



**PREVENTION
PRACTITIONERS
NETWORKSM**

Ethical Framework For Targeted Violence Prevention

A PRACTITIONER'S FRAMEWORK FOR
PREVENTION PROGRAMMING



**ERADICATE
HATE**
GLOBAL SUMMIT™

ISD

Powering solutions
to extremism, hate
and disinformation



About this Practice Guide

The US Prevention Practitioners Network [Eradicate Hate](#), with support from the [Institute for Strategic Dialogue](#) (ISD) and a steering committee of violence prevention and social safety experts, have been developing and engaging a [US practitioners network](#) for individuals working in **targeted violence and terrorism prevention (TVTP)**. The aim of this is not only to connect practitioners across the US with one another, but also to build their capacity and the efficacy of their programs through a series of workshops that cover both theoretical and practical elements of delivering prevention and intervention initiatives, and through providing information packs and practice guides in supplement to the workshops.

Learn More

For more information about the Network or to access past information packs and practice guides, visit the [Prevention Practitioners Network page](#) on Eradicate Hate's website.

For any inquiries, please contact Program Manager Neil Saul at nsaul@eradicatehatesummit.org

This project was originally funded by the U.S. Department of Homeland Security's Center for Prevention Programs and Partnerships, opportunity number EMW-2020-GR-00065.

About this Document

This document is one in a series of practice guides that ISD and Eradicate Hate produced for the Prevention Practitioners Network. It is a resource for existing and prospective network members that deliver (or seek to deliver) TVTP interventions. This particular guide supplements the third and fourth workshops that were delivered for the emerging Network, and covers civil and criminal liabilities, as well as considerations for information sharing in TVTP. **Note that the contents of this practice guide do not constitute legal advice. This guide is for informational purposes only.**

How does this differ from the read-ahead materials prepared in advance of the workshops?

The read-ahead materials provided to participants prior to each workshop are entry-level resources that provide context and background on a given topic, helping participants prepare for the workshop and identify potential questions for discussion. Read-ahead materials are prepared and provided for every workshop. You can access past read ahead-materials [here](#).

The practice guides, on the other hand, combine the contents of the read-ahead materials with insights from the workshops, to produce instructive and action-oriented guides that Network members can refer to in their work. Each practice guide covers several workshop topics.

Practice guides will be provided to Network members every few months. The first practice guide, on staffing interventions to prevent targeted violence and terrorism, can be found [here](#).

Contents

Chapter One - Background	5
Public Health Approach to Prevention	5
Recommended Reading	6
Chapter Two - Key Values	7
Beneficence	7
Non-Maleficence	7
Dignity and Worth of All Persons	8
Integrity and Competence	8
Chapter Three - Application	11
Ethical Dilemma: Confidentiality vs. Legal Obligations to Disclose Information	11
Ethical Dilemma: Maintaining vs Referring/Terminating a Case	13
Tips for Dealing with Ethical Dilemmas	14
Tools for Facilitating Ethical Conduct	15
Appendix	16
Further Reading	16

Chapter One

Background

Ethics are at their most basic “[norms for conduct](#)” that provide standards to help guide decision-making. For the purposes of this document, which seeks to provide guidance on ethical conduct in targeted violence and terrorism prevention, **ethics refer to “a method, procedure, or perspective for deciding how to act and for analyzing complex problems and issues.”**

This Framework

This document provides guidance for ethical conduct in online and offline TVTP efforts and is based around a series of ethical principles that are derived from existing codes of ethics in social work and related fields. This framework is guidance only and **should not be taken** as a set of conclusive rules to prescribe how TVTP practitioners should act in all professional circumstances.

The ethical values and considerations presented in Sections 2 and 3 are inspired by social work and other mental and personal health professions that focus on **individual** safeguarding. These sections therefore look at ethics in secondary and tertiary prevention, referring to individuals who are engaged in such interventions¹ as “clients”, and those delivering the intervention as “TVTP practitioners”.

¹An “intervention” in this framework is used to refer to the [entire behavioral management process](#), which includes: referrals/intake, behavioral assessment, behavioral management and aftercare.



