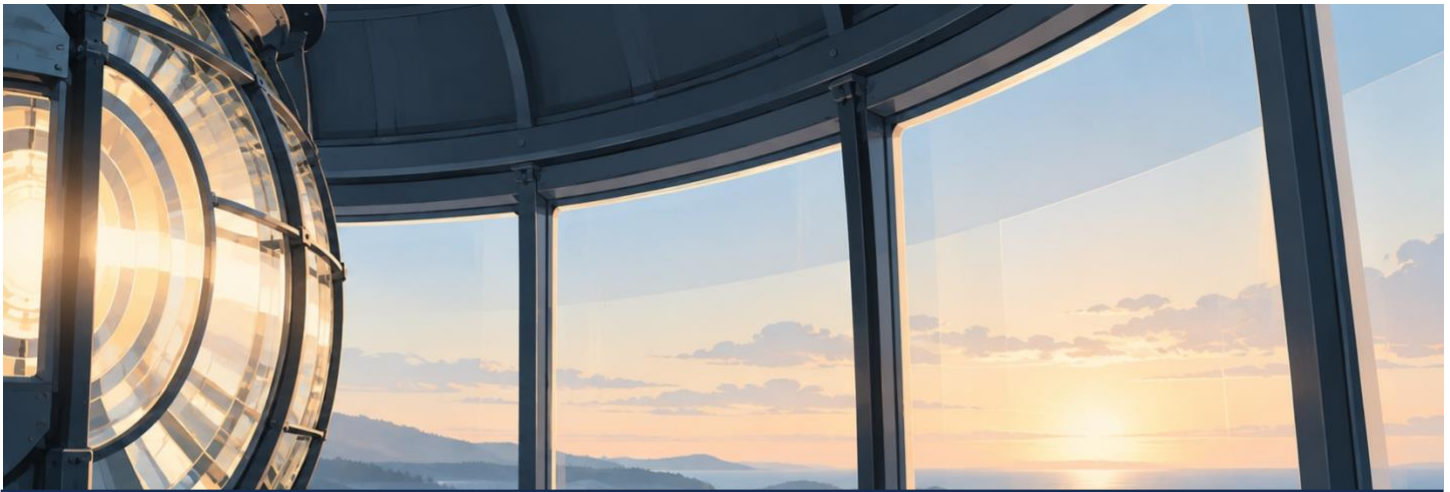




LET'S TALK ETHICS

Presented by: **Dr. Darla Absher – PsyD, LPC-S & Kimberly Korrin – Detective, Retired**

Agenda

- Difficult conversations
- Talk about Ethics – What is Ethics / What Ethics is not
- How do Ethical Violations occur?
- How to avoid Ethical Pitfalls
- Professional Reviewer
<https://bhec.texas.gov/tbhec/discipline-and-complaints/professional-reviewer-interest-form/>
- Discussion Questions
 - AI / Clinical Judgement
 - CE Broker
 - Practice Monitor

Ethics: The study of principles governing right and wrong conduct; morality; the standards that govern the conduct of a person, especially a member of a profession.

An ethical dilemma is a situation that will often involve an apparent conflict between moral imperative, in which to obey one would result in transgressing another.

What Ethics is NOT:

- It's not feelings
- It's not the law
- It's not science
- It's not religion
- It's not how you feel
- It's not easy

How do Ethical Violations occur?

- We are not ethically aware
- We are human
- Clients withhold information or misrepresent
- Agency policies or guidelines are not adequate
- Unreasonable circumstances
- Inexperience

- Ignorance

How to avoid Ethical Pitfalls

- Dealing with Domestic Violence
- Ethical Issues
- Safety Planning
- Protective Orders
- Documentation
- Clinician – Part of the System
- Boundaries
- Working with Abusers
- Vicarious Trauma
- Self-Care Conversations & Questions

Domestic Violence creates overlapping responsibilities involving

- Autonomy
- Safety
- Confidentiality
- Documentation
- Boundaries
- Competence
- Clinician Wellbeing

Understanding What You're Actually Seeing

Domestic Violence is

- More than a physical assault
- Patterns vs single incident
- Power & control
- Emotional/psychological abuse
- Financial abuse
- Sexual coercion
- Technology-facilitated abuse

At the core it is an assertion of Power & Control.

