



MVACP

Qualification

Study

Guide

MVACP QUALIFICATION STUDY GUIDE

Table of Contents

	<u>Page</u>
DEFINITIONS	5
LAW AND POLICY HIGHLIGHTS	5
Constitution of the State of Maryland—Rights of Victims of Crime	5
Crime Victims’ Rights	5
General Rights	6
After You Report a Crime	6
Your Rights Before the Trial	6
During the Trial	6
CRIMINAL INJURIES COMPENSATION	7
Special Rights Available to Domestic Violence Victims	7
Protection from Stalking	8
The Juvenile Justice System	8
Division of Correction (DOC) Victim Services	8
• Victim Registration	8
• Notification of Inmates’ Release	8
• Notification of Provisional Release	9
• Sex Offender Registration	9
• Revision of Division Directives to Prevent Visitors from Bringing in Child Victims to Visit His/Her Sex Offender	9
• Victim Impact Statements	9
• Implementation of Domestic Violence Safety Measures	9
• Duty to Warn	10
• Creation of a Victim Offender Impact and Education Program (Voice)	10
• Creation of an Institutional Victim Advisory Panel	10
• Staff Training in Victim Services and Representation on the Training Committee	10
• Creation of a Victim Database	11
• Development of a Pamphlet	11
RESTORATIVE JUSTICE MODEL FOR CRIME VICTIMS	11
What is Restorative Justice?	11
Victim Impact Classes	12
Under What Circumstances Can Restitution Be Ordered?	12
How Is Restitution Affected When Probation is Terminated?	12
SHORT-TERM PSYCHOLOGICAL TRAUMA	12
LONG-TERM PSYCHOLOGICAL TRAUMA	13
What is Trauma?	13
Somatization	14
Dissociation	14
WHAT IS DOMESTIC VIOLENCE?	15
Power and Control	15
Why Do Victims Stay?	16

	<u>Page</u>
Protective and Peace Orders	17-18
Sanctions	19
VICTIM ASSISTANCE	19
Written Notice of Rights	19
REPORTING REQUIREMENTS	19
2009	20
Family Law – Protective Orders – Surrender of Firearms	20
Family Law – Temporary Protective Orders – Surrender of Firearms	20
Domestic Violence – Temporary Protective Orders – Extension	20
Domestic Violence – Temporary Protective Order – Custody of Minor Child	20
Domestic Violence Awareness – Tween/Teen Dating Violence	20
Domestic Violence Lethality Assessment	20
MARYLAND SEXUAL ASSAULT CRIMINAL LAWS & ELEMENTS	21
Elements of Sexual Assault in Maryland	21
Maryland Sexual Assault and Rape Laws	21
COMMON EXPERIENCES OF SEXUAL ASSAULT VICTIMS	21
Prior to Stage 1: Experiences during the Sexual Assault	22
Responding to the Victim	22
Medical Forensic Examination	22
STAGE 1: ACUTE TRAUMA	23
STAGE 2: OUTWARD ADJUSTMENT	24
• Efforts to Deny or Minimize the Impact of the Sexual Assault	24
• Avoid Reminders of the Sexual Assault	24
• Return to Crisis	24
• Inability to Express Emotions About the Sexual Assault	24
STAGE 3: INTEGRATION	24
• Acceptance and Understanding of the Sexual Assault	25
MARYLAND LAWS RELATED TO CRIMES AGAINST CHILDREN	25
Child Abuse	25
Sexual Abuse	25
Child Neglect	26
Children at Risk	27
Sexual Crimes against Children	27
Kidnapping	28
Gang Violence	28
Bullying	29
Homicide	29
Infanticide & Child Homicide	29
CONSEQUENCES OF CHILDHOOD VICTIMIZATION	30
Depression	30
• Symptoms of Depression	30
Anxiety Disorders	31