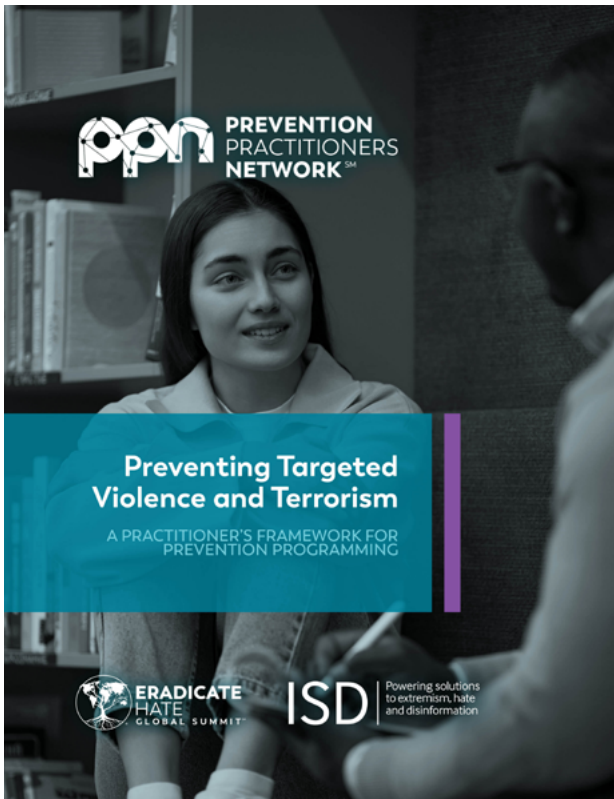
Good to Know

Public Health Approach to TVTP

This document takes a [public health approach](#) to TVTP and uses terms such as primary, secondary and tertiary prevention, which refer to:

- ▶ **Primary prevention:** community-/population-wide initiatives to build resilience against violent narratives. Examples include awareness-raising initiatives, bystander trainings, and media literacy and digital citizenship training.
- ▶ **Secondary prevention:** a more targeted approach to address specific vulnerabilities. Secondary prevention in this framework refers to one-to-one interventions that seek to mitigate an individual’s vulnerability to violence.
- ▶ **Tertiary prevention:** disengagement of already-radicalized individuals through “wraparound” rehabilitative and reintegration services.

Recommended Pre-Reading:



This Framework is one in a series of guides and reading materials prepared for the PPN, which can support TVTP practitioners as entry-level reading about and/or refreshers on good prevention practice and the targeted violence threat landscape:

- ▶ **Practice Guide:**
Interventions to Prevent Targeted Violence and Terrorism
- ▶ **Practice Guide:**
Integrating Behavioral Assessment and Behavioral Management
- ▶ **Practice Guide:**
Legal Considerations for TVTP
- ▶ **Practice Guide:**
The Targeted Violence Threat Landscape
- ▶ **Practice Guide:**
Preventing Targeted Violence and Terrorism: A Guide for Practitioners (brings together all the above topics)
- ▶ **Explainer:**
Public Health Approach to Prevention

See the [PPN website](#) for more.

Chapter Two

Key Values

Secondary and tertiary prevention in TVTP seek to mitigate violent manifestations of hateful ideologies and narratives, either by supporting individuals deemed susceptible to such behavior (secondary prevention) or rehabilitating those already engaged in such behavior (tertiary prevention). Drawing from social work and related fields, this framework proposes the following ethical values as foundational to TVTP:

- ▶ Beneficence
- ▶ Non-Maleficence
- ▶ Dignity and Worth of All People
- ▶ Integrity
- ▶ Competence

The above values are underpinned by three overarching commitments that practitioners hold to:



The Individual

TVTP practitioners have a responsibility to the individuals they provide services for, with the primary goal of secondary and tertiary prevention being the reduction of an individual's propensity to inflict harm (on themselves or others).



Society

By seeking to reduce the potential for violent escalations (and other social impacts) of hateful views, TVTP practitioners are committed to helping society at large. In some cases, this responsibility may supersede responsibilities to their clients (e.g., if the client expresses a desire to commit violence or another social harm).



Other Professionals

Finally, TVTP practitioners have a commitment to other practitioners – they should seek to support a healthy working culture, recognize their colleagues' competencies, refer cases as needed, and contribute to the overall betterment of TVTP as a practice.

Beneficence

The ability of those engaged in TVTP efforts to act ethically is essential to the successes of such efforts. TVTP initiatives must be grounded in universal human rights, recognizing that everyone's rights must be upheld and defended, *including* those espousing hateful views and/or inciting violence. However, those delivering TVTP efforts must also learn to balance doing right by the individual and serving in the best interests of the public more broadly. As such, the first value that this framework proposes for TVTP is **beneficence**, where practitioners proceed with the course(s) of action they believe to be in the best interest of both individuals and society more broadly.

Non-Maleficence

Tied closely with beneficence is **non-maleficence**, or the obligation not to cause harm intentionally. TVTP practitioners must be aware of their own biases – implicit or otherwise – to ensure that their conduct with and decision-making related to other individuals upholds that person's safety and dignity and is based on evidence and professional judgement rather than personal biases.

