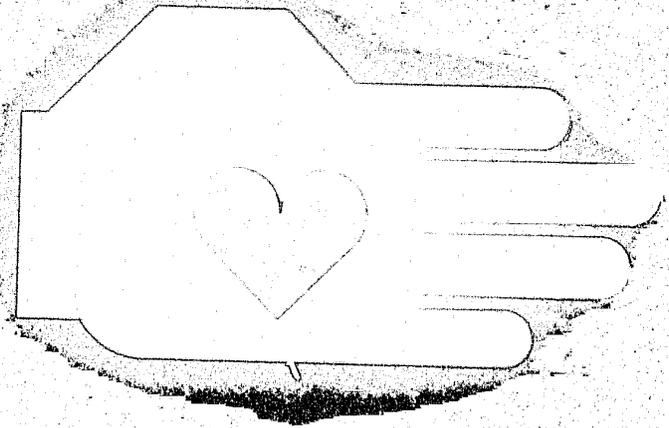


TAKING THE LEAD

Expanding Human Services
Programs to Child Victims



114303

TAKING THE LEAD

Expanding Human Services
Response to Crime Victims

114303

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ACQUISITIONS

Victim/Witness Social Service
Resource Center

Roger Lesser, Director

Mary Atwell, Program Assistant

Aurora Associates, Inc.
1140 Connecticut Avenue, N.W., Suite 1200
Washington, D.C. 20036
202/463-0950

Prepared under contract number J-JSIA-002-82 from the Office of Justice Assistance, Research and Statistics. Points of view or opinions stated in this publication are those of the authors and do not necessarily represent the official position of Aurora Associates, Inc., or the U.S. Department of Justice.

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INTRODUCTION

It is unfortunate but true that almost every year the number of crime victims increases: in good years or bad, in prosperity or recession, in Republican or Democratic administrations. There are now approximately six million victims of crime every year, according to 1980 figures, the latest available.

Crime and its impact on people is a large-scale national problem. While the national rate of reported violent crime is now falling slightly, it still stands at an unacceptably high level. Across America, the combined rates of murder, robbery, rape, and assault have moved from 160 per 100,000 population in 1960 to 360 in 1970, and to 460 in 1977.

Each year thousands of crime victims require some type of assistance to get their lives back to normal. Over the past 10 years, significant improvements have been made in the services available to crime victims and witnesses. Many programs have developed services to meet the basic and long-term needs of crime victims and witnesses. However, in spite of these improvements, much remains to be done. Cutbacks in human service budgets have reduced services for crime victims as they have reduced services for other population groups in need. Even prior to these cutbacks, services to victims and witnesses were not available in most communities.

Criminal justice agencies have traditionally provided most of the services to victims and witnesses for several reasons. First, there is an ancient tradition in the law which provides for reparation for victims. Second, no agency seems to have a structure as able to serve victims and witnesses as that of the criminal justice system. Public assistance programs, for example, are not appropriate for such assistance because of the lengthy delays involved in determining eligibility: a major problem, given the emergency nature

and immediate needs of crime victims. Third, the police typically have the earliest contact with victims and are therefore in a good position to help them. And, since the field of victimology has developed as a sub-discipline of criminology, the criminal justice system has been perceived of as the appropriate deliverer of services.

However, it is clear that human service and mental health organizations and professionals need to be involved in treating crime victims if a comprehensive model of victim assistance is to develop. Three of the greatest lacks in services for victims and witnesses are a systematic referral system, a network of available services, and long-term counseling; areas that human service and mental health agencies are best equipped to address. With the involvement of these agencies, there is the possibility for the growth of a new, comprehensive model of victim services combining the resources of human service agencies with those of the criminal justice system. This monograph is designed to introduce mental health and human service professionals to the problems of crime victims, with the hope that it will stimulate them to provide increased assistance to crime victims and witnesses.

Why Coordinate Services?

At the present time, crime victims in the United States may receive a variety of services depending on where they live and the type of victimization they have suffered. Recent literature is filled with examples of both specialized services (e.g., counseling to rape victims, services to battered wives, child abuse services) and generic services (e.g., crisis intervention, victim compensation programs, witness assistance services, Red Cross and Salvation Army services) for victims and witnesses.¹

However, it is widely recognized that services to victims, except in a few rare cases, are neither well integrated,

coordinated, nor comprehensive. A more integrated and comprehensive approach would be of greater benefit to crime victims and witnesses.

Service integration can mean better services for victims. As a result of integrated services, the victim, rather than getting hit or miss referrals from one agency to another, will more often be referred directly to those services which can be of help, resulting in more responsive service delivery.

Coordinating victim/witness resources with social service and mental health agencies also offers the advantage of sharing resources. The 1980s present a particular challenge to victim service projects. While victim/witness programs are still in their infancy, they are facing a budget crunch which may have a profoundly negative affect on them. As a result of shrinking federal and state support, budget reductions or eliminations, and a shift away from public support of human services, there is a trend toward reduced spending on such issues. The integration of service delivery between human service and criminal justice agencies can go a long way toward filling the void resulting from funding cutbacks.

Criminal justice coordination with mental health agencies can also have the benefit of increased availability of counseling for crime victims. Because most formal support systems for crime victims are located in the criminal justice system, they typically take the form of programs related to restitution, property return, transportation, emergency treatment, escort services, social service referrals, protection of victims from media exploitation, victim education in law enforcement, and in a few cases, counseling. The implicit emphasis of such programs has been "victim management": encouragement and facilitation of victim participation in the prosecution of the alleged offender. Although victim/witness assistance service programs frequently report "ventilation" and "counseling" as being offered to victims, this is provided most often by programs not affiliated with the criminal justice system,

whose goal is to "advocate for the victim." Despite the substantial evidence regarding the mental health impact of personal violence on crime victims, few existing programs are either sponsored by mental health agencies or integrated with established mental health treatment systems.

Baluss outlines several benefits to an integrated service system for crime victims and witnesses. Among the benefits she cites are relief of the serious strain on police officers' time through the use of victim advocates. These advocates serve as points of coordination of services to victims in somewhat the fashion of case managers. This, in turn, relieves police officers of these activities, enabling them to be free to conduct their primary job.

Another benefit may be greater victim/witness willingness to cooperate with the prosecution in cases which are tied up in legal proceedings. This occurs through increasing communication with the victim, alleviating the trauma involved, precluding the victim from having to continually repeat his or her account of the offense, preparing the victim for the court process, and providing the victim with transportation to court, if necessary. All of these services may lead to greater success in the prosecution of the offender.

Still another possible benefit involves the prevention of future crimes. This occurs because integrated services to victim lead to gathering more detailed background information about the victim and the offense which can be valuable in alerting the general public in a given population about the potential of crime.²

Chapter I of this manual provides an overview of the emotional and material needs of victims and witnesses. Chapter II outlines the services victim/witness programs provide. Chapter III discusses how human service or mental health agencies that are interested in the problems of victims can provide victim/witness services and includes guidelines for planning a victim/witness program. Chapter IV describes

several projects where mental health or human service agencies have taken a leadership role in the delivery of services appropriate to the needs of crime victims.

CHAPTER I

Victims' Problems: The Crime and the System

Victims of crime often experience two sets of problems: those related to the experience of the crime itself and those related to their involvement with the criminal justice system. Victim/witness programs are designed to deal with both sets of problems.

There is growing evidence that the impact of even minor crimes can have major negative practical and psychological effects on crime victims. Economic, psychological, and practical problems are common to almost every victim of crime.

The problems that result from some types of victimization are more obvious than others. Homicide, for example, leaves the victim's family in total disarray. If the victim provided family support, for example, there are sudden financial hardships for the family as well as the shock of the loss.

Sexual assault presents special problems for the victim. Rape is often so traumatic that it is disproportionately underreported. Besides the immediate shock of assault, which requires sensitive professional intervention, there is the ordeal of giving testimony and dealing with family and public reaction. Studies of rape victims reveal that they may suffer delayed reactions and long-term emotional problems. For many women, the circumstances of rape mean that they must find new and safer housing, change employment, or completely alter their lifestyles. Such changes may be difficult to arrange. If a victim does want to prosecute, she may need support during the legal process.

