

DRCC Confidentiality Policy

1. Introduction

Dublin Rape Crisis Centre (DRCC) aims to prevent the harm and heal the trauma of rape and sexual abuse in Ireland. For almost 40 years, we have provided crisis counselling and long-term therapy to adult women and men who have experienced rape, sexual assault and childhood sexual abuse. Our services include a National 24-hour helpline, counselling, Garda & court accompaniment and training programmes. In addition, we engage in policy interventions and public awareness campaigns.

For the DRCC to effectively operate, it is essential that we protect the dignity and privacy of all who come into contact with our services. This policy reflects DRCC's commitment to confidentiality and outlines the core responsibilities and confidentiality procedures.

2. Purpose and Scope

The purpose of the Confidentiality Policy is to ensure that employees and volunteers understand:

- a) Organizational procedures for managing confidentiality
- b) Requirements in relation to the disclosure of confidential information

Confidential material refers here to any personal, sensitive or identifiable information about DRCC services or service users, as well as matters relating to DRCC operations and finances that is not already in the public domain. This material can be oral, written or electronic.

While intended to provide guidance, it should be noted that this policy is not an exhaustive or standalone document; it should be used in tandem with the DRCC Safeguarding Policy, Child Protection Policy, Data Protection Policies, Social Media Policy, Media Enquiry Policy, IT policy, and Staff/Volunteer Handbook. Clinical staff should use this in conjunction with the DRCC Clinical Confidentiality Policies and Procedures.

3. Responsibilities

The Board of Directors delegates responsibility for overseeing and reviewing this policy to the Chief Executive.

The Management Team is responsible for ensuring staff are aware of this policy. They are also responsible for the effective management and control of confidentiality breaches.

Successful implementation of this policy requires the commitment of all individuals carrying out work for the Centre. DRCC places considerable responsibility on employees, volunteers, interns and affiliated partners to adhere to this policy and ensure proper procedures are followed.

4. Procedures

DRCC work is, by nature, highly sensitive. Personnel should be mindful of this at all times and remember the potential for vulnerability among current, past and prospective service users. All information pertaining to DRCC services or service users should be considered confidential and should never be discussed or shared without:

- a) The individual or DRCC's explicit consent
- b) Substantial justification, as in the case of child protection or other welfare concerns (see Section 5)

This does not apply to internal communications that are necessary to carry out work for the Centre.

While it is recommended that anyone working for or with DRCC use common sense when carrying out their work, some guidelines to assist in certain circumstances are below:

4.1 Handling personal or sensitive data

The DRCC is obliged under the General Data Protection Regulation (GDPR) to have in place a framework designed to ensure the security of all personal data during its lifecycle including clear lines of responsibility. Personal or sensitive data should be managed in accordance with the DRCC Data Protection Policies.

4.2 Recognizing DRCC clients or service users

If a DRCC client or service user is encountered outside of the premises, staff should take care to respect their privacy and remember that they may not wish to be greeted at that time.

Staff should rely on the guidelines given to them during their induction and remember that while each case will be different, it is generally good practice to be led by the client/service user. If they initiate contact, it is alright to briefly reciprocate. Otherwise, the staff member should avoid acknowledging or speaking with them.

The same procedures apply if staff encounter someone they know on the DRCC premises. In the event that this happens, it is best to again follow their lead and engage in/refrain from contact based on this, always erring on the side of caution. Personnel should also note that their line manager and/or Head of Clinical Services are available for support in these circumstances.

4.3 Speaking externally about DRCC work or services

Confidential information should never be shared publicly with individuals, groups, external organizations or members of the media. This extends to online platforms and social media. Further information on managing personal social media accounts can be found in the DRCC Social Media Policy.

With regards to the media, staff and volunteers should remember that no one other than the Board-nominated spokesperson is authorized to speak on behalf of the organization. The Spokesperson is currently the Chief Executive, though the Policy Officer and Head of Clinical Services may take certain media requests in her absence (see DRCC Media Enquiry Policy).

4.4 Internal and external communications

Internal communication between employees should be carried out, where possible, using official DRCC channels (i.e., DRCC internal phone system, letter-headed paper, or individual DRCC email accounts). This is with the exception of personal or HR information (e.g. salary information), which may be directed to a personal email account. The use of group messaging apps (e.g. WhatsApp or similar) to discuss confidential information is not permitted.