Dignity and Worth of All People

A third ethical principle that is core to TVTP is therefore recognition of the **dignity and worth of all people**. Regardless of individual differences, whether related to culture, ethnicity, religion, socioeconomic standing, political views and affiliations, gender, sexual orientation or otherwise, TVTP practitioners must treat individuals they work with respectfully, recognizing that these individual differences *may* impact interpersonal conduct but *will not inherently* influence an individual's susceptibility for harm and/or violence. For example, TVTP practitioners should operate with gender sensitivity – recognizing that certain events and/or traumas may impact individuals of different genders differently – but should not assume an individual's "risk level" on the basis of their gender.

Further, TVTP practitioners must respect individuals' rights to confidentiality. For example, personal identifiable and other sensitive information must be treated sensitively and securely: from how it is gathered, processed and stored, TVTP practitioners must take extreme care to handle such information to the highest ethical degree possible and in compliance with state and federal data protection legislation.

Finally, dignity and worth of all people as an ethical value requires practitioners to recognize and respect the self-determination and autonomy of their clients. Clients may make decisions that practitioners do not agree with, or that go against religious, cultural and other personal beliefs held by the practitioner. Unless there are grounds for concern that a course of action risks serious harm to the client or another individual, or that a course of action is otherwise criminal in character, it is not a practitioner's responsibility to infringe on their client's right to self-determination by prohibiting, scolding or otherwise judging them for that action.



Good to know

Behavioral assessments in TVTP, and TVTP or "counter-extremism" as a field more broadly, has been subject to accusations of profiling or unduly targeting specific communities. This makes the dignity and worth of all people as an ethical value all the more important: TVTP practitioners must take care not to act on any (unconscious) biases they may hold.

Integrity and Competence

Finally, TVTP practitioners should always seek to act with **integrity** and **competence**. Any practitioner engaged in TVTP owes it to the beneficiaries of their programs – whether secondary or tertiary in nature – to stay abreast of related good practices, seeking opportunities to enhance their capacities and competencies accordingly. Professional development opportunities, taking part in professional networks (e.g., Association of Threat Assessment Professionals) and attending relevant symposia are all ways in which practitioners can stay on top of recent research, emerging practices and lessons learned.



Consider the emerging use of digital technology in social work and related fields. To take meetings with clients virtually requires practitioners to be familiar with and comfortable – from a technical perspective – to use the given platform(s). You should also be familiar with encryption, firewalls and other data security measures of the platform(s) used, as well as any set standards in your profession about the use of technology for consultations.

Acting with integrity also requires TVTP practitioners to be aware of their professional limitations: **they should never seek to provide services they are not qualified for**. This is particularly the case concerning care at the individual level: if a teacher, for example, grows concerned about the mental health of a student and/or witnesses a student engage in self-harm, the teacher should refer the case to the school counsellor, who has the professional background (or can consult other mental health professionals as needed) to decide an appropriate course of action.

Similarly, if a social worker engages a client that complains of a medical issue, the social worker should not provide guidance on how the client should address this issue and should instead encourage the client to seek out a medical healthcare provider.

Integrity also requires TVTP practitioners to care for themselves personally. For example, practitioners that are burned out may be unable to provide sufficient care for their beneficiaries (or clients), may not pick up on important details (e.g., when conducting a behavioral assessment) and/or may otherwise find it difficult to uphold the professional standards expected of them.

This is particularly important in secondary and tertiary prevention, where practitioners may deal with individuals that have experienced significant traumas, and thus may struggle with second-hand trauma and/or may themselves be triggered by what their clients have experienced.

Provided are some tips for upholding the above values

Communication

- ▶ Use clear and accessible language to explain the scope and purpose of the support you seek to provide.
- ▶ Where an individual struggles to comprehend you due to language or other barriers, seek support while upholding rights to privacy and confidentiality. For example, do you have a colleague that can speak the individual's preferred language? If your colleague is equipped to provide the necessary services, consider referring the case to them.
- ▶ Be clear about how meetings/consultations will be held – will they be in-person, virtual or a mix of both? If there is a virtual component, ensure the individual is comfortable to use the required technology. At what frequency will meetings be held and how will they be arranged? Ultimately, individuals should be aware of what is expected from them in this process.

