the room with you. I will also let you know if anyone else is in the room with me. In order for the session to continue, I will need verbal consent from you for this person to remain in the room. Also, if someone enters the room unexpectedly, I will pause the session in order to protect your confidentiality. We can resume once they leave. If you are worried about a partner or family member sitting in the room off camera, even though you don’t want them to be there, we can come up with a phrase that discreetly lets me know they are there, and I will make up an excuse to end the session early. I also want to ask you not to record the session either by videotaping it or recording the audio.”

### **Emergency plan**

“I also want to explain that tele-advocacy will only be available for scheduled sessions. It is not to be used in the event of an emergency. If you do need to talk outside of our scheduled time, you can call our 24/7 hotline or call 911. If a life-threatening medical emergency were to occur during our session, either in-person or while we’re on our tele-advocacy session, I might need to call 911. If you were unable to give permission to release your information, information about the medical emergency may be given to the emergency staff, like a 911 operator.”