Any external communication between employees/volunteers and individuals using or seeking contact with the Centre should also be done using official DRCC channels. Personal phone numbers should not be shared with service users, clients or external organizations. This is with the exception of some external consultants or volunteers, who do not have official DRCC phone numbers or email addresses. Confidential information should never be shared with anyone other than the intended person or service user. For written or email correspondence, workers should take care to address the material only to the person themselves (or other authorized individuals). When leaving a phone message, staff should not leave any confidential information in the message or share confidential information with anyone other than the intended person.

4.5 Other

Additional confidentiality protocols may be in place depending on the nature of your role and/or membership to specific professional organizations. It is the joint responsibility of you and your Team Leader or Line Manager to ensure these protocols are implemented correctly.

5. Limits to Confidentiality

As per the Child Protection Policy and Safeguarding Statement, DRCC staff are required to report any child welfare concerns to the Designated Person for Child Protection (currently the Head of Clinical Services). Any other concerns about a client or service user's welfare or safety should be reported to the relevant line manager as soon as possible.

Clinical Staff

Clinical staff may, at times, be required to disclose confidential information to state agencies, such as Túsla (Child and Family Agency), An Garda Síochána, and The Office of the Director of Prosecutions (DPP). Except in an emergency, such disclosure must always be discussed in advance with the Head of Clinical Services, and the agreed procedures must be followed.

Therapists discuss the meaning of confidentiality and the limits of confidentiality with clients from the outset. The current Consent Form for DRCC clients (Appendix 1) outlines the following four situations where confidentiality may be broken with a client:

1. Where a client indicates that a minor(s) may be at risk of physical, emotional, or sexual abuse or neglect, and reporting to the Túsla (Child and Family Agency), under the Children First Guidelines it is deemed necessary for the protection of the minor(s) involved.
2. Where the client is actively suicidal and the need for a supportive safety net is indicated to ensure, as far as possible, a client's safety; i.e. contacting family members, G.P. etc. without the client's permission.
3. Where a court subpoena for client notes may necessitate disclosure of client files.
4. Where there is serious concern that a client may be a threat to another person, adult or minor.

The disclosure of confidential information (when known) will only happen in situations where there is a significant child protection or welfare concern regarding the client, or a perceived threat to others from the client. The limits to confidentiality in therapy are explained to clients of the centre and they have to sign off on their understanding and agreement with this. Other than these circumstances, the therapists must obtain the client's written consent to an exchange of information with other professionals e.g., the GP or psychiatrist.

These procedures are in accordance with the Data Protection Act 2018 and the Children First Act 2015.

6. Breaches of Confidentiality

The DRCC's Data Breach Policy sets out the procedures to be followed to ensure a consistent and effective approach to a data breach and/or any data security incident.

For any non-data breaches (e.g., around speaking publicly about DRCC work, or acknowledging a service user in public, etc.), you should seek the advice of your Line Manager as soon as possible.



Any breach in confidentiality poses a severe risk to the reputation and integrity of the DRCC. The wrongful disclosure of information, either intentionally or through negligence, will be treated as an act of gross misconduct and will result in disciplinary action, up to and including dismissal.

7. Review of Policy

The confidentiality policy will be reviewed every 18 months and is subject to Board approval. The DRCC reserves the right to update the policy as it deems appropriate to include compliance with any legal requirements.

Date created: November 2018

Date due for review: May 2020

DUBLIN RAPE CRISIS CENTRE CONSENT FORM

1. There are certain areas in which we cannot guarantee complete confidentiality for both legal and ethical reasons (concerning children currently at risk).
 - i. When information given to us by a client, indicates that a minor under 18 may currently be at risk.
 - ii. When the client is actively suicidal and the need for a supportive safety net is indicated to ensure, as far as possible, a client's safety; i.e. contacting family members, G.P. etc. without the client's permission.
 - iii. When the Court subpoenas files / notes.
 - iv. When there is an indication that the client may pose a threat to others; i.e. sexual or physical abuse of minors/adults by the client.
2. Information is collected for research and statistical purposes, and is not identifiable. This enables us to understand more clearly the whole area of sexual abuse and its consequences, and helps us to develop our services in the areas of rape and sexual abuse.

3. **Signed:** _____
Client

Parent /Guardian of Client under 18

Witnessed by: _____

Date: _____