Transparency

- ▶ Respect an individual's right to self-determination by obtaining informed consent: encourage cooperation through being **transparent** about the nature of your role and the purpose of the intervention. Consider sharing the following:
 - What are the safeguarding concerns that led to the referral?
 - What are the potential consequences if they engage in (or continue to engage in) harmful behaviors?
 - How will you seek to help the individual?
 - How does the broader safeguarding program in which you operate work?
 - When would you be legally required to disclose information externally?
 - What is your relationship with law enforcement?
- ▶ Be transparent about your professional limitations – if an individual enquires about a service you are not qualified to provide, state so clearly. Do not misrepresent, exaggerate or otherwise mislead individuals about your professional experience and competencies.

Compliance

- ▶ Remain aware of referral mechanisms and other safeguarding protocols in your place of work so that you can take appropriate action swiftly and as needed. For more on referrals, see our guide on behavioral management.
- ▶ Do not attempt to provide expertise or services you are not qualified to.
- ▶ Familiarize yourself with relevant state and federal legal considerations. Consider key legal concepts such as duty to warn, duty to protect, HIPAA, and FERPA. The PPN has a guide for legal considerations in TVTP that may offer a good starting point and/or refresher.
- ▶ Familiarize yourself with set standards in your profession (e.g., relevant codes of ethics and conduct, legal precedents, etc.).

Professionalism

- ▶ Avoid stigmatizing – **unconscious bias training** can help you understand your biases and develop skills to mitigate risks of those biases influencing your behavior with and/or judgement of an individual.
- ▶ As much as possible, respect the religious, cultural and other personal preferences of the individuals you work with. If, for example, an individual expresses a desire to have a supervisor of the same gender in the room, see if it is feasible to accommodate this OR refer the case to a provider they may be more comfortable with.
- ▶ TVTP and related fields are constantly developing, adapting to a dynamic threat landscape and lessons learned from efforts to prevent and respond to this landscape. Seek out professional development opportunities to **remain proficient** in both technical and subject-matter skills. Consider practical, field-specific competencies, as well as soft skills around leadership, communication, and interpersonal and cultural competencies.

- ▶ Engage in case consultations with supervisors and/or other peers. However, take care to comply with individuals' right to privacy and the confidentiality standards of your profession.
- ▶ Where possible, use tools that are tested and/or validated. Support efforts to learn from and improve upon current practices in your profession.
- ▶ Implement a robust monitoring and evaluation process so that you are able to identify and address areas for improvement, whether this relates to your practice as a whole or specific cases in your portfolio.

Personal

- ▶ If you feel your personal circumstances are interfering with your ability to make appropriate, professional judgements, you should seek help: inform your supervisor or other designated colleague as per your organization's guidelines, amend your workload and/or take a leave of absence. Ideally, your organization will have protocols in place for transferring case work to others.
- ▶ If you feel you are over-invested (e.g., emotionally) in a case, or you are disproportionately impacted by a specific case, consider consulting with your supervisor on whether you should recuse yourself and refer the case to a colleague.
- ▶ If there is a conflict of interest between you and an individual you are providing support to, you must report this (e.g., to a supervisor) and take appropriate action to either mitigate the conflict of interest or refer the case to a colleague.

Chapter Three

Application

The following section provides examples of ethical dilemmas and how the above values may help practitioners navigate such dilemmas.

What is an ethical dilemma?

An ethical dilemma refers to a situation in which you may have to choose a course of action that compromises an ethical principle.

The examples and guidance provided in this section are illustrative only.

Information Sharing and Confidentiality

Confidentiality is of the utmost importance in TVTP and practitioners must uphold their clients' right to privacy by handling personal information with care. You may receive personal information from an external party that referred an individual to you, and/or may collect personal information yourself as part of a client's **intake process**. In either case, you must uphold your clients' right to privacy and comply with federal legislation such as HIPAA by ensuring this data is stored securely and only accessible by staff that require it. Consider, for example:

- ▶ Location of storage – if stored electronically, ensure the location is encrypted with access provided only to staff who require it. Hard copies of case files must be locked in a secure location when not in use.

- ▶ If you have external parties supporting a particular case, make sure the relevant paperwork is in place (e.g., MoUs) to be able to share information ethically.
- ▶ Any data-sharing protocols (e.g. between agencies in a multi-disciplinary intervention) or escalation processes (e.g. to law enforcement) must be informed by both federal laws like HIPAA and FERPA, as well as state legislation about what constitutes a **duty to warn** and other related obligations. Where possible, these protocols and processes should be reviewed by legal counsel to help ensure they are legally compliant to relevant federal and state legislation.
- ▶ Ensure all program staff and external agencies (e.g., from which you receive referrals or to which you may make referrals) agree to and are trained in data-sharing protocols.