- Using Coercion & Threats
 - Making and/or carrying out threats to do something to hurt her
 - Threatening to leave her
 - Threatening to commit suicide
 - Threatening to report her to welfare
 - Making her drop charges
 - Making her do illegal things
- Using Intimidation
 - Making her afraid by using looks, actions, gestures
 - Smashing things
 - Destroying her property
 - Abusing Pets
 - Displaying Weapons
- Using Emotional Abuse
 - Putting her down
 - Making her feel bad about herself
 - Calling her names
 - Making her think she's crazy
 - Playing mind games
 - Humiliating her
 - Making her feel guilty



Domestic Abuse Intervention Program
www.theduluthmodel.org

- Using Isolation
 - Controlling what she does
 - Controlling who she sees, who she talks to
 - Controlling what she reads
 - Controlling where she goes
 - Limiting her outside involvement
 - Using jealousy to justify actions
- Minimizing, Denying & Blaming
 - Making light of the abuse and not taking her concerns about it seriously
 - Saying the abuse didn't happen
 - Shifting responsibility for abusive behavior
 - Saying she caused it
- Using Children
 - Making her feel guilty about the children
 - Using the children to relay messages
 - Using visitation to harass her
 - Threatening to take the children away
- Using Male Privilege
 - Treating her like a servant
 - Making all the big decisions
 - Acting like the “master of the castle”
 - Being the one to define men's and women's roles
- Using Economical Abuse
 - Preventing her from getting or keeping a job
 - Making her ask for money
 - Giving her an allowance
 - Taking her money
 - Not letting her know about or have access to family income

Covert Control

A pattern of behaviors by an abuser to dominate, isolate and intimidate an intimate partner.

Three goals: Establish control – Maintain Control – Erode Autonomy Over Time

Described as an “invisible cage” that keeps victims trapped even when there are no visible bruises.

Achieved through fear but also through confusion, humiliation, and depriving freedom.

The question is not simply, “Has your partner hurt you?” The question is, “How much freedom do you have within this relationship?”

Coercive control commonly includes:

- Surveillance
- Isolation
- Intimidation
- Regulation of daily life

- Threats
- Financial control
- Children/Pets as leverage
- Immigration – Employment – Reputation Threats
- Systems Abuse

Acts don't have to be physical to be abuse. Coercive control often precedes physical abuse. Victims may not identify themselves as abused if physical abuse hasn't occurred. They often lack insight their autonomy has been stripped.

Covert control is cumulative. Victims don't have to experience the same act twice for it to be effective. Each act adds to the next. Over time, the impact becomes more effective. Each act means "I can" and "will".

Gaslighting – A pattern of behavior that causes someone to question their own memory, perception, judgement, or understanding of reality.

A lie tries to get you to believe something that isn't true.

Manipulation tries to get you to do, feel, or believe something the other person wants.

Gaslighting progressively gets you to stop trusting yourself.

Examples: "I never said that." "You're remembering it wrong."
 "You're too sensitive." "That's not what happened."
 "You always exaggerate." "Everyone sees it except you."

The observation is not to say, "Your partner is gaslighting you", but rather to stay curious to learn more.

- "What happens when the two of you remember something differently?"
- "Tell me how frequently this happens?"
- "How does your partner respond when you disagree with their version?"
- "Have you noticed yourself become less confident in your own memory or judgement?"
- "Do you find yourself looking for evidence – texts, recordings, other people's recollections – to reassure yourself that something really happened?"

Any one statement in isolation might be a lie, defensiveness, or manipulation. The pattern and its function are what matter.

Abusers often display the same characteristics of narcissism. Using what is known about narcissism can help identify abusers. It's not about diagnosing, but asking, "What behaviors are occurring and what impact are those behaviors having?"

What do I do with this information if I think my client is a victim?

Safety Planning ≠ telling someone to leave

The question is not why she won't leave, but asking, "What would make you safer?"

Leaving may increase danger for everyone, including you. Our discomfort with someone's risk does not automatically give us ownership of their decisions.

Safety planning should include her decision to stay and to leave.

Safety includes:

- Technology safety
- Medication

- Money & documents
- Pets
- Trusted contacts
- Children
- Workplace considerations
- Code words

Are there shared devices, accounts, locations, family phone plans, etc?