Assault, like rape, may leave a victim with serious on-going problems. While rape victims may find supportive services, assault victims are rarely helped to deal with their reactions of fear and hostility that often accompany their physical injuries. Data on the costs of assault are sparse,

but expenses for victims can be overwhelming, even for injuries that are not permanently disabling. Ambulance service, emergency room treatment, follow-up medical care, and lost salary all mount up, to make even a relatively minor injury a potentially serious financial blow, especially to the low-income victim. Access to emergency assistance, medicaid or medicare, vocational rehabilitation if an injury requires a job change, problems of housing security, and chances of repeat victimization are serious problems that face these victims.³

The Psychological Impact of Criminal Victimization

Recent attempts to understand the psychological impact of crime have developed from the theory that all crimes can be viewed as a violation of the self and of one's personal control over life. The "victim response" to this violation is typically a feeling of helplessness and vulnerability, which leads to a loss of self-esteem. Psychologist Morton Bard has developed a continuum⁴ of various types of crime according to the degree to which they involve a violation of the self. According to Bard, the greater the violation of self, the greater the stresses on the victim.

CRIMES AGAINST PEOPLE						
Pocket Picking Purse Snatching	Auto Theft	Burglary	Robbery	Robbery With Assault	Sexual Assault	Homicide
Violation of extension of self: property	Violation of extension of self: home	Violation of extension of self: personal possessions	Violation of extension of self: personal possessions	Violation of extension of self: personal possessions	Violation of extension of self: clothing	Ultimate violation of self: the destruction of the person
Loss of trust	Loss of trust	Loss of trust	Loss of trust	Loss of trust	Loss of trust	
Threat to autonomy	Threat to autonomy	Loss of autonomy	Loss of autonomy	Loss of autonomy	Loss of autonomy	
		Threat to survival	Threat to survival	Threat to survival	Threat to survival	
			Physical injury to the external self	Physical injury to the external self	Physical injury to the external self	
					Violation of internal self	

Source: Morton Bard and Dawn Sangrey, *The Crime Victim's Book*.

In recent years, victim advocates have agreed that crisis intervention is one of the primary needs of crime victims. Yet often victim advocates have differed on what skills crisis interveners require. To understand the need for and attributes of crisis interveners, one first needs to understand the character of the crisis reaction that victims experience.

Morton Bard defines a crisis as an experience which is so threatening that it is able to seriously disrupt normal mental and social functioning.⁵ What is important to understand is that the degree to which an event is a threat varies from person to person. For years, researchers believed that a person's ability to cope with a very stressful situation was determined mainly by the individual's personality; more mature people could deal more easily with stresses than the immature, for example. However, researchers building on psychiatrist Erich Lindemann's work⁶ have demonstrated that the ability to respond to crisis may be less related to pre-existing personality traits than to the particular context in which the stressful experience occurs and the person's experiences immediately after the threat. These researchers believe that quick, skillful, and authoritative intervention in a crisis can prevent the long-term negative impact of the stress.

Strong negative emotional reactions to an event are more likely to occur when the event is unexpected or arbitrary. Events which occur so suddenly as to prevent any psychological preparation, like violent crimes, are usually the most threatening, and the most likely to result in a crisis reaction. A threatening event which seems to have no rational explanation, to be completely random in nature, frequently leads the victim to ask: "Why me?" or "Why us?" In searching for a reason, victims may put weight on themselves which can lead to unhealthy self-blame and guilt.

The Stages of Crisis

People in crisis exhibit such consistent reactions that professionals have been able to classify them into stages. Morton Bard, a psychologist, defines three stages of crisis for crime victims--impact, recoil, and reorganization.⁷ Martin Symonds, an ex-police officer and psychiatrist, identifies four stages--shock, "frozen fright," depression, and recovery. While the authors' numbers of stages differ, the crime victim's responses they describe are basically the same.

1. Shock. Immediately after a crime, especially a violent crime, a victim may experience shock, disbelief, or denial. Common reactions are, "I don't believe it!" or "This couldn't have happened to me!" The victim is temporarily paralyzed and denies sensory impressions. As Bard and Sangrey express it, the victim "falls apart inside" and refuses to accept what his or her common sense indicates. In the initial period after a crime, the victim often feels helpless and alone. He may be confused and unable even to describe what happened to him.
2. Frozen Fright. In the next phase, the victim begins to struggle to adapt to the victimization. Symonds calls the early parts of this phase "frozen fright." During this stage the victim exhibits pseudo-calm, detachment, and "traumatic psychological infantilism, in which all recently learned behavior evaporates and adaptive patterns from early childhood predominate." During this period the victim's behavior may be ingratiating, appeasing, compliant, and voluntary. This can produce serious confusion. Symonds cites the case of a terrified victim who offered her rapist a glass of water; later a judge took that act as an indication of voluntary compliance on the woman's part.
3. Depression. This initial confusion is usually followed by one or more of a whole range of feelings which constitute the third stage of crisis--depression, anger, apathy, resentment, rage, fear, sadness, self-pity, and guilt. The victim's mood constantly changes which can be unnerving to someone trying to help the victim.

At times the victim is able to deal with these emotions by himself. At other times, he may exhibit behavior which shows that he simply cannot face his feelings. While friends or relatives may view such denial as unhealthy, Bard asserts that "some denial...allows the victim to develop a gradual immunity to the onslaught of feelings that would be overwhelming if they had to be faced all at once."⁸

During this stage, the victim often recounts the crime in his mind, "playing it back" over and over again. Frequently he has nightmares about the crime which can produce insomnia.

These nightmares may reflect feelings of fear about the entire event, the criminal, or one part of the crime. The victim may be afraid that he will see the criminal again or that the criminal will return to victimize him. Fear of retaliation by the offender can become strong and keep a victim from cooperating with the police or with the prosecutor if an arrest is made.

The anger felt during this period can be very intense. Typically, it is first felt toward the criminal and expressed in statements like: "How dare he do this to me!" This anger, which often becomes rage, can be very hard to deal with because the victim usually has no direct way to vent his anger at the criminal; the vast majority of victims never see the criminal again.

A second common target for the victim's anger is himself. The victim often blames himself for the crime, asking repeatedly: "Why didn't I do this?" or "Why did I let myself get into that situation?" Symonds labels this self-recrimination the "I am stupid" phase. The victim can have strong guilt about his behavior during and immediately following the crime.

4. Recovery. In the final phase of crisis, the victim begins to gain control of his feelings, resolve his conflicting emotions, and assimilate the fact of his victimization and return to his normal functioning prior to the crime. A sense of balance is regained. One indication this has occurred is that the victim becomes less interested in talking about or in reliving the event.⁹

The more serious the violation, the longer it usually takes a victim to reach this recovery stage. In fact, the lines between these phases of crisis are often blurred and victims may slip back to prior phases from the recovery phase; relapses are very common.

Victims never forget the crime. Their strong feelings will lessen, but other effects of the experience become permanent parts of the victims' psyches. Victims of very serious crimes often find that their outlook on life is changed; they are less optimistic, less trustworthy of other people, and less open to life's experiences.

However, the outcome for crime victims need not be wholly negative. Victimization, like other crises, forces people to reexamine their feelings and assumptions and provides an opportunity for personal growth. Effective crisis intervention counseling can help some people to regain the psychic equilibrium they had prior to a crime. For others, it can help them to reorder their balance and to make changes of their own choosing.

System-Related Problems

In addition to problems stemming from the experience of the actual crime, victims and witnesses may face a number of problems related to the criminal justice system itself. Evidence from numerous studies suggests that victims are often not well-treated by the criminal justice system, resulting in a lack of victim/witness cooperation that can both do damage to the victim and jeopardize the goals of the system.

The victim has historically been the forgotten party in the criminal justice system. Often, while the system recognizes that the victim/witness is perhaps the single most important actor in a criminal justice proceeding, even the most common courtesies, much less practical considerations to

enable the victim/witness to participate in the proceeding, are overlooked.

The inability of the criminal justice system to ease the problems victims experience in their involvement with the system reduces the number of crimes reported, reduces the quality of evidence victims are willing or able to provide to police, and reduces victims' willingness to cooperate with prosecution. These factors can seriously limit the criminal justice system's ability to function. Research has shown that the single most important determinant in whether or not an arrest is made is the information victims provide to patrol officers¹⁰. Similarly, the single most important factor contributing to whether or not a conviction occurs in a criminal case is the number of witnesses available to testify. While only a few jurisdictions collect data on the number of cases dropped due to witness non-cooperation, the high no-show rate in these jurisdictions suggests that the results of systemic victim/witness neglect are substantial. As a result of these problems, criminal cases are increasingly being dismissed for "lack of prosecutability."

The following list indicates a number of reasons why victims or witnesses may not cooperate fully with criminal justice agencies.

- Safety Concerns/Intimidation: People are afraid that the offender will retaliate against them.
- Financial Losses: Fear of insurance cancellations or increased rates if claims resulting from victimization are filed. Filing a warrant or identifying oneself as a witness means having to take time off from work to go to court, often without compensation and/or at the risk of losing one's job.
- Frustration/Anger: A cooperative victim/witness may finally drop out because of the slowness, impersonality, expense, and delays of the system.

- Different Priorities: What the victim wants done is not necessarily what the system wants to do.
- No Personal Satisfaction: The routine handling of criminal cases rarely offers the victim/witness a sense of personal vindication or participation in the course of justice.
- Inconvenience: Getting involved with the law takes too much of one's time and effort, for which victims are inadequately compensated.
- Distrust of the System: Some victims and witnesses believe that the police are not interested in them, are not on "our side," are not that effective anyway; if the offender were caught, he or she would not get the punishment deserved.
- Bad Experience: The victim/witness has had a bad experience with the police or the system.
- Reputation: Some people do not want to get themselves or others into trouble or to be embarrassed.
- Cultural Reasons: Some people think that crime should be handled as a private matter; they would lose face or be ostracized if their victimization were known.
- Anonymity: Some witnesses reason that since other witnesses did not report the crime, they should not report it.
- Influence of Others: Someone talks the victim/witness out of reporting and prosecuting.
- Uncertainty: The victim/witness is not certain that a crime has been committed.
- Shared Culpability: The victim/witness is not wholly innocent.
- Feeling like an Outsider: The criminal justice system is highly structured and lay people feel ill-at-ease, "lost," ambivalent, and used when they become involved with it. For many people going to court is an uncomfortable, distressing, even fearful situation.

- Bureaucratic Convenience: The "insiders" are seen as operating for their own convenience without taking the needs of victims and witnesses into account. The victim/witness has no status.¹¹

CHAPTER II

Help for Crime Victims and Witnesses: Victim/Witness Projects

There are three different program models that address the needs of victims and witnesses: victim projects, witness projects, and victim/witness projects.

Victim Projects

The primary goals of victim projects are to reduce the financial, emotional, and physical consequences of criminal victimization, to prevent secondary victimization by the law enforcement and criminal justice systems, and to assist victims with other problems that result from victimization. Victim projects are usually also committed to system-related goals as well, most of which focus on benefits to police agencies rather than the courts.¹²

Typical goals identified by victim projects are:

- alleviating the immediate impact of a distressful crime
- mobilizing the psychological capabilities of the victim and social resources of the community
- acting as the victim's advocate within the criminal justice system and facilitating the victim's progress through it
- educating the community about crime prevention strategies
- reducing further victimization

Victim projects offer their services to crime victims regardless of whether an arrest is made or is likely to be made in a case. Projects generally focus, however, on one or more classes of victims, usually victims of the most traumatic crimes, such as rape, other person-to-person crime, and felonies.¹³

Most victim projects rely heavily on the police to obtain clients, either through requests for on-scene assistance or through review of police reports and later contact with victims. Other projects also rely on victim self-referral.¹⁴ Victim projects provide a broad array of services, but they usually concentrate on the provision of a few services.

Services are classified into five groups:

- emergency services (e.g., security repair, shelter, transportation)
- counseling services (e.g., crisis intervention, short-term counseling, supportive counseling)
- police-related services (e.g., property return, checking investigation status)
- court services (e.g., disposition and case status notification, witness alert, escort to court, protection)
- claims assistance (e.g., restitution, compensation, insurance)¹⁵

A service frequently provided by such projects is crisis intervention counseling, a form of immediate, short-term help which can help reduce the trauma experienced by crime victims.¹⁶ Counseling may range from brief support and guidance concerning the criminal justice process given by sympathetic paraprofessionals, to therapy with trained clinicians.¹⁷

Typical emergency services provided by victim projects are financial assistance, security repair, and transportation to a hospital or home. Some projects are equipped to assist directly in meeting emergency needs; others refer victims to services provided by other agencies.

Other common services provided by victim projects are assistance in filing for victim compensation and transportation, orientation, and moral support related to the court process.¹⁸

Witness Projects

Witness projects have developed out of efforts to streamline witness notification procedures and to facilitate the participation of victims and witnesses in the criminal justice process. Many of these projects primarily serve victims and witnesses whose cases have been screened for prosecution. Witness projects are generally located in prosecutors' offices and emphasize court-related services such as witness preparation for testimony and witness notification regarding case outcome.

Witness projects attempt to humanize and smooth out the criminal justice process in an effort to meet the dual goals of improving victim/witness functioning and of increasing the criminal justice system's efficiency. The goals of witness projects are similar to those of victim projects but place greater emphasis on system pay-offs such as increasing witness appearances and thus conviction rates.

Some goals of witness projects are:

- aiding witnesses in functioning better within the criminal justice system
- providing better notification and supportive services to witnesses
- increasing witness access to supportive services, protection, etc.
- treating witnesses humanely

System-Related Goals

- increasing witness cooperation and appearance rates
- saving prosecutor time
- reducing the number of case continuances

- improving the public image of the criminal justice system
- increasing the use of restitution

At the simplest level, the logic underlying these goals is that witnesses, when treated humanely, oriented to court procedures, and notified of their required appearances will more frequently show up for court. As a result of increased appearance rates, dismissals and continuances will drop, with a corresponding increase in court efficiency and possibly an increase in conviction rates. At the same time, project staff, by handling notification tasks previously handled by the prosecutors, will be able to free prosecutors from clerical work.¹⁹

Witness projects serve witnesses required for the prosecution of crime, including witnesses who are victims. In general, they emphasize felony witnesses.²⁰

Witness projects differ from victim projects in that no screening criteria, formal or informal, are applied in identifying clients to be served. That is, all lay witnesses (or all lay and police witnesses) required for a given proceeding are automatically offered or provided some level of services, if they can be located.

Most witness projects target their services to witnesses at all stages of proceedings within a given court level. Some projects are more restricted, however; one may focus primarily on witnesses required for grand jury hearings and another on witnesses at the warrant and preliminary hearing stages only.²¹

Methods of Client Location

Witness projects generally identify prospective witnesses through review of all cases scheduled for particular proceedings, review of subpoena lists, or screening of prosecutor case files.²²

The most common witness services are those directed at witness appearance. Notification of witnesses is the service most often provided. Notification methods vary among projects, but mail notifications followed by telephone calls for selected cases appear to be the most frequently used method. Some projects maintain a witness alert program. There is considerable variation in the application of witness alert procedures, however. In some jurisdictions, all witnesses are offered the alert option--that is, the option to be summoned by telephone shortly before appearance in court is required rather than appear at a pre-set time. Another frequent activity for facilitating witness appearances is having a witness reception center at court so that incoming witnesses can be directed to the appropriate courts.

Most witness projects also orient witnesses to court procedures. Orientation procedures range from explaining court procedures in notification mailings to witnesses, to answering questions over the telephone on an ad hoc basis, to face-to-face counseling sessions for particularly distraught witnesses.

Most witness projects also offer a range of back-up services designed to facilitate the appearance of witnesses. Intervention with employers, response to fears or threats of intimidation, and escort or transportation to court are most common; child care is sometimes provided directly or by referral. Most witness projects also provide some form of assistance in completing forms for insurance claims, restitution, compensation, and witness fees.

Police-related services currently provided by witness projects are checks on the status of the investigation and facilitation of property return. Victims are more likely to need both of these services once the court process is initiated.

Victim/Witness Projects

Victim/witness projects combine components of victim projects with those of witness projects to provide the broadest range of services of any of the programs. These projects are less common than other programs because of their costliness and the degree of cooperation required between both police and prosecutor for their optimal implementation.

Most victim/witness projects provide crisis intervention, follow-up counseling, checks on the status of the criminal investigation, escort to the police station, assistance with property return, restitution and compensation, and virtually all of the court activities except for paralegal counsel, child care, and victim/witness protection.

CHAPTER III

Working Together: Coordinating Victim/Witness Services

This chapter is designed to provide information that will assist communities in developing new, coordinated services for crime victims and witnesses. In virtually every community today, there are institutions that provide or could provide services to victims of crime. Police, district attorneys, social services, and mental health services all currently either address the needs of crime victims and witnesses or could do so with some changes in the way in which they are organized.

Since this manual is designed principally with social services and mental health programs in mind, the material in this chapter is specifically addressed to staff of these organizations.

Barriers to Coordination

Coordination between criminal justice and human service agencies can be difficult to achieve, partly because of role stereotypes. Members of both professions may have stereotyped negative attitudes about the other profession. It is not uncommon, for example, for police officers to view social workers and other human service workers as inaccessible, unprofessional, and incompetent. It is also not uncommon for human service workers to be reluctant to call upon the police or courts for assistance or intervention because they have witnessed police insensitivity, dominance, aggression, and lack of regard for the needs of the victim or his family.

To develop a comprehensive set of services for victims, there must be at least a cooperative relationship between service providers and police departments. For such a relationship to develop, police and service providers must overcome their prejudices toward each other.

On the one hand, police must learn to appreciate the difficulties of the human services environment: overwhelming caseloads, budget shortages, and working within a bureaucracy.

Human service workers, on the other hand, must increase their knowledge and understanding of police work in order to enhance their ability to work with police in a practical manner. By becoming familiar with police operations and value systems, human service providers can establish their credibility in the eyes of the police.²³

Human service providers should realize that the ambiguity of police functions, combined with the complex, dangerous, and often bizarre nature of what police do, produces enormous tensions for police officers. Officers are expected to be coercive and authoritarian one minute and helpful and supportive the next. They must be suspicious, yet trusting; neutral, yet flexible; attuned to the possibility of danger, yet ever friendly. They are not expected to enforce all laws, yet to know which ones to enforce in which situations. Guidelines for these decisions are usually nonexistent or ambiguous; most members of the police force are left on their own to make decisions of enormous impact. As a result of these tensions, police often experience personal problems such as divorce, depression, alcoholism, and suicide.

And, since many members of the law enforcement profession feel unappreciated and misunderstood, they often withdraw into a closed subculture in which outsiders are regarded with suspicion and mistrust. The police department can become isolated from the mainstream of community life and defensive in its dealings with citizens.

Approaches to Service Integration

Based on reports in recent literature, there are three basic approaches to accomplishing the integration of services to victims. In the first approach, specialized services are

linked through a common referral network. A victim entering this kind of system experiences a single intake process and is referred to whatever specialized services he or she seeks. Thus, if multiple services are needed, the individual is spared the unnecessary recounting of the victimizing circumstances. The individual is also made aware at the outset of the existence of the full range of services available. Because of the common intake process, the victim is likely to receive the required services in an efficient manner. This approach of victim service provision seems to work relatively well when coordinated with the police department. The police officer will often serve as a major point of access to specialized services; however, if this brokering function can be handled by human service personnel, the amount of time the police officer spends on this can be reduced.

The second approach to integrating victim services involves a generic approach, whereby professionals or paraprofessionals in mainstream human service agencies are trained to deal with victims of crime. They, in turn, are expected to provide services to victims as the need arises. Under this model, existing human service agencies and health care providers (including staff of mental health, substance abuse, and crisis intervention programs; pastoral counselors; psychologists; psychiatrists; and paraprofessionals) receive in-service training to sensitize them to the special needs of victims. A victim who receives services under this model would obtain them in much the same way as would an ordinary client of the agency or service provider. In this model, common training for the spectrum of service providers is essential to achieving integration. This model assumes that victim services are "integrated" with other mainstream services. However, if these mainstream services are not themselves well coordinated, the integration of victim services will suffer too.

A third model which seeks to achieve integrated services to victims involves the development of the comprehensive "victim services center." In this model, an independent victim services center is developed and is usually sponsored under the auspices of a mainstream human service agency. Regardless of sponsorship, the victim services center usually attempts to offer a full range of services, addresses a variety of problems encountered by the victim, all under the leadership of a single organization. This comprehensive center may be thought of in terms of an independent agency much like that of the local community health center. It hires a team of specialists to provide direct and indirect services. The victim gets "one-stop service," reducing the usual fragmentation of service delivery. Such a service model can be quite costly, since it duplicates other available services in the community and would only be justified if the demand for victim services are extremely high in a given community or region.²⁴

Other approaches to integrating services are:

- Establishment of crisis intervention teams composed of police and human service workers with the capacity to respond to serious situations on a 24-hour basis.
- Establishment of joint criminal justice/human service task forces to examine critical issues, such as child sexual abuse; explore options, such as pre-trial diversion and alternative sentencing for alleged offenders of incest; and establish joint priorities.
- Maintenance of a current resource directory which can be distributed to police departments and prosecutors and which will be kept current.
- Developing ongoing communication between agencies, police departments, and district attorneys' offices to continue a productive exchange of ideas.

Developing Victim/Witness Services: Steps for Human Service Agencies

Since criminal justice agencies have taken the lead in providing services to crime victims, most staff of human service and mental health agencies will have to first learn about the system that presently exists in their communities for serving crime victims.

The material that follows (adapted from Building A Solution: A Practical Guide for Establishing Crime Victim Service Agencies)²⁵ may assist mental health professionals and human service providers in developing a process for learning what services already exist in their communities and in developing a better system for coordination of victim/witness assistance services.

Identifying Existing Victim/Witness Services

For the purposes of this manual, it is assumed that the victim/witness issue and a knowledge of the criminal justice system are new for many social service and mental health professionals. These individuals must therefore learn what services for victims and witnesses are needed in their communities and what services are being provided before developing proposals for coordinated services. When researching these issues, service providers should try to make clear that they are not interested in duplicating services provided by other agencies, but want to complement or coordinate with other programs that already exist.

To begin with, service providers should identify all programs in their communities which have an orientation toward victims and/or people in crisis situations, using the following checklist. Service providers may find that victim service projects in their communities have already identified these programs and will be able to provide you with this information.

When identifying community programs, check the following sources:

- Information and referral services and hotlines (e.g., United Way)
- District attorney, prosecutor, circuit/state's attorneys (e.g., victim/witness assistance unit, witness notification/information unit, witness reception center)
- Police/sheriff departments (e.g., police crisis intervention unit, police community relations, crime prevention office, specialized units in rape, battered women, etc.)
- Probation and parole departments (e.g., intake unit which performs pre-sentence investigations, restitution unit)
- Courts (e.g., court monitoring project--ask in the office of the presiding judge)
- Juvenile court (e.g., community services unit)
- Local government (e.g., mayor's office, county commissioners, local department of human services, senior citizen agency)
- Community-based groups (e.g., rape crisis center, women's crisis center, battered women's center and/or shelter, suicide prevention/crisis intervention project, community crime prevention program, Salvation Army, hospital social service department)

Having identified those agencies which provide services to victims, service providers should interview agency staff to get a complete description of their operations. Some tips on survey techniques and sample questions for the interview appear at the end of this chapter.

Once the survey is completed, mental health and social service professionals must make some tough decisions regarding

how their programs will operate. At this point, staff need to determine:

- The policies that will govern the program
- The level at which the program will operate (e.g., system- or community-based)
- The type of response the agency will offer (e.g., immediate crisis response and/or follow-up service for the duration of the victim's crime-related problems)
- The type of services the program will provide (e.g., court-related, counseling, referral)
- The program's target population (by type of crime, jurisdiction, or other special characteristics)
- The referral sources for obtaining clients (e.g., police or prosecutor records and/or publicity campaigns for self-referrals)
- The staff/volunteer functions (e.g., who provides direct services, administrative work)

Policy

Service providers will first need to discuss and agree upon general principles to guide their involvement in the victim/witness field. Having a general policy established will make it easier for staff to say no to any principles funding sources or criminal justice personnel could suggest with which service providers disagree. Examples of policies service providers may wish to implement are:

- All crime victims should be eligible to receive services. Assistance should not depend on whether the crime was reported, the offender captured, or whether the victim cooperated with the prosecutor. The victim's income should not be an eligibility factor.

- Activities should be determined by the needs of the victim. If the victim's primary concern is home security, so should yours be.
- Be pro-victim, but not anti-offender. The media can pressure you to take a "get tough" position on criminals; however, that activity is not necessarily beneficial to victims.
- Volunteers should provide most of the direct services; staff should serve administrative, support, and supervisory functions.
- Services to crime victims belong in the public sector. Your intent should be to develop a model pilot program that will eventually be funded by local government. The local criminal justice system's acceptance of your program is imperative.

Program Level

Mental health and human service professionals must also decide how their program will fit in with other agencies that serve victims. A major consideration is whether the human service or mental health agency will operate a community-based or system-based program.

While system-based programs operate within part of the criminal justice system (in the police department, prosecutor's office, or correction agency), community-based programs operate independent of the system. Among the options for service providers to consider are:

Type A--Establishing a community-based victim service program independently or in coalition with other groups.

Type B--Working with a criminal justice agency to establish a system-based program. For example, a victim/witness program in a prosecutor's office.

Type C--Administering a volunteer direct service program for an existing system- or community-based program. Such a program

could provide counselors for rape victims for the sexual assault unit in a police department.

Community-Based vs. System-Based Programs

The following charts outline the respective advantages of community-based programs and system-based programs. The type and location of the program in the system are less important than program staff's dedication to providing quality services and the ability to work cooperatively with all elements of the criminal justice system and the community. There are excellent programs in each setting.

Advantages of Community-Based Programs

- Can be your own boss; set objectives; less vulnerable to political fluctuations.
- Can focus on clearly defined victim advocacy role.
- Can work with victims of unreported crimes.
- Services likely to continue after adjudication.
- Staff less likely to assume system's attitudes and biases.
- Victims may be more inclined to be open with an unofficial agency.
- Not a bureaucracy; can hire and fire without regard to civil service restrictions.
- Non-profit agencies can raise funds and accept direct donations for specific victims.
- Usually more open to the use of volunteers.
- Can work with each part of the system and are not tied to the politics of the system.

Advantages of System-Based Programs

- Easier to obtain cooperation of the criminal justice system and access to police and prosecutor records.
- Official status may make it easier to establish initial credibility with the victim.
- Recognizes government's obligation to victims.
- More likely for victims to prosecute.
- More effective in relieving burdens of police and prosecutor.
- Administrative costs may be assumed by the sponsoring office.
- May be easier to obtain funding for program operation.
- Use authority of office in advocating on victims' behalf.

Advantages of Police-Based Program

- Immediacy of response. Maximum opportunity for sensitive intervention at the time of crisis.
- Ready-made referral system, access to police records.
- Develop on-going relationship with police officers and sensitize to victims' needs.
- Leads to improved interview techniques; victims are more likely to give better statements.
- Saves police time and hassles.
- Police are most responsive of criminal justice system personnel to victims' needs; have direct experience with reality of victimization.
- Good link to crime prevention activities.
- More likely to provide 24-hour service.

Disadvantages of Police-Based Program

- Police departments are resistant to change.
- Victim/witness unit can get buried in large department.
- May be flooded with non-crime cases; e.g., cat in tree, evictions.
- Volunteers may need special clearance.
- Services are likely to be terminated after investigation.

Advantages of Prosecutor-Based Program

- Prosecutor is the pivot for the criminal justice system, access to all components, especially judges.
- Good position from which to institute system-wide changes.
- Can work with witnesses as well as victims.
- Easier to incorporate victim concerns in sentencing recommendations.
- Opportunity for witness reception center and court escort.
- Victim service records can be interpreted as work product of the office. May avoid subpoena.
- Most common model.
- Attention to witness hardship issues is likely to improve cooperation with the system.

Disadvantages of Prosecutor-Based Program

- Assistant prosecutors' attitudes tend to be legalistic and removed from realities of victimization.
- May limit eligibility to cases which they decide to prosecute (20 percent of all victims).
- May pressure victim into prosecuting.
- Services likely to emphasize witness hardship rather than comprehensive victim needs.

Advantages of Correction-Based Program

- Good opportunity for victim's input into sentencing; can use victim impact statements in pre-sentence investigation reports.
- Victim concerns taken into account in probation and parole supervision.
- Can administer restitution program.
- On-going contact with judges.
- Likely to welcome volunteers; most probation programs have experience with volunteer involvement.

Disadvantages of Correction-Based Program

- Possible significant time lapse before unit becomes involved.
- May limit eligibility to cases in which there is a conviction.
- Minimal access to police personnel.
- May have difficulty in obtaining police reports.
- Potential conflict between offender orientation and concern for victims.

Type of Response

A victim's problems begin at the time of victimization and may extend through the court process and beyond. For example, a rape victim must deal with her physical and emotional trauma as well as the investigation and court process. It is difficult for victim/witness programs to both develop a good crisis response capability and also maintain comprehensive follow-up services for the duration of the victim's crime-related problems. With limited resources, service providers may have to choose how to concentrate their services.

The following chart lists some pros and cons of the crisis approach.

Pros and Cons of Crisis Response

PRO

1. Assistance to victims at the most critical time; involvement can have maximum impact.
2. Enhances credibility with the criminal justice system, particularly law enforcement.
3. Relieves law enforcement of the burden of social service problems (e.g, finding immediate housing for victims.)
4. Volunteers are often "turned on" by the prospect of involvement in the drama of crime.
5. Opportunity to work in concert with other hotlines in the area.

CON

1. Focus is on emergency needs, the most obvious aspects of victimization. More subtle, long-range problems may be overlooked with less time available for follow-up.
2. Police officers may feel that a victim/witness agency intervention will interfere with investigations or undermine their cases. Failure to respond and mistakes will be highly visible.
3. Difficulty in finding volunteers to provide coverage on weekends or nights; may encourage volunteers' fantasies of being "junior cops."
4. May be perceived as duplication by other crisis services.
5. Higher costs: telephone system pagers, transportation reimbursement.

Crisis services for victims can take a number of forms, including:

- 24-hour crisis response by staff and/or volunteers to crime scene, hospital, or victim's home.
- 24-hour hotline; no face-to-face contact.
- Arrangement for referrals from existing hotlines.

- 24-hour answering service referring messages to worker on call after business hours. This approach may be a workable compromise, but may not meet criminal justice expectations.
- Any of the above on a less than 24-hour basis, e.g., 8:00 a.m. to midnight or 6:00 p.m. to 3:00 a.m., providing coverage during the most critical period. Keep in mind that there is nothing sacred about 24-hour response.

In deciding what form of services to provide, service providers should be sure to acknowledge established policies, if any, which will affect their participation. For example, due to funding considerations, agencies may not have the ability to provide 24-hour service to victims. In some areas, this would be acceptable to the police; in others, 24-hour service may be what other agencies perceive is needed. To a certain extent, service providers must be willing to alter their plans to fit with the policies and concerns of the other agencies with which they will be working.

If the agency decides not to help in the first 24 hours there will still be much to do after that time period. Victims have real needs after the initial crisis is past, such as clothing, food, emotional support, and guidance through the criminal justice system.

Types of Service

While it is important to identify the major services the program will provide, it is not necessary to detail every service the program will offer. Most services will be crime-related, but not all. To be effective helpers, service providers must respond to clients as people, not just crime victims.

Service providers should determine what services to offer based on the service needs identified by the community survey. Services could range from providing counselors to ordering electrolyte batteries; from saving the home of a battered

woman from foreclosure to replacing concert tickets for a young victim.

The barriers to effective mental health service delivery to victims involve at least three major issues:

- societal attitudes toward victims
- the prevailing dominance of the criminal justice system in the victim domain
- the capability of mental health service providers to respond to the special needs of crime victims.²⁶

There are a number of ways in which mental health agencies can contribute to victim/witness services:

- developing a better system of outreach to the victim
- refining short-term, crisis-oriented services
- developing support systems for family members, particularly those who may be 'at risk' for related difficulties
- developing treatment approaches to mediate or reverse the long-term effects of victimization
- establishing useful goals in the treatment of victims and further self-development
- developing standards for evaluating the success of each of these initiatives.²⁷

Among the other services human service and mental health professionals may choose to provide are:

- emotional support
- basic essentials, such as food, clothing, household items, etc.
- temporary or permanent financial assistance through referral to public assistance programs

- home and street security as well as crime prevention information
- assistance in replacing personal papers
- advocacy with employers, landlords, creditors, insurance companies, public/private agencies
- explanation of police and court procedures as well as guidance and support for the victim through the judicial process
- crisis intervention and counseling referrals, when necessary
- coordination among other agencies involved in the delivery of services to people in need
- follow-up to insure that services were provided to meet the victim's needs.

Crisis Intervention

Crisis intervention is needed by many crime victims. The goal of crisis intervention is the resolution of the immediate crisis and restoration of the individual's level of functioning prior to the crisis period. Crisis intervention is an inexpensive, short-term form of therapy that focuses on solving the immediate problem.

Crisis intervention services are intended to provide immediate access and care to victims and can be available on a 24-hour basis, or can be available through on-call services, via crisis hotlines or contacting program staff through page-com systems. Services are provided to alleviate the victim's crisis and include telephone hotlines, counseling (in person or over the phone), provision of emergency transportation, shelter, food, and clothing. In situations where continued assistance appears necessary, the crime victim may be provided subsequent counseling by project staff or be referred to other services in the community.

Crisis intervention services can assist any person in conflict or crisis and can occur in a variety of settings.

The police dispatcher, responding police officer, crisis-line worker, victim/witness advocate, family and friends, or a neighbor are examples of those that could assist a victim in crisis. This type of intervention has as its immediate objective the reduction of the victim's psychological trauma and in some cases, improvement of the victim's cooperation with the police. Most crime victims do not require professional psychological counseling and, in most cases, the peer support provided by the helper is sufficient. However, peer counseling is not a substitute for psychotherapy, and individuals showing signs of severe stress or trauma must receive professional care.

Current Approaches in Crisis Intervention

The primary approaches that can be used by helpers in situations involving stress include:

- Empathetic listening and providing information that enables the victim to make decisions concerning reporting, medical attention, and informing friends or family members about the victimization.
- Assisting the victim in dealing with feelings about the incident by allowing him to talk about the victimization, fears, or feelings of guilt.
- Offering to provide information and counseling to friends and family members.
- Providing physical and emotional support to the victim during medical treatment, through the police investigation, and assisting the victim with whatever assistance or support is necessary for the victim to regain a sense of order and control about his life.²⁸

There are a number of elements involved in an appropriate response to victims by helpers:

- SUPPORTING THE PERSON--this means that regardless of their actions or feelings, the human being is worthwhile and acceptable.
- PARAPHRASING PLUS--adding your own ideas to what has been said to encourage expansion of the thought or feeling.
- CLARIFYING--asking for more information (LISTENING) or offering it yourself, "it sounds to me as if you are also very angry?"
- MAKING CONNECTIONS--you notice and identify repetitive incidents, themes, or feelings. "You mentioned feeling sad before about your brother's death and now this."
- POINTING OUT APPARENT CONTRADICTIONS OR OMISSIONS--this is not jumping on seeming errors but making the client aware of them. "I'm confused. You said _____ before. How does that fit in with _____?" "Can we back up a minute? I don't understand _____?"
- HELPING TO FIND SOLUTIONS--identify major and minor problems which require action; ask client how they might be handled; and offer suggestions and alternatives.
- USE OF TENTATIVE STATEMENTS--"I wonder," "is it possible," or "maybe" are tactful ways of introducing potentially touchy issues. They allow the person to maintain their position if they need to without disagreeing directly. It is not your knowledge but the person's ability to hear, understand, change, or act which matters.²⁹

In addition, there are a number of assurances victims need to receive following victimization. When relaying supportive messages, service providers assure victims that:

- The crisis is over. Victims need to know that they are safe and O.K. now. Things may still be chaotic and difficult, but the worst is over.
- Life will go back to normal. Others have done it, you can too.
- They have an ally. You don't have to do it alone. We can help you cut the red tape. We are your friend.
- They need to feel worth and dignity. We are calling to offer help to you. You are important and we care about you.³⁰

Target Population: Who Are Your Clients?

Problems can result from every victimization, no matter how minor the incident may appear. The theft of lunch money from a small boy or the burglary of a wealthy suburban home may trigger serious and unanticipated emotional difficulties for victims. However, a victim/witness program can not expect to respond to every reported crime in its jurisdiction. Service providers will need to designate a target population for referrals to their agency and for their outreach efforts.

Programs can focus on clients according to jurisdictions, crime rate, special characteristics of victims (e.g., the elderly), and types of crime. Before establishing criteria for clients, staff should obtain data on the frequency of various type of major crimes from the Uniform Crime Reports (UCR) which the local police department compiles for the F.B.I. and determine which crimes the program can realistically handle. The UCR indexes crimes, including homicide, forcible rape, robbery, aggravated assault, and burglary.

Any client criteria should be flexible. Service providers should expect to make some exceptions to the criteria.

For example, staff may decide to serve victims of cases that are of special concern to criminal justice officials and the community as a way to establish the program's credibility.

Referral Sources: How to Get Clients and Contact Them

Service providers will need a reliable, consistent referral source for victims and may want to draw on several options.

Option A. Referral by Law Enforcement at the Time of Crisis

If a crisis response program is to work, the active cooperation of all levels of law enforcement is needed. Remember that when a major crime occurs, police are inundated by tedious paper work and responsibilities. To ensure an effective referral system from law enforcement, service providers should be based in the police department or have access to their radio.

Option B. Post-Crime Referral by Criminal Justice and Social Service Agencies

This option should be encouraged in any victim/witness program as it offers an opportunity to develop informal contacts with the police and prosecutor. This option, however, does have limitations as a sole source of referrals. Police officers, prosecutors, and social service workers often have difficulty understanding the eligibility criteria established by victim/witness programs. They may refer their strangest cases or those where they personally feel sorry for the individual. Service providers should not expect that most cases will come to their attention through this approach and that those that do will not necessarily represent victims having the greatest need.

In one jurisdiction, officers were pressured by superiors to make referrals to a local victim/witness program. They responded with a slew of auto accidents, neighborhood disputes, runaway kids...but no crime victims. As a way

to simplify their role, criminal justice system officials may ask service providers to provide their officers with cards to give to victims at the scene of the crime. While this method has worked well in some areas, there are also problems with it. The cards are often not consistently distributed by police and, when the victim is in a crisis state, are often misplaced. Those victims most in need are often most reluctant to request assistance.

Option C. Publicity Campaign to Encourage Self-Referrals

Service providers will always want to respond to calls or walk-ins by individual crime victims in need. However, this may be an even more unreliable source of clients than referrals from police, prosecutors, or social workers. Many people, in some way, think of themselves as victims. This could include victims of bad business practices, landlords, employers, the government, or real or imagined personal enemies. These individuals will constitute most of the program's call-ins. Their grievances will often seem so unfair to them that they will consider themselves legitimate crime victims. While their needs may be genuine, they can drain valuable time and energy from staff. In most of these cases, there is little the agency can do to respond to their requests for assistance.

Option D. Outreach by Access to Police/Prosecutor Records

Outreach is an active crisis intervention technique in which victims are identified from police and prosecutor records at least one day after the crime, contacted by staff or volunteers, and offered services. A call to a victim who is unaware that help is available demonstrates sensitivity to the impact of victimization. It is the only way to ensure that services are offered to victims on a consistent and equitable basis and allows program staff to control their own caseload and focus attention on those victims they believe are most in need of victim/witness assistance services. While there are legitimate risks to this type of outreach, negative responses are usually rare.

Any program that plans to provide outreach must receive access to those criminal justice records necessary to identify clients. Service providers may want to consult state law or an attorney on this issue.

Outreach is not yet widely accepted in social services and can be perceived as an invasion of privacy. There can be risks as well, particularly in domestic violence cases. A battered woman may be put at risk for more abuse if her abuser is aware that a victim service agency has contacted her. In addition, police may be afraid that they will get the blame for unwanted contacts. One complaint may be enough to destroy a cooperative relationship with law enforcement.