Good data storage practices are ultimately a form of safeguarding: personal information that is leaked could place clients at harm, particularly given the stigma that may accompany being associated with a behavioral management process.

Ethical dilemma – confidentiality vs. legal obligations to disclose information:

Importantly, there may come a time when TVTP practitioners need to consider breaching confidentiality to **share information or records about an individual externally**. To approach this ethically, practitioners must operate with an understanding of what constitutes a legal disclosure of otherwise strictly confidential information. Negligent¹ or unlawful disclosure of data may make practitioners and their programs vulnerable to civil action lawsuits, negatively impact a case or otherwise harm a client. Some concepts to be aware of include:

- ▶ **Health Insurance and Portability Act (HIPAA)**
HIPAA's Privacy Rule "establishes national standards to protect individuals' medical records and other personal health information."
- ▶ **Family Education Rights and Privacy Act (FERPA)**
FERPA is "a Federal law that protects the privacy of student education records."

¹Negligence as a legal concept refers to "A failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is some duty to act (e.g., a duty to help victims of one's previous conduct; where duty to warn is mandated, a failure to trigger this duty appropriately)."

▶ **Duty to warn and Duty to Protect**

Duty to warn and to protect are often used interchangeably. Generally, however, duty to warn focuses on the potential victims of an identified threat - it permits or requires a health professional to breach patient confidentiality "to protect potential victims from a patient's violent behavior", usually by verbally informing the potential victim. Duty to protect takes a broader approach and refers to the professional duty to take "reasonable precautions" to protect the client or other identified individuals from harm. This may require service providers "to inform third parties or authorities" like law enforcement or medical health professionals. Importantly, duty to warn or to protect only requires the specific threat or harms to be communicated to third parties or authorities.

It is important to note that there are gray areas about **what triggers a duty to warn or protect versus what doesn't**. For example, in some states the standard of threat is an imminent threat of serious physical harm or death to others. In other states, the standard is a serious threat of physical violence. States also differ as to whether the duty is triggered when there is a reasonably identifiable, clearly identifiable, or specific potential victim. Who must be warned specifically, whether it's the identified potential victim and/or law enforcement, also varies.

These duties **may also be mandatory or merely permissive**. In states where the duty is mandatory, a practitioner **must** issue the warning if the threshold for escalation is met. In permissive states, a professional is not required to breach patient confidentiality and issue the applicable warnings even when elements of the duty are met. The National Conference of State Legislatures (NCSL) provides a useful, interactive map that explores mandatory and permissive duty to warn legislation on a state-by-state basis.

For more on legal considerations when deciding if you are obligated to breach confidentiality and disclose information, see our guide on Legal Considerations for TVTP.

Where there is a legal obligation to disclose information, this must be done with the utmost care: only the minimal amount of information required should be shared, and this should be shared via encrypted channels only.

Privacy vs. Confidentiality: Understanding Protected Information

HIPAA and related frameworks provide guidelines specifically about protected information, which HIPAA specifically defines as “all medical records and other individually identifiable information used or disclosed by a covered entity in any form, whether electronically, on paper or orally.”

Not all information is considered protective and you can anonymize case information should you want to consult with colleagues/ other practitioners on a specific case. Case consultations (see page 15) as such are a good forum in which to discuss ethical dilemmas.

Termination and/or Referral

In some cases, practitioners may be faced with the difficult question of whether they can continue to manage or otherwise be involved in a specific case. This may be for a number of reasons: conflict of interest, inability to provide the support that is (now) required, an “escalation” in risk that may require referral to law enforcement, among others. Decisions around whether to continue providing support to a

specific client may be challenging, particularly if a practitioner has already built rapport and trust with their client and therefore feels invested in maintaining that client-practitioner relationship. Further, decisions around referral may be even more challenging if a case doesn’t meet the thresholds for a **mandatory referral** (for example, if there is a clear threat of violence to self or others, which obligates the practitioner to share case information and refer the individual as a means to mitigate that violence).

Ethical dilemma - Maintaining vs. Terminating or Referring a Case

To approach referrals in a manner that is compliant with the ethical values in this framework, practitioners can ask themselves a series of guiding questions:

- ▶ **What are the concerns that have led me to consider referral?**
While you may be hesitant to refer a case given referral can be disruptive to case progress and destabilizing to the client overall, consider the bigger picture - what would be in the best interest of your client’s overall well-being?
- ▶ **What biases may be influencing how I feel about the referral and/or case overall?**
For example, your client may hold moral, religious and other personal views that differ significantly (or even collide) with your own. As a practitioner, this is usually not grounds for referral - you should be able to recognize your biases and deliver the necessary services to an individual regardless of the values they hold. Terminating your relationship with a client because they have expressed views that differ from your own could be a breach of several ethical principles, particularly the principle of recognizing **the dignity and worth of all people**. However, if you feel that your client’s views pose a conflict of interest and that this impacts the quality of service provision you can give, then it would be in the client’s best interest for you to refer them to another qualified practitioner.