Safety planning needs to be individualized. There are resources to help assist:

- Texas Advocacy Project: <https://www.texasadvocacyproject.org/free-legal-services/safety-plans>
- Texas Commission on Family Violence: <https://tcfv.org/find-help/survivor-resources/>
- National Domestic Violence Hotline: 1-800-799-7233 <https://safety-plan.thehotline.org>
- Travis County Sheriff's Office: <https://www.tcsheiff.org/services/victim-services/volunteer/vsu-volunteer-guide#H2403> (Victim/Witness Booklet)

Helping clients understand their options in deciding whether to report to law enforcement.

Does someone need immediate assistance = 911

Have you had discussions about mandatory reporting & limits of confidentiality?

Non-emergency reporting

"Do you want law enforcement to document/investigate something that has already occurred?"

Reports are made in the jurisdiction where the violence occurred.

Supporting vs Directing

- Supporting is helping the client understand their options, prepare, & communicate their own experience accurately.
- Directing is shaping the client's decision or account rather than facilitating it.

Supporting

Empowers the Client

- "Would it help if we talked about what reporting might look like?"
- "What do you remember happening?"
- "Would you like help organizing the information you already have?"
- "Here are some options. You get to decide what feels right for you."
- "I can be here with you while you make the call."
- "Is there information you want to share in your own words?"

Directing

Takes control from the client

- "You need to report this."
- "Make sure you tell them he strangled you because that's a felony."
- "You should call 911 right now."
- "Here's what you need to say so they will take this seriously."
- "I think you should report it today."
- "This is what happened, right? Tell them that."

The law enforcement investigation should include:

- When, where, how, what.... Happened
- Screenshots – messages, emails, social media
- Photos & video – injuries, damaged items, etc
- Audio messages / recordings

- Threats
- Witness information
- Medical records
- Prior events (and records)
- Stalking behaviors
- Financial records
- Pattern – Risk – Lethality Information

If a client isn't ready to report, can they document details covertly? Evidence-preservation should never create more danger than the evidence is worth.

High Risk Indicators include:

- Strangulation
- Stalking
- Sexual Violence
- Escalation
- Suicidal-homicidal threats
- Protective order violations
- Threats to kill
- Extreme coercive control
- Pregnancy
- Threats to children/pets
- Weapons
- Victims believed they may be killed.

Risk is cumulative and dynamic. The patterns matter.

Greater curiosity – Safety planning – DV advocacy referrals

Protective Orders

Restraining orders – Civil consequences

Protective orders – Criminal & civil consequences

The protected party is a victim of

- Family violence
- Sexual violence
- Stalking
- Trafficking
- Burglary

Family violence is defined as:

- Married
- Dating
- Biological parents of same child
- Members of same household

Dynamics of power and control continue after an arrest and protective orders can help establish boundaries and give law enforcement authorities.

Protective orders can be sought in the county where the applicant (victim) resides, the offender resides, or where the violence occurred.

Where to apply locally:

- County Attorney's Office: Blanco County, Burnet County, Travis County, Williamson County
- District Attorney's Office: Bastrop County, Hays County
- Advocacy Groups: Texas Advocacy Project, Texas Rio Grande Legal Aid
- Private Counsel

Protective orders generally prohibit

- Family violence or assault
- Stalking
- Trafficking
- Possessing firearms

- Going to or near protected addresses
- Threatening/harassing communications

With “good cause” can also prohibit

- Communicating in ANY manner except through party’s attorneys or court-appointed person

Protective orders protect places, not people. No communication orders help overcome this.

Types of orders:

- Temporary Ex-Parte Order
 - Temporary protective order filed outside the presence of the respondent (abuser) and without a hearing.
 - The first order while seeking a long-term order.
 - Application by the victim
 - Ordered based on “clear and present danger”
 - Court date set within the order
 - Not to exceed 20 days, but can be extended
 - Must be served to the respondent before it can be enforced.
 - Respondent can appear and agree to order
 - Respondent can fail to appear and order can be issued in default
 - Respondent can appear and have a hearing – Granted based on preponderance of evidence
- Final Order
 - Duration is stated in the order
 - 2 years if not stated
 - Can exceed 2 years
 - Non-Expiring aka: Lifetime order
 - If order expires while respondent is confined or imprisoned, it can extend 1-2 years from date of release
- Magistrate’s Order of Emergency Protection aka: Emergency Protective Order (EPO)
 - Issued at a defendant’s appearance before a magistrate following an arrest
 - Issued based on an offense involving family violence, sexual assault, stalking, or trafficking
 - Motion is filed by magistrate, attorney for the State, peace officer, victim, guardian of victim
 - Duration: 31-61-91 days

All parties should receive a copy of any protective order.