	<u>Page</u>
Posttraumatic Stress Disorder (PTSD)	31
Maryland Laws on Victim Compensation for Mental Health Services	31
CRISIS INTERVENTION	31
Phase 1: Psychological First Aid	32
Phase 2: Survivor Needs Assessment and Empathetic Support	32
Phase 3: Recovery Intervention	32
Grief Processing	33-35
Case Management	35
UNSERVED POPULATIONS	35
HOMICIDE	36
Definitions	36
Community Resources and Supportive Services	37
DRUNK DRIVING	38
ELDER ABUSE AND FINANCIAL EXPLOITATION	38
WORKPLACE VIOLENCE	39
• The Duty to Provide a Safe Workplace	39
• Assistance Strategies/Practices for Helping Sexual Harassment Victims	39
VICTIM ASSISTANCE STRATEGIES FOR VICTIMS WITH DISABILITIES	40-41
WORKING WITH STALKING VICTIMS	42
TECHNOLOGY SAFETY PLANNING WITH SURVIVORS	42-44
CULTURAL DIVERSITY AND CRIME VICTIMS	44
What is Cultural Sensitivity?	44
Cultural Competency	44
Underserved Populations	45
The Various Roles of the Victim Service Provider (VSP)	46
Skills and Responsibilities for Victim Service Providers	47-53
PRINCIPLES OF ADVOCACY	53
What is an advocate?	54
Advocates and Power	54
Strategies for Systemic Change	54
Ethical Practice	55
Confidentiality	55
Case Management	55
TRAUMA AND THE SERVICE PROVIDER	56
Unique Sources of Stress for Victim Service Providers	56
When Do Your Reactions Become a Problem?	57-59
Managing Vicarious Traumatization (VT)	59
• Taking Care of Yourself	59
• What To Do About Vicarious Traumatization	60

DEFINITIONS

Uniform Crime Report (UCR) – an official report data series, collected by the FBI since 1930, that gives information on both offenses reported to police and arrests on index crimes.

Index Crimes – eight (8) crimes that are deemed to be the most serious—also referred to as Part 1 crimes—including murder, rape robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson.

LAW AND POLICY HIGHLIGHTS

Maryland is among the majority of states that specifically provide for victim rights in their constitutions. Maryland passed their Victims' Rights Amendment in 1994.

Constitution of the State of Maryland—Rights of Victims of Crime

In all criminal prosecutions, a victim, as the general assembly may define by law, shall have the following rights:

1. The right to be treated with fairness and respect throughout the criminal justice process;
2. The right to timely disposition of the case following arrest of the accused provided no right of the accused is abridged;
3. The right to be reasonably protected from the accused throughout the criminal justice process;
4. The right to notification of court proceedings;
5. The right to attend the trial and all other court proceedings the accused has the right to attend, unless such person is to testify and the court determines that such person's testimony would be materially affected if such person hears other testimony;
6. The right to communicate with the prosecution;
7. The right to object or to support any plea agreement entered into by the accused and the prosecution and to make a statement to the court prior to the acceptance by the court of the plea of guilty or nolo contendere by the accused;
8. The right to make a statement to the court at sentencing;
9. The right to restitution which shall be enforceable in the same manner as any other cause of action or as otherwise provided by law; and the right to information about the arrest, conviction, sentence, imprisonment and release of the accused.
10. DNA – Effective October 2015 – The forms are provided by the State's Attorney's Office
 - a. Whether a DNA profile of the alleged perpetrator or perpetrators was obtained from evidence in the case;
 - b. When any DNA profile of an alleged perpetrator developed in the case was entered into the statewide DNA database system; and
 - c. When any match of the DNA profile of an alleged perpetrator is received.

The general assembly shall provide by law for the enforcement of this subsection. Nothing in this subsection or in any law enacted pursuant to this subsection shall be construed as creating a basis for vacating a conviction or ground for appellate relief in any criminal case.