This is particularly relevant to TVTP case work where clients may express harmful, hateful or otherwise discriminatory views, which may make practitioners uncomfortable. Here, ask yourself if it is within the scope of your competencies to address such views rather than focusing on the fact that these views go against your own.

▶ **What competencies do I have that I am able to support this individual with?**

What competencies am I lacking that this individual needs? Do I know service providers that can provide that support? If not, consider **consulting your networks** to identify an appropriate service provider. Remember to anonymize case information and only provide top-line information as you do so. Further, with digital technology increasingly used in case management, you are not necessarily limited to the providers in your immediate area. You should consider whether virtual/remote case management is suitable for your client, however, as you decide who to refer them to. Here, make sure to consider accessibility of digital technology - not everyone is comfortable nor familiar with the platforms (e.g., Zoom) that may be used for digital support services.



Tips for Dealing with Ethical Dilemmas

▶ **Consult with a supervisor**

Anonymize case details and speak to a supervisor about how best to proceed. They may be aware of precedents and/or may be able to speak to their own experience to help guide decision-making.

▶ **Consult ethical standards (e.g., a code of ethics) in your profession**

Many professions will have their own ethical standards and codes of conduct. Practitioners should consult these throughout the delivery of their services: they can be particularly helpful in circumstances where ethical concerns arise.

Social workers, for example, should consult the National Association of Social Workers' Code of Ethics.

▶ **What does the law (state & federal) say?**

Consult legal counsel if you are unsure whether state and/or federal law provides legislation that requires you to proceed with a specific course of action. An understanding of the state and federal legislation is particularly important around information sharing, as described on pages 11-12.

▶ **Consider holding a case consultation**

Some professional networks offer case consultations, where practitioners bring anonymized case information to fellow practitioners for guidance on how to proceed. This can be a useful forum in which to discuss an ethical dilemma and get input from other, qualified professionals on the best course of action.

Tools To Facilitate Ethical Conduct

Trauma-Informed Care

Trauma, particularly trauma that is unaddressed, can have a devastating and long-term impact on an individual's well-being. Whether it is a result of domestic abuse, neglect or one-time exposure to events like natural disasters, trauma has developmental, psychological and social consequences. Among others, it can leave people feeling distrustful of others; struggling to make meaningful and lasting connections with others and thus leave them isolated and without healthy social networks; finding it difficult to understand, regulate and navigate their emotions; finding it hard to focus; and feeling triggered by certain environments and people.

[Trauma-informed care](#) recognizes the complex and unique impacts of trauma per individual. Being mindful of trauma and adapting service provision accordingly with how your client's have or are experiencing trauma is important to develop the safe space (between a client and practitioner) that is necessary for impactful provision of support. Importantly, trauma-informed care also help mitigate risks of re-traumatization or - at the very least - mitigate the impacts and help clients learn to address situations that may cause re-traumatization. This is particularly important in TVTP interventions, where clients may need to recount stories or incidents that have caused trauma. If you, as practitioner, understand the diversity of ways in which trauma can manifest and are able to accommodate to the needs of your client accordingly, they may find it easier (and may be more willing) to address their trauma or discuss the circumstances that led to their trauma.

Unconscious Bias Training

[Unconscious bias training](#) seeks to make individuals

aware of the “snap judgements” that they make of others, particularly based on race, religion and other protected characteristics.

Being aware of your (unconscious) biases is important to ensure such biases aren't influencing your behaviour with your clients. For example, your biases may lead you to invest less (whether in time or “quality” of service provision) in some clients than others. Practitioners should therefore consider unconscious bias training that not only makes them aware of their biases but also teaches them how to manage their biases.

Soft Skills Training

[Soft skills](#) refer to inter-personal and character skills around communication, leadership, teamwork, problem-solving and overall ability to interact appropriately with others.

Soft skills are important in TVTP interventions as they can help practitioners build meaningful relationships with their clients in a way that encourages clients to engage properly with the case management process. Being able to communicate clearly and empathetically can help your client feel heard and build a safe space in which they feel comfortable to express their grievances and amenable to a productive way forward.