Protective orders are not reciprocal. Victims can’t be charged. (abusers will often claim they can)

Protective orders cannot be waived or removed by ANY party – They can only be modified or vacated by a judge’s order.

Conditions of Bond

Following an arrested a magistrate may impose

- Any reasonable bond conditions
- Related to the safety of the victim
- Related to the safety of the community

Bond allows a defendant out of jail until they satisfy all court appearances so long as they comply with bond orders which can last the life of the undisposed case. These can only be modified or vacated by a judge's order. Violating bond orders can cause revocation of the bond (they return back to jail) as well as new criminal charges (for certain conditions)

Violations

Protective orders are merely pieces of papers. However, they give law enforcement arrest authorities. For offense in view, it gives an arrest mandate.

Not all restrictions of a protective order are criminal.

- Examples of civil restrictions: Child visitation times
Child Support
- Examples of criminal restrictions: going to a protected address
Making threats

A protective order is a legal tool – not a safety plan

Clinician Documentation

Write it like someone else may read it – because some day they might.

Records can potentially become relevant in

- Criminal cases
- Protective order proceedings
- Custody disputes
- Licensing complaints
- Other litigation

Document what you know. Attribute what you were told. Separate observation from interpretation.

Examples: ~~“Client’s husband is extremely controlling and dangerous.”~~

“Client reports her husband checks her phone nightly, requires her to share her location, controls access to the joint bank account, and threatened to kill her if she leaves.”

~~“Client appeared terrified.”~~

“Client began crying, lowered her voice, repeatedly looked toward the office door, and stated, ‘I’m afraid he’ll find out I’m here’”.

~~“Client is experiencing emotional abuse from narcissistic ex wife who is withholding his children.”~~

“Client reports that his estranged wife has not responded to his requests to see the children for approximately three weeks. Client described this behavior as ‘emotional abuse’.”

Cautions & Considerations

- Accurate depictions – avoid unnecessary inflammatory language
- Attribute allegations
- Document clinically relevant risk/safety information
- Document safety planning, referrals, and options discussed
- Be thoughtful about copying highly sensitive information into records unnecessarily

- Record-retention /access policies
- Clients may sometimes have access to records
- Abusers may sometimes have access to client records
- Clinical records are subject to subpoena & search warrants
- EVERYTHING collected by law enforcement is subject to disclosure to defense counsel
- Trial evidence is subject to public release

When the Clinician Becomes Part of the System

Clinicians often assume their professional role somehow insulates them from abusive behaviors by their client's abuser. It doesn't necessarily.

You are susceptible to

- | | |
|------------------------------|--------------------------|
| • Retaliatory behavior | • Social media |
| • Manipulation | • Harassment/stalking |
| • Complaints | • Public reviews |
| • Records requests/subpoenas | • Showing up unannounced |

When they can no longer control you, they may try to control how others see you.

Boundaries for safety

- | | |
|----------------|---|
| • Physical | How accessible/vulnerable are you in the public view? |
| • Digital | |
| • Professional | |
| • Personal | |

Boundaries for Sustainability

- | | |
|------------------------------|--|
| • Define your availability | • Tolerate decisions you cannot control |
| • Know your role | • Use consultation – don't carry it alone |
| • Don't become indispensable | • Protect your capacity to return tomorrow |

When Your Client May be the Abuser

Clinicians are trained to listen, build rapport, validate, and understand the client's perspective, but what if your client is the person causing harm and how do you maintain therapeutic rapport without inadvertently validating abusive behavior?

Abusers LOVE weaponizing therapy. Behaviors commonly include:

- | | |
|-------------------|---|
| • Minimization | • Mutualizing the violence |
| • Justification | • Selective presentation |
| • Externalization | • Impression management |
| • Victim blaming | • Attempt to recruit the clinician as an ally |

Listen without endorsing.

Minimization – Minimizes the seriousness of the behavior

Examples: "I barely touched her."
 "It was just an argument"
 "I only punched the wall. I would never hit her."

Stay curious without accepting the characterization. “Tell me more...” “Say more about...”

Justification – Acknowledges the behavior but provides a reason it was necessary/understandable

Examples: “I grabbed her, but she wouldn’t stop screaming.”
“I took her phone because she was texting another guy”

Label the emotion without validating the reason. “It sounds like you were angry”. “That sounds stressful”

Externalization – Responsibility outside of the client.