Crime Victims' Rights

As a Victim of Crime you have the legal right to:

- Obtain information about your case, including current status.
- Participate in programs and services available in your local area:
 - Financial assistance,
 - Crisis intervention services,
 - Domestic violence programs,
 - Crime victim advocates,
 - Counseling, and/or
 - Support groups.
- Receive and submit a "Crime Victim Notification Request and Demand for Rights Form."
- Attend all adult and certain juvenile criminal justice proceedings.
- Request restitution.
- Submit a written statement and speak at sentencing/disposition.
- Be informed of the release, transfer, escape, or death of an inmate.
- Attend and testify at parole hearings.

General Rights

Under the Maryland Constitution and under State laws and guidelines, a victim of crime must be treated with dignity, respect and sensitivity during all phases of the criminal justice process. After a crime has been committed, and throughout the criminal justice process, different rights and services apply to specific victims during the periods listed below. For assistance available in your community, and to find out your specific rights, refer to the resource Section of this brochure.

After You Report a Crime

The prosecutor will review the information provided by the police and determine what charges, if any, should be filed against the suspect in District Court or Circuit Court. In more serious cases, the prosecutor may use a Grand Jury to make these decisions.

In serious cases a suspect has the right to ask the judge for a Preliminary Hearing. At this hearing the judge will decide if there is enough evidence or "probable cause" to continue with the charges against the suspect.

If the prosecutor proceeds with the case, the court will set a trial. Due to crowded court dockets, *the case may take several months to come to trial*. The prosecutor will notify the victim and key witnesses if and when it is time to prepare for trial.

Your Rights Before the Trial

Once a suspect (now called the defendant) has been charged with a crime, the defendant's attorney will try to discover information to help prepare the case before trial. The attorney will probably ask for, and generally receive, your name and address. However, you are not required to talk to the defendant's attorney or his representative.

During the Trial

A victim has the right to be present at the trial. A victim can request that his/her address and phone number remain confidential, and not be listed in the court records. The prosecutor can help you prepare for the trial by telling you what questions to expect the defendant's attorney may ask.

CRIMINAL INJURIES COMPENSATION

The Criminal Injuries and Compensation Board (CICB) was established by Article 27 §816; Appendix XV.A of the Maryland Code to assist victims of crime who have suffered personal injuries or certain financial hardships related to those injuries (Maryland Department of Public Safety and Correctional Services [MDPSCS], 2002). Specifically, the Board may compensate victims for the medical expenses and loss of earnings they have suffered as a result of their victimization. In cases of homicide, the Board may assist the family of the victim with funeral expenses and for loss of support on the part of the victim's dependents. The Board cannot, however, make an award for pain and suffering or for loss of personal property.

The Criminal Injuries Compensation Board (CICB) was established to provide financial assistance to Maryland crime victims when no other resources are available.

Victims of crime are eligible to be reimbursed for their medical and/or funeral expenses resulting from a crime under the following conditions:

- Crime victims, or their parents or guardians on their behalf, or
- Dependents of victims who died as a result of a crime, or
- Persons who paid the funeral expenses of a victim who died as a direct result of a crime, or
- Persons injured while preventing a crime or assisting a police officer, or
- Persons injured or killed as a result of an individual driving while intoxicated.

What is required?

- A crime report to police within 48 hours of the crime.
- A completed claim form sent to the CICB within 180 days of the crime.
- Physical injury or death directly related to the crime.
- Innocence of the victim: that is, the victim bears no responsibility for the crime or the injury.
- Serious financial hardship resulting from the crime.

Special Rights Available to Domestic Violence Victims

In Maryland, the police may make an arrest for an incident of domestic violence without witnessing the assault if they have "probable cause" to believe that an assault took place. Officers *must* make an arrest if an offender is in violation of the "stay away" or "don't abuse" provision of a Civil Protective Order.

If an arrest is not made at the scene, a domestic violence victim may:

1. Make application with a District Court Commissioner to file criminal charges, or
2. Request that the State's Attorney file a criminal charge.

A victim of domestic violence may receive, upon request and without cost, a copy of the incident report from the law enforcement agency that responded to the call. A domestic violence victim may also request a “domestic stand-by” from an officer to ensure that she is safe while removing personal items to meet her emergency needs or those of any children in her care.