Cultural competency ties in closely with soft skills and refers to the [ability to communicate and work effectively](#) with individuals of different cultures, being conscious of inter-cultural dynamics and respecting cultural differences.

Appendix

Further Reading

Early Childhood and Inter-Generational Trauma

- ▶ [Fast Facts: Preventing Adverse Childhood Experiences](#) by the Center for Disease Control (CDC).
- ▶ [Building Trauma-Informed Communities](#) by the CDC.
- ▶ [6 Guiding Principles to a Trauma-Informed Approach](#) by the CDC.
- ▶ [Trauma Types](#) by the National Child Traumatic Stress Network (NCTSN).
- ▶ [Child Trauma Toolkit for Educators](#) by the NCTSN.
- ▶ [Interrupting the inter-generational trauma of family violence](#) by Judith McMullen for the Marquette University Law School.
- ▶ [What is Trauma-Informed Teaching and a Trauma-Responsive School?](#) by Crisis Prevention Institute
- ▶ [Trauma-Informed Teaching Strategies](#) by ASCD
- ▶ [Supporting Brain Development in Traumatized Children and Youth](#) by the Child Welfare Information Gateway
- ▶ [Hidden burdens: A review of intergenerational, historical and complex trauma, implications for indigenous families](#) by Linda O'Neill, Tina Fraser, Andrew Kitchenham, Verna McDonald for the

Journal of Child & Adolescent Trauma

Behavioral Intervention

- ▶ [Extremism Risk Assessment: a directory](#) by the Centre for Research and Evidence on Security Threats (CREST) - provides a useful overview of six TVTP risk assessment frameworks (ERG 22+, IR 46, IVP, MLG, TRAP-18, VERA-2R)
- ▶ [The Practitioner's Guide to the Galaxy - A Comparison of Risk Assessment Tools for Violent Extremism](#) by the International Centre for Counter-Terrorism (ICCT) - compares the VERA-2R, ERG 22+, SQAT, IR 46, RRAP, Radar and VAF
- ▶ [Risk Factors and Indicators Associated With Radicalization to Terrorism in the United States: What Research Sponsored by the National Institute of Justice Tells Us](#) by Allison G. Smith Ph. D. - this is a very useful source, which compares two TVTP risk assessments with one for generic violence
- ▶ [Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process](#) by the Research Triangle Institute (RTI) - a useful overview of the history of risk assessment and challenges this in TVTP
- ▶ [Countering Violent Extremism: The Use of Assessment Tools for Measuring Violence Risk](#) by RTI - runs through existing frameworks for risk assessment and associated challenges

- ▶ [Developing, implementing and using risk assessment for violent extremist and terrorist offenders](#) by the Radicalization Awareness Network (RAN) - provides guidance for risk assessment in TVTP
- ▶ [Violent Extremism: a comparison of approaches to assessing and managing risk](#) by Caroline Logan and Monica Lloyd - maps the landscape of risk assessment, with a close look at a selection of existing frameworks. Also includes guidance for making risk assessments.
- ▶ [Understanding Referral Mechanisms in Preventing and Countering Violent Extremism and Radicalization That Lead to Terrorism](#) by the Organization for Security and Co-operation in Europe - an overview of key concepts, challenges and considerations for TVTP referral mechanisms
- ▶ [Who's on the Team? Mission, Membership and Motivation](#) by NABITA - a white paper on school-based behavioral assessment and management
- ▶ [BIT Standards and Best Practices - Standard 13: Case Management](#) by NABITA - a series of standards for non-clinical case management. Standards are for school settings but applicable to other contexts

Civil Liability

- ▶ [“Civil Liability - Types of Actions”](#) by Criminal Defense Lawyer.
- ▶ [“General Law of Torts”](#) by Law 101: Fundamentals of the Law.
- ▶ [“Tort Law Guide”](#) by The Lawyer Portal.
- ▶ [“Negligence & Breach of Duty of Care”](#) by HG.org.
- ▶ [“Negligence, the ‘Duty of Care,’ and Fault for an Accident”](#) by NOLO.
- ▶ [“Ethical Misconduct and Negligence in Social Work”](#) by Social Work Today.
- ▶ [“Civil Conspiracy”](#) by Find Law.
- ▶ [“Civil Cases vs. Criminal Cases: Key Differences”](#) by Find Law.
- ▶ [Civil Cases](#) by US Courts.

Criminal Liability

- ▶ [Criminal Liability](#) by Criminal Defense Lawyer.
- ▶ [What is the Difference between Civil and Criminal Lawsuits?](#) by Castle Law Office.
- ▶ [Criminal Law](#) by the LII.
- ▶ [Criminal Law](#) by Justia.
- ▶ [Types of Criminal Offenses](#) by Justia.
- ▶ [Sentencing Laws in the US](#) by Find Law.
- ▶ [Criminal Cases](#) by US Courts.