Examples: “Alcohol makes me aggressive” “I just snapped.”
“My PTSD caused it” “She knows exactly how to trigger me”

You can acknowledge the contributing factor without allowing for substitution of the agency. “Whatever contributed to your feelings, what choices did you make next?”

Victim Blaming

Examples: “If she hadn’t gone through my phone, none of this would have happened,”
“She knows not to talk to me when I’m angry”

Notice the construction: Her behavior – caused – my behavior

Separate the two: Her behavior belongs to her. His to him. No need to determine whose behavior was correct.

Mutualizing – Mutualizing the violence

Examples: “We’re both toxic” “We abuse each other” “She hits me too”

Not automatically accepted or rejected. Explore. “Tell me more...” “Say more about...”

Selective Presentation – The clinician only gets one person’s account.

Example: “She took the kids and won’t tell me where they are.”

You don’t know what preceded that event. Maybe nothing occurred. Maybe he threatened to kill her and/or them. Remember you are hearing a perspective, not conducting a forensic investigation.

Impression Management – They may appear calm, articulate, remorseful, charming, cooperative, or highly credible. The partner may appear angry, scattered, emotional, inconsistent, or dysregulated.

Presentation ≠ Baseline Behavior Composure ≠ Absence of Coercive Control

Presentation in therapy room may tell you very little about the behavior within the intimate relationship.

DARVO = Deny Attack Reverse Victim Offender

Recruiting the Clinician – They may seek confirmation from you.

Example: “You agree she’s controlling right?”
“Can you put in my records she’s a narcissist?”
“You understand why I reacted that way, don’t you?”

You’re being invited to move from the therapeutic witness to their ally. Don’t become a character in the story.

Accountability does not require abandoning empathy. Empathy does not require abandoning accountability.
Empathy ≠ Endorsement

Don't allow yourself to become an unintentional corroborator. Don't allow yourself to become a weapon.

Your Nervous System Is In the Room Too

Our path of experiences accumulate, leading each of us to varied paths. Our brains evaluate cues according to those experiences. This includes the vicarious trauma we pick up along the way.

Vicarious trauma may include stress, compassion fatigue, and burnout, but what are we doing about it? What does dysregulation look like in clinicians?

- Feeling anxious
- Hypervigilant
- Angry at abusers
- Frustrated with victims
- Desperate to “save” someone
- Emotionally numb

You cannot demand regulation from a dysregulated system.

Co-regulation: Your presence and energy supporting another person in regulating their emotions.

Consider offering fidget activities during sessions.

Model regulation through

- Pace
- Tone
- Posture
- Silence
- Tolerance for uncertainty
- Curiosity

These all communicate safety.

Self-comfort vs. Self-care

- What's the difference?
- What do these look like for you?

Self-comfort

- How you care for yourself in the moment?
- Examples: Scrolling social media - Having a glass of wine
- May not be healthy in the long-term, but offers instant gratification
- Not inherently bad unless they become the solo norm for coping

Self-care

- How you care for yourself holistically
- Daily practices to affect long-term impacts

Self-care pivot

- What starts as a plan for self-care shifts to something else
- Example: You planned to go to the gym 5 times this week. Instead, you went 3 times plus a couple hikes
- This is not failure. This is a pivot!

This work changes us. Self-regulation is important for our clients and for us.

SELF-CARE IS AN ETHICAL OBLIGATION.

Conclusion

Are you a life boat - frantically trying to rescue?

Are you a lighthouse – steady, regulated, present, helping them navigate?

Helpful isn't always harmless. What are the reasonably foreseeable consequences of the way I'm helping?"

Resources

Holistic Self-Care Plan - <https://qrcodes.pro/MRE3Ow>



www.humancentricinterviewing.org

Comprehensive understanding of domestic violence abusers:

- “Why Does He Do That?” by Lundy Bancroft <https://lundybancroft.com/>
- Conference on Crimes Against Women <https://conferencecaw.org/>
- Podcast on Crimes Against Women <https://conferencecaw.org/podcast/>

Events

- Donation Drive Supporting Brave Alliance
Seeking clothing donations for sexual assault survivors
https://www.amazon.com/hz/wishlist/ls/2RM4F7NH0GNBT?ref=wl_share
- Girls Fight Back & HUSH No More Against Domestic Violence – October 26
A personal safety & empowered self-defense seminar
<https://www.zeffy.com/en-US/ticketing/girls-fight-back-and-hush-no-more-against-domestic-violence--2026>

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