



**Donegal**  
Rape Crisis Centre

## **CODE OF ETHICS AND STANDARDS OF PRACTICE**

This code of ethics and standards of practice applies to all direct services that survivors and supporters access at the Donegal rape Crisis centre. This includes counselling, advocacy and support. The purpose is to establish ethical standards, encourage optimum levels of practice, and to inform and protect those who seek and use Donegal Rape Crisis Centre's direct services. Staff and volunteers are also responsible for abiding by the codes of ethics and practice standards of any accrediting body or association to which they belong.

This document is divided into two sections:

### **(1) Overall ethical principles**

### **(2) Standards of practice**

- For all DSARCC personnel
- For DSARCC personnel providing counselling
- For DSARCC personnel providing support and advocacy

### **THE OVERALL ETHICAL PRINCIPLES ARE AS FOLLOWS:**

1. **Dignity & Self-respect** – belief in the survivor/supporter's inherent worth, fostering staff/volunteer self-knowledge and care for self.
2. **Autonomy & Agency** – respect for the survivor/supporter's right to be self-governing, respect for the survivor/supporter's ability to act in her or his own best self-interest
3. **Trust** - honouring the trust placed in the staff/volunteer by the survivor/supporter
4. **Fidelity** - loyalty, faithfulness, and honouring commitments between the client and DSARCC and honesty in communication to help the therapeutic process.
5. **Beneficence** – commitment to promoting the survivor/supporter's well-being
6. **Non-maleficance** – commitment to avoid harm of the survivor/supporter
7. **Justice** – fair and impartial treatment of all survivors and supporters and the provision of best practice services.
8. **Confidentiality** – we place high levels of importance on confidentiality on topics discussed in a counselling session, help-line call or support session (except exceptions mentioned below)
9. **Consent** – informed consent is the cornerstone of ethical counselling and psychotherapy. It must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In order to abide by these ethical principles, the following Standards of Practice are necessary,

## **STANDARDS OF PRACTICE**

### **All staff and volunteers are responsible for:**

1. Confidentiality – nothing is discussed outside of a counselling session, help-line call or support session with the following exceptions:
  - Clinical supervision – Survivor/supporter names are not used and other identifying details are not used.
  - Statistical data compilation – Information is collected by use of a coding system that does not use names.
  - Self or other harm – When a survivor/supporter clearly indicates her/his intention to kill her/himself or others, or seriously physically harm her/himself or others, DSARCC personnel will identify the preferred person to be contacted with the client/survivor. If that person cannot be contacted, the appropriate authorities will be informed.
  - Child protection – When a survivor/supporter discloses sexual, physical or psychological abuse of minor (under the age of 18) DSARCC personnel will comply with the Children First Guidelines and report to the relevant authorities with the knowledge of the survivor/ supporter where possible.

If the internet or e-mail is utilised for communication with survivors/supporters, available technology should be used to protect confidentiality.

2. Taking care to safeguard the anonymity of clients in the publication and presentation of materials / reports.
3. Acknowledging inherent power differentials between survivor/supporter and DSARCC personnel.
4. Remaining alert to possible misuse or abuse of greater power and knowledge.
5. Modelling appropriate personal, organisational and structural relationships.
6. Not having social contact, i.e. development of friendships with survivors or supporters during the time that the survivors or supporters are using direct services. Once the survivor/supporter has finished using services, complete discretion should continue to be exercised in relation to social contact.
7. Not engaging in sexual intimacies, or any overtly or covertly sexualised behaviour with a survivor/supporter either during or after the survivor/supporter's use of direct services.
8. Not having any other exploitative relationship with a survivor/supporter who is currently using services on a survivor/supporter who used services in the past.
9. Informing survivors and supporters about their rights as service users, including procedures for resolving differences and filing complaints.
10. Awareness of the meaning and impact of her/his own ethnic and cultural background, gender, dis/abilities, social class, age, sexual orientation and religion.
11. Monitoring their own personal functioning, effectiveness, resilience and ability to help survivors and supporters. This may require withdrawing from service provision, either temporarily or permanently.
12. Seeking multiple avenues for initiating and facilitating social change.
13. Active engagement in life-enhancing activities.

### **In addition, all staff and volunteers providing counselling are responsible for:**

1. Developing and monitoring their own competence.
2. Working within the limits of their own competence.
3. Being willing and able to make a referral to another counsellor or agency if appropriate.
4. Participating in regular clinical supervision with a qualified supervisor who understands the dynamics of abuse and violence.
5. Taking all reasonable steps to ensure the survivor/supporter's physical and psychological safety during counselling.
6. Clearly explaining the terms on which counselling is being offered before beginning counselling. These terms include but are not limited to: confidentiality and the limits of confidentiality, clinical supervision, the survivor recovery model, aims and objectives of counselling work, appointment structure and any follow-up procedures, no financial cost. Any changes in the terms of counselling must be agreed in advance of such changes.
7. Obtaining informed consent. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision
8. Offering privacy for counselling.
9. Working in ways which promote the survivor/supporter's control over her or his own life, respecting the survivor/supporter's ability to make their own decisions.
10. Only acting on behalf of a survivor/supporter with the request and express agreement of the survivor/supporter and at the counsellor's discretion.
11. Setting and monitoring boundaries and making those boundaries explicit to the survivor/supporter.

**All staff and volunteers providing support and advocacy are additionally responsible for:**

1. Monitoring and developing their own competence.
2. Working within the limits of their own competence.
3. Participating in regular debrief and supervision with a supervisor who understands the dynamics of abuse and violence.
4. Clearly explaining the terms on which support and advocacy are being offered. These terms include but are not limited to: confidentiality and the limits of confidentiality, appointment structure, no financial cost, and telephone availability.
5. Working in ways which promote the survivor/supporter's control over her or his own life, respecting the survivor/supporter's ability to make their own decisions.
6. Only acting on behalf of a survivor/supporter with the request and express agreement of the survivor/supporter.
7. Setting and monitoring boundaries and making those boundaries explicit to the survivor/supporter.

This document has been drawn from the following sources:

Association for Specialists in Group Work: Principles for Diversity-Competent Group Workers  
([www.asgw.org](http://www.asgw.org))

BACP Ethical Framework for Good Practice in Counselling and Psychotherapy ([www.bacp.co.uk/printable/ethical\\_framework.html](http://www.bacp.co.uk/printable/ethical_framework.html))

Feminist Therapy Code of Ethics ([www.feministtherapyins@tute.org](http://www.feministtherapyins@tute.org))

IACP Code of Ethics and Practice

Irish Association of Social Workers/Cumann Éireannach na n-Oibrí Sóisialta DraÓ Code of Ethics –  
Version 3

International Federation of Social Work Statement of Principles ([www.ifsw.org](http://www.ifsw.org))

National Association of Social Workers Code of Ethics ([www.socialworkers.org](http://www.socialworkers.org))

National Board for Certified Counsellors – The Practice of Internet Counselling ([www.nbcc.org/webethics2](http://www.nbcc.org/webethics2))

RCNI Code of Ethics and Guidelines of Good Practice