HIPAA, FERPA and the SAFETY Act

- ▶ [Summary of the HIPAA Privacy Rule](#) by the US Department for Health and Human Services (HHS).
- ▶ [“HIPAA for Professionals”](#) by the HHS. See also the FAQ.
- ▶ [“To Whom Does the \[HIPAA\] Privacy Rule Apply and Whom Will it Affect?”](#) by the National Institute of Health.
- ▶ [HIPAA and psychotherapy notes](#) by the HHS.
- ▶ Summary of [information disclosure regulations under FERPA](#) by the US Department of Education.
- ▶ Useful printable [reference materials on the SAFETY Act](#) by SAFETYAct.gov.

Information Sharing

- ▶ [Information Sharing with Relevant Agencies](#) by Active Social Care Limited.
- ▶ [“Sharing Client Information with Colleagues”](#) by Frederic G. Reamer.
- ▶ [“The Complexities of Client Privacy, Confidentiality, and Privileged Communication”](#) by Frederic G. Reamer.
- ▶ [The School Social Worker and Confidentiality](#) by the NASW.
- ▶ [Sharing Behavioral Health Information: Tips and Strategies for Police - Mental Health Collaborations](#) - by the Justice Center.
- ▶ [Information Sharing in Criminal Justice - Mental Health Collaborations: Working with HIPAA and Other Privacy Laws](#) by the Justice Center.
- ▶ [“Confidentiality and its Exceptions”](#) by the Society for Advancement of Psychotherapy.

- ▶ [“Information Sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers”](#) by Her Majesty’s Government, United Kingdom. While this is written for a UK audience, it will have transferable insights and learnings for US-based practitioners.

Related to duty of care, duty to warn, and duty to protect:

- ▶ [Summary of the duty to warn and its clinical significance](#), by the National Center for Biotechnology Information.
- ▶ [“Duty to Warn, Duty to Protect”](#) by The New Social Worker.
- ▶ [“Duty to Protect”](#) by the American Psychological Association
- ▶ [The Duty to Protect: Four Decades after Tarasoff](#) by Ahmad Adi and Mohammad Mathbout.
- ▶ [“What are the six principles of safeguarding?”](#) by the Social Care



PREVENTION PRACTITIONERS NETWORKSM

The Prevention Practitioners Network (PPN) is a national network of interdisciplinary professionals dedicated to preventing targeted violence, terrorism, and their impacts within the United States. PPN brings together the leading experts in psychology, psychiatry, social work, community and public safety, justice, education, trauma, criminology, sociology, and law enforcement to develop a community of practice. The focus of PPN is to convene practitioners across disciplines who are at the front lines of violence prevention, including first responders, clinicians taking referrals, judges, and law enforcement.

As a network, we conduct workshops and facilitate symposia that bridge the gap among these practitioners. Together, we discuss interdisciplinary approaches to common challenges experienced in the field. The network serves as a guiding body for organizations and institutions across the United States who are not only looking for partners and collaborative support but also best practices in a field that previously lacked resources for practitioners.

The network has expanded to include over 1,200 members participating in online workshops, attending symposia, and leveraging network resources.

At the 2023 International Counterterrorism Conference, U.S. Department of Homeland Security Secretary Alejandro Mayorkas praised PPN, describing it as a network “comprised of hundreds of interdisciplinary professionals who have created evidence-based trainings and resources for prevention program design, and a registry of mental and behavioral health clinicians who can receive and process targeted violence and terrorism prevention referrals.

National Directory

PPN is building an inclusive index of multi-stage violence prevention resources and clinically licensed mental and behavioral health providers. Scan the QR code or you can download the app on your smartphone.



eradicatehatesummit.org/prevention-practitioners-network/

Previous Work & Publications

PPN conducts workshops and facilitates symposia and trainings, addressing the gaps, challenges, and best practices in the interdisciplinary field of violence prevention. Recordings can be found on our website.

Some of the resources PPN publishes in partnership with the Institute for Strategic Dialogue are these practice guides for practitioners. For a full updated list of resources, please see the [PPN webpage](#).



**PREVENTION
PRACTITIONERS
NETWORKSM**

v1b.121624



**ERADICATE
HATE**
GLOBAL SUMMIT™

Eradicate Hate Global Summit
500 Grant Street, Suite 4500
Pittsburgh, PA 15219-2514

www.EradicateHateSummit.org