Protection from Stalking

Maryland offers special protections for victims of stalking. Stalking is malicious conduct, and includes persistently approaching or pursuing another person with the intent to place them in fear of injury or death. If you think that you are a victim of stalking, tell the police when they make an arrest, and/or **immediately call the Court Commissioner** to let them know that you may be a victim of stalking and are afraid for your safety. The Court Commissioner **shall consider** a stalking victim’s safety when deciding to release a defendant on pretrial release.

The Juvenile Justice System

If someone under the age of 18 victimized you, the offender is considered a juvenile, and your case will be handled differently than if the offender is an adult. The primary difference is an emphasis on rehabilitation rather than on punishment. Juveniles are not convicted of a crime, but are found to be delinquent, and their records are not made available to the public.

Division of Correction (DOC) Victim Services

In 1999, the Maryland Division of Correction updated its mission statement to include victims. The Division is committed to developing and implementing a comprehensive program of services to victims of crime. A list of services provided to victims is shown below.

- **Victim Registration:** It is important to note that victims must register with the Division of Correction to receive notification.
 1. A victim may do this by contacting the State’s Attorney’s office where the crime was committed and requesting a crime victim notification form, filling out the form and forwarding it to the Division. The State’s Attorney’s office can advise if the offender is incarcerated in the Maryland’s Division of Correction.
 2. Victims may submit a written request to the Victim Services Coordinator at:
CCRC
115 Sudbrook Lane
Suite 204
Pikesville, MD 21208
Be sure to include:
 - Your name, address, home and work phone numbers,
 - If you are the actual victim or your relationship to the victim,
 - The offender’s name, and
 - The reason you are requesting notification.An acknowledgement letter is sent to the victim confirming receipt of the request for notification.
- **Notification of Inmates’ Release:** Victims who have requested in writing to be notified of an inmate’s release from incarceration will receive a certified letter within 2 – 4 weeks

prior to the inmate's release. The Division will advise the victim that the inmate is being released as a result of a mandatory release, expiration of sentence, or court-ordered release. Additionally, victims will be advised if the inmate dies while incarcerated or if he/she escapes from incarceration and is returned to custody.

In the event of an escape or an immediate court-ordered release, the Division will notify the victim by telephone (if the phone number has been provided). If the Division staff is unable to contact the victim by phone, staff will send a certified letter by overnight express mail. If the inmate is being paroled, it is the responsibility of the Maryland Parole Commission to notify the victim.

- **Notification of Provisional Release:** Victims who have registered with the Division and provided their address information will be notified by certified letter that an inmate is being considered for some type of provisional release such as, work release, family leave, special leave, compassionate leave, and/or home detention.

Victims are given 2 weeks from the date the letter is received to respond in writing to the Warden of the facility expressing his/her opinions and/or concerns regarding the inmate receiving a provisional release. Case management staff and all reviewing authorities must read and take into account the victim's concerns prior to making a decision regarding the inmate's provisional release. Once the decision has been made, a certified letter of the approval or disapproval will be sent to the victim.

- **Sex Offender Registration:** Prior to the release of a documented sex offender, case management staff will conduct the initial registration. This includes having the inmate fingerprinted and photographed. The convicted Sex Offender will be directed to report to a specific police department location to register with them. A copy of the Division's registration will be forwarded to the police department, the Crimes Against Children and Sexual Offender Registry, and the victim (if a request for notification has been provided). The penalty for a sex offender who fails to register with the police department is 3 years incarcerated or a \$5,000 fine or both.
- **Revision of Division Directives to Prevent Visitors from Bringing in Child Victims to Visit His/Her Sex Offender:** The Division has at times been made aware that an actual child victim of the offender is being brought into the prison to visit with the child sex offender. While the Warden at each institution has the authority to terminate any visit, the Division took the additional steps to include in our regulations to visitors who bring in a child victim.
- **Victim Impact Statements:** Victims are encouraged to submit victim impact statements. When considering the inmate for any type of provisional release, the case management staff must read and take into account the Victim's Impact Statement. Usually, a Victim Impact Statement addresses 4 areas: the physical, emotional, and financial impact the crime had on the victim and/or family members. The victim may request a No Contact condition. A copy of the Victim Impact Statement is forwarded to the Maryland Parole Commission so that it may be considered if the inmate is eligible for parole.
- **Implementation of Domestic Violence Safety Measures:** The Division informs other agencies of the pending release of the inmate and the threats he/she has made to the victim or potential victim. Those agencies include the:

