Ethical Dilemmas in Victim Services

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Why should we be concerned about ethics in victim services?

• Two sources of ethics can guide professional conduct in providing services to partner violence victims:
  - *Professional Ethics codes* - i.e., for psychologists, attorneys, social workers, physicians, nurses, etc.
  - *Research ethics* that define how data may be collected from victims

• Professional codes and research ethics share the same common principles that were articulated in the Belmont Report.
Ethical principles that guide conduct

• Belmont Report, 1979 articulated three key principles guiding research.

• All three are embedded in most professional service providers’ codes of ethics.

• The three guiding ethical principles:
  - Respect for persons (autonomy)
  - Beneficence (preserving/promoting well-being)
  - Justice (equity)
1. Respect for Persons

- Individuals should be treated as autonomous agents
  - Autonomy means that the service recipient shares decisions about services.
  - Places a premium on informed consent to all service decisions.
- Individuals with diminished autonomy due to illness, age, or environment need additional protections
  - Impaired ability to make decisions.
  - Unable to appreciate risks of not receiving treatment.
Informed Consent

- Disclosing to the client the diagnosis or assessment findings
- Treatment or service recommendations
- A risk/benefit analysis
- Costs of services in terms of time and money
- Alternatives to the recommended services
- Freedom to choose treatment or to choose
- Privacy and confidentiality
2. Beneficence

- The services should be for the purpose of enhancing or promoting well-being.
- Services must strive to “do no harm”.
  - This may mean weighing harm against gains for the person.
  - Example- Suggesting a woman seek a protective order means enduring stress, struggling with barriers to getting the order, and experiencing possible negative consequences from her partner BUT this is done with the belief that she will be safer for it.
- Services which cause harm (even non-physical harm such as distress) without evidence-base likely gain are unethical.
- Privacy and confidentiality
3. Justice

- Fairness and equity - all clients with similar circumstances or symptoms would receive the same range of services.
- No discrimination based on race, ethnicity, gender, age, income, locality - or any class characteristic.
- Exceptions - a program for women only would not violate justice principles in not serving men who apply for services. The ethical action here would be to refer the man elsewhere.
Conflicts

There is no *single overarching* or *primary ethical principle*
There is no set road map for how to work through the ethical conflicts. Each case must be examined on its own merits with special attention to the context of the interaction between the provider and the client.
Who owns these ethical dilemmas?

- Shelter providers
- Mental health treatment providers
- Substance abuse treatment providers
- Defense attorneys
- Advocates
- Protective services workers
- Medical service providers
Conflicts

• **Autonomy** - the idea of client consent to every aspect of services.

• **But** - does she know best when under the influence of extreme fear and distortions resulting from abuse?
  - What about situations when she has a major health or mental health condition that affects judgment and awareness?

• **Beneficence** - Does she have full faculties to make treatment or other service decisions? Or, must decisions be made in her best interest and for her protection?
Beneficence v. Autonomy

• With victimization, more so than almost any other human situation, autonomy is central because victimization IS the experience of being subjected to another’s power and control.

• Can the need for respecting individual autonomy be reconciled with attending to the client’s well-being?

• If clients do not appreciate the degree of risk they are in?

• But, if enhancing autonomy is central to relieving the effects of victimization, how can well-being and safety be effected if the client does not understand her risks?

• Is it possible that we meet the beneficence principle, but demean the autonomy principle and thus have the unintended effect of becoming a perceived barrier in the woman’s eyes?
What is beneficence, really?

• Who knows what is best for any particular client?

• Is our competence at a high enough level to help with these decisions?
Duties of Care versus Respect for Autonomy

- Most human services professional ethics outline a duty of care.
- The duty of care means that when learning of a condition that the professional is trained to treat or serve, there is a *fiduciary duty* to provide the service.
- What are the boundaries between duty of care and respect for individual autonomy? (E.g., some say, “either you accept the plan I am offering or you must go elsewhere.”)
The need for ethics discussion

- Current practice environments do not allow much opportunity for exploration of ethics subtleties.
- Ethical violations, even subtle ones, can erode victim perceptions of the effectiveness and suitability of services.
- Unexamined ethical violations exist in every service environment.
- There is a need for agency introspection to re-think commonly held service assumptions and habitual practices.