Outreach Models

Outreach may be accomplished by use of one or more of the following methods:

- a. Phone Contact. Once victims understand the purpose of the program, they are usually very open and pour out their problems to a victim advocate. Phone contact is cost-effective and an efficient way of reaching victims.
- b. Mail Contact. Letters can be sent to victims advising them of the availability of services and asking them to call if they need assistance. With victims who are hesitant over the phone, a letter can often establish the program's credibility.
- c. Home Visits. If program staff have the time and the personnel, a home visit is the most effective way to demonstrate warm, neighborly concern for victims. However, there are risks for workers in entering unknown and possibly volatile situations. Staff and volunteers should always make home visits in teams. If the program's jurisdiction covers a large area, however, home visits may not be realistic.

Exhibit A

Tips on Survey Techniques

- Set up appointments with the top person in those agencies most closely associated with, or which have special programs for crime victims.
- Phone calls will be sufficient for agencies who are marginally involved with crime victims.
- Allow four to six weeks to complete the survey. Arrange to take teams of two to your face-to-face visits, in order to protect against misinterpretation of information received.
- Be non-judgemental. In interviewing program staff acknowledge the difficulties they face. For example, sympathize with an excessive work load rather than emphasize service gaps.
- Try to verify the information provided by the agency. Some programs may try to snow you with a public relations blitz. They will represent themselves as providing every imaginable service. Talk to people you know, including lawyers, court personnel, social workers, and the agencies' clients to double check.
- Avoid asking for specific advice about your project. Recommendations once solicited, and subsequently ignored, may cause future problems.

Exhibit B

General Survey Questions

- 1a. Do you provide services to victims of the following: rape, child sexual assault, other sex offenses, families of homicide victims, felony assaults, misdemeanor assaults, robbery, burglary, threats/harrassment, domestic violence. Describe any limitations, i.e., hours, religious affiliation.
- b. Are your services oriented to special categories of victims (e.g., elderly, children, handicapped, etc.)?
2. Which of the following describe your function: information and referral, direct social services, counseling, victim advocacy, community education, legislative action?
3. What jurisdiction do you cover?
4. What are your eligibility criteria for services? Do you make exceptions? In what circumstances?
5. How many clients do you serve annually?
6. At what point do you usually make contact with the victim? (e.g., immediately after the incident, within 24 hours, 24 to 72 hours, more than 72 hours)
7. How do you get clients? If you get referrals, what are your major sources?
8. If you have a hotline, what hours is it operable? How is it staffed?
9. Do you do outreach? If so, in which cases? How (e.g., mail, home visit, phone contact)?
10. What is your most common form of contact with victims (e.g., home visit, phone, office visit, other)?

11. What are the most common services you provide to victims? Cite limitations when applicable.

YES NO

a. Do you provide transportation to court for victims and witnesses? Other types of transportation i.e., medical care, police department.

b. Do you provide crime prevention information? Do you help victims make security repairs in their homes?

c. Do you advocate on victims' behalf with landlords, employers, etc.?

d. Do you have a fund for victims' emergency needs? If so, describe.

e. If your state has a victim compensation law, do you assist victims in filing for compensation?

f. Do you provide counseling (e.g., professional, lay, crisis intervention, support groups, etc.)?

g. Do you escort victims to court? All clients, or only when requested?

12. How long have you been in operation?

13. Do you plan to expand your services? In what areas?

14. Do you use volunteers? If so, in what capacity?

15. What do you see as the major gaps in services for victims in this community?

Additional Questions for Programs in Prosecutor Offices

These questions elicit more specific information. If answered through the general survey questions, omit them.

16. Are your services available to victims who are not witnesses? Describe any limitations.
17. Do you have a dispute resolution program. (Dispute resolution provides mediation for cases which may be inappropriate for court.) Does this program deal with domestic violence, neighborhood squabbles, landlord/tenant cases, etc.?
18. What services do you provide for witnesses who have been threatened with retaliation?
19. Do you provide witnesses with informational brochures?
20. Is there a designated unit for case status information?
21. How are witnesses notified of court appearance?
22. Do you have a telephone alert system (under this system, witnesses are on stand-by and are advised by phone to come to court only if the case will be heard)?
23. How often, if ever, is restitution ordered? How administered?
24. Is there a reception center for witnesses? Is child care provided?
25. If there is a program in the police department, how do you coordinate services?

26. What is the cut-off point for termination of services?
End of trial, plea, non-prosecution, etc.
27. Is supportive counseling provided, and if so, by your own workers or contracted out to private or public therapists or agencies?

Additional Questions for Programs in Police Departments

28. Do you go to the crime scene?
29. Do you provide crisis intervention in conjunction with police work?
30. Is there a witness protection unit?
31. Do you require that victims formally report the crime before providing services?
32. Do you require that victims cooperate in the investigation and prosecution to be eligible?
33. Do you help victims get property returned?
34. If there is a program in the prosecutor's office, how do you coordinate services?³¹

CHAPTER IV

Taking the Lead: Human Service Programs for Crime Victims and Witnesses

The following descriptions of four victim/witness projects are included to help stimulate ideas for activity in this area by human service agencies. The four projects are good examples of efforts by human service agencies to meet the needs of victims and witnesses. The projects are:

- Pima County Victim/Witness Program in Tucson, Arizona
- Montgomery County Emergency Service in Norristown, Pennsylvania
- Alachua County Crisis Center in Gainesville, Florida
- Fairfax County Mobile Crisis Unit in Fairfax, Virginia

The Pima County Victim/Witness Program, Tucson, Arizona

The Pima County Victim/Witness Program in Tucson, Arizona is one of the most impressive examples of how services designed originally for crime victims and witnesses have evolved to meet the needs of a more varied clientele. Started with a federal grant in 1975, the program became a locally funded, permanent part of the county services system by 1978. Along the way, the program's client groups multiplied, its services expanded dramatically, and the program became firmly anchored in the community. Today, victims and witnesses are, in one sense, only the focal point of what some program staff view as a unique--perhaps totally new-- human service activity with a wide range of direct and indirect benefits to the community.³²

Victims are referred to the Pima County Program either through police, public safety personnel (e.g., paramedics), social services agencies, attorneys' offices (if the victims

become witnesses), or self-referrals. Program staff do not routinely contact crime victims identified by reviewing police reports nor do they seek out un-referred clients.

Most persons are put in touch with the program through police referrals. Most of these referrals are made directly to staff in one of the program's two unmarked patrol cars. These two cars are referred to as CRISIS ONE and CRISIS TWO, an acronym for "Community Response into Situations Involving Stress."

Domestic disputes, with or without assault, amount for approximately 36 percent of the crisis calls to the program. When called to intervene in such disturbances, a staff member and volunteer respond by reaching the scene as quickly as possible and assisting police officers in diffusing violent tempers, helping the parties involved to understand the implications of their behaviors, and suggesting possible options for a peaceful resolution of their conflicts. If referral to a marriage counselor or other social service seems appropriate, the victim advocates will assist in setting up an appointment. In some instances, they may attempt conflict resolution by encouraging the participants to agree to a behavioral contract.

Victims or other persons who become involved as witnesses in the criminal justice system are contacted by a series of letters from the victim/witness staff. These letters explain to the witnesses how the prosecution of their case is proceeding, or what the final court disposition was, and encourages them to express their views regarding the defendant's condition of release or restitution sentence. Correspondence with witnesses was one of the first services developed by program staff, and has been augmented by services such as transportation to court, escort during trial proceedings, child care, and counseling.

Program staff also manage a conflict resolution service for complainants in domestic or neighborhood disputes. County

attorneys refer these cases to the program to allow participants the chance to avoid court intervention or further law enforcement contact through voluntary face-to-face mediation. Additionally, the program provides a court alert system, whereby staff keep track of court proceedings in order to notify witnesses when they will or will not be called upon to testify. For all of these services combined, the victim/witness staff contact an estimated 500 witnesses a month with case information, support services, or testimony alert calls.

Although the Pima County Victim/Witness Program was designed to serve crime victims and witnesses, it has expanded to serve two groups of non-crime victims as well: individuals suffering emotional/psychological crises and secondary victims of accidental tragedies, such as persons who must be notified that a husband, wife, or child has been killed in an automobile accident.

Montgomery County Emergency Service, Norristown, Pennsylvania

In Montgomery County, Pennsylvania, the Mental Health Administrator's office examined the mental health services available in the county and found that the police had only two options in handling people with emotional problems: arrest and detention or referral to community mental health centers or local hospitals. As neither options were well-suited to most drug, alcohol, or mental health/mental retardation emergencies, the Mental Health Administrator determined that the county needed a 24-hour psychiatric and drug and alcohol emergency service to relieve the police of the burden of these cases.

The Montgomery County Emergency Service (MCES) provides:

- An emergency telephone "hotline" service staffed around the clock by experienced intake counselors who provide brief evaluation, counseling, intake, and referrals to other agencies when necessary. The emergency telephone service is primarily for

referrals by the police and the social service community, however, it is also available to the general public.

- An emergency transportation service, via an ambulance, staffed by mental health counselors. The ambulance personnel are trained to evaluate and handle violent or disturbed persons and to assist police or family members in determining the best course of action in an emergency situation.
- Referral services. Almost every contact with Montgomery County Emergency Service results in referral. All referrals are individually arranged with the social service agencies and transportation is often provided by MCES. MCES staff members maintain close contact with the referral agencies to monitor patients' progress and to offer assistance if needed.
- Crisis intervention outreach team provides immediate, on-the-spot support in crisis situations. A team composed of trained counselors, on-call seven days a week via the emergency telephone service, provides evaluation, counseling, and referral at the time and place of crisis.
- Criminal Justice Liaison Program, intended to develop close links among MCES and the county's criminal justice agencies.

To achieve this, MCES provides:

- crisis intervention training for police officers and recruits
- consultation and follow-up on all cases in which there has been collaboration
- information to criminal justice personnel regarding the availability and use of the emergency service programs
- the Criminal Justice Liaison Network, a program in which human service worker trainees are placed in various county police stations to provide immediate assistance to police officers in handling psychiatric, drug, and alcohol emergency cases.

Alachua County Crisis Center, Gainesville, Florida

The Alachua County Crisis Center is a 24-hour telephone information, referral, and crisis intervention service. Face-to-face counseling is available when essential for effective intervention. The Crisis Center is composed of two programs: the Information and Referral Service and the Suicide and Crisis Intervention Service.

The Information and Referral Service is a center designed to efficiently and rapidly link individuals with the information or resource that best meets their needs. Information and referral personnel maintain an accurate up-to-date directory of community resources, provide information and referral to individuals and agencies seeking community services, and conduct follow-up to referrals in order to help document met and unmet needs of community residents.

The Suicide and Crisis Intervention Service is an emergency telephone crisis counseling service staffed primarily by trained volunteers. In addition to the 24-hour telephone crisis line, the Crisis Center provides a mobile outreach care team. The care team is sent out when clients need face-to-face crisis intervention. Two experienced care team volunteers are on call 24-hours a day to respond immediately to a crisis situation. The crisis line volunteers and the care team volunteers enable the crisis center to respond immediately to persons in distress, when and where it is most necessary. The Crisis Center also provides short term face-to-face crisis counseling, bereavement counseling, and suicide prevention services. The Crisis Center works closely with the Alachua County Community Mental Health Clinic to provide 24-hour emergency mental health and crisis intervention services.

In addition to the basic suicide and crisis intervention services, the Alachua County Crisis Center provides assistance to crime victims who have experienced significant injury or loss, peer counseling for the bereaved, and outreach to

parents and children experiencing potentially abusive situations. In cooperation with the Alachua County Council on Child Abuse, the Crisis Center responds to family stress calls to help prevent child abuse.

All volunteers at the Crisis Center are carefully screened and receive 40 hours of extensive pre-service training before answering the crisis line. Phone volunteers receive in-service training and special training workshops on a regular basis. Experienced volunteers who have proven their skills and judgement may be selected for the care team.

The Crisis Center is administered by the Alachua County Board of County Commissioners and is funded by the county and the Community Mental Health Center.

The Fairfax County Mobile Crisis Unit, Fairfax, Virginia

Since February 1977, an innovative program of the Fairfax-Falls Church Community Services Board has helped thousands of county residents deal with serious mental health emergencies, including criminal victimization.

The Mobile Crisis Unit (MCU) program functions as a mental health diversion program for the General District Court and the police departments of Fairfax County, Virginia.

The Mobile Crisis Unit (MCU) diverts appropriate individuals, on a voluntary basis, from police involvement or involuntary commitment into the human services network. The Unit, which operates out of a local mental health center, enables the mental health system to assume primary responsibility and to provide prompt on-the-scene intervention for mental health-related problems that initially come to the attention of the court and police. The program is intended to meet the needs of those individuals who are unable or unwilling to come to a fixed facility for emergency professional assistance.

The Fairfax-Falls Church Services Board received funding to develop the MCU under a seed grant from the Law Enforcement

Assistance Administration. The county assumed funding for the Mobile Crisis Unit program once LEAA funding terminated. The Mobile Crisis Unit is staffed by a multidisciplinary team of mental health professionals, with expertise in the evaluation and management of a wide range of psychiatric emergencies including acute alcohol and drug abuse problems, suicide attempts, family disturbances, and acute episodes of psychiatric disorder. Between 4:00 p.m. and midnight every day of the year a team of two therapists is on call to serve the county.

For the police, the MCU provides immediate, on-the-scene assistance for a variety of calls including domestic disturbances, suicide threats, drug and alcohol problems, and episodes of acute psychiatric disturbance. With police community relations officers, the MCU has intervened in situations involving repeated arguments among multiple families by conducting "neighborhood therapy." For the police S.W.A.T. team, the MCU provides on-the-scene advice or acts directly as negotiator in hostage-barricade situations in which the subject is believed to be mentally ill.

For the court, the MCU enables the mental health system to respond to requests of petitioners for court assistance by providing a home visit evaluation and crisis intervention in those instances in which an individual is unable or unwilling to come into a fixed facility. The pre-detention screening service provided by the MCU has been considered by the Virginia legislature as a mandatory part of the involuntary detention process.

In addition to its direct service through field visits at the request of the police or court, the MCU provides telephone consultation to police and court personnel as well as staff of the county's Fire and Rescue Service, Department of Social Service, Juvenile and Domestic Relations Court, Crossroads Drug Treatment Program, Commonwealth Attorney's Office, local

alcoholism services, Victim Assistance Network, Mental Retardation Services, and Geriatric Service programs.

Additionally, the MCU provides hundreds of hours of in-service training to various groups in the community that frequently deal with psychiatric crises, including cadets at the Northern Virginia Criminal Justice Training Academy, magistrates, emergency medical technicians, officers in training with the Fairfax County Police Special Operations Command, as well as staff of a variety of health care facilities in the community.

The Mobile Crisis Unit has also initiated a ride-along program that provides orientation to the MCU program and crisis intervention training to social work and psychology students, psychiatric residents, emergency staff from the county's community mental health centers, police supervisors and training officers, and court personnel.

CONCLUSION

The problems of victims have finally begun to receive public attention and action. But there is still a long way to go before crime victims and witnesses receive the help they need. Funding cuts at the federal, state, and local levels mean cutbacks in the whole range of human services. Services to victims, which are relatively new, may be even more vulnerable to cuts than other human service programs.

Budget cuts obviously create more problems and unmet needs, but they can also provide a crisis that can help communities to move towards better, coordinated services at every level. Historically, criminal justice and human service agencies have often not cooperated with each other. Police have tended to view social workers as unavailable at crucial moments and social workers have viewed police as insensitive to human suffering. But the problems of people in crisis and particularly crime victims cannot afford such conflict; they require a coordinated approach to the problem involving both types of organizations. Although it was the human services that initially took the lead with the victims' issue, addressing the needs of rape and domestic violence victims, it has been criminal justice agencies that over the last 10 years have been most active in developing responses to the needs of crime victims and witnesses. But the skills of the human services and mental health professions are needed for a comprehensive response to the problems of crime victims and witnesses. If this manual has stimulated their interest in this issue, it has served its purpose.

FOOTNOTES

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