- Maryland Parole Commission (who provides a “No Contact” condition on the inmate’s release orders) ,
 - Division of Parole and Probation (who provides the agent’s name and office phone number as a contact person in the event the offender is harassing or threatening the victim), and in some cases, the
 - Local police department where the victim lives (who, in some cases, will contact the victim to advise him/her of additional safety techniques).
- **Duty to Warn:** If a staff member becomes aware that an inmate intends to harm a person once released from the Division, it is the responsibility of that staff member to gather as much information as possible and inform the proper authorities. This includes the Victim Services Coordinator. The Coordinator will send a letter to the potential victim advising of the threats made by the inmate and informing them of their victim notification process.
 - **Creation of a Victim Offender Impact and Education Program (Voice):** Inmates are exposed to the effects of crime on normal, decent law abiding citizens. This program uses lesson plans, videos, group exercises and is complimented by having victims talk with inmates as a panel to explain the impact the crime has had on them and/or their family members. Inmates are constantly reminded that they are responsible for their actions. They get to hear firsthand accounts of how their actions have a ripple effect on victims. In some instances, victims bring pictures of lost loved ones.

This program is currently being conducted at the Brockbridge Correctional Facility in Jessup, MD and the Maryland Correctional Training Center in Hagerstown, MD. Inmates who are within 18 months of a release are eligible for the program. Victims who are interested in participating in this program are encouraged to write to:

Victim Services Coordinator
 CCRC
 115 Sudbrook Lane
 Suite 204
 Pikesville, MD 21208.

There is a screening process, and no victim will be assigned to the same correctional facility where his/her particular inmate is housed.

- **Creation of an Institutional Victim Advisory Panel:** The panel consists of one representative from each institution who was handpicked by his/her Warden, representatives from the Maryland Parole Commission, Parole and Probation, Sex Offender Registry, Criminal Injuries Compensation, and Patuxent Institution. The purpose of this panel is to ensure that the Department of Public Safety and Correctional Services is fulfilling its obligations that victims receive the best possible services.

Additionally, institutional representatives of this group may be asked to provide verbal warnings to inmates who are sending unwanted letters to a victim. In the future, many of these members will be expected to assist victims at open parole hearings.

- **Staff Training in Victim Services and Representation on the Training Committee:** In November 1999, the Division sent 10 employees to pre-certification training for Victim Services Providers sponsored by the Maryland Board of Victim Services. These

employees came from different classifications from within the Division, i.e., staffs from case management, custody, public information, and secretarial. Many of them are members of the Victim Advisory Panel.

Employees participated in workshops such as communication skills, restitution, and crisis intervention, and victim impact panels. Additionally, the Division's victim services coordinator is an active member of the statewide training committee to develop a curriculum that would provide certification to victim service professionals.

- **Creation of a Victim Database**: Through the use of grant money, a victim database is currently being developed to allow for the Division of Correction, the Maryland Parole Commission, and the Division of Parole and Probation to share victim information. Victims' names, addresses, and phone numbers will be available to all these agencies. Also, Victim Impact Statements and No Contact conditions are logged in the system. A recommendation is made for a specific type of parole supervision with levels ranging from moderate to intense supervision.
- **Development of a Pamphlet**: Upon receipt of a victim's request for notification, a confirmation letter is sent to the victim and a pamphlet is also enclosed. This pamphlet includes information regarding the Division's victim services unit and provides telephone numbers of other government agencies, referrals to community resources, and victims' rights support groups. To receive a copy of this pamphlet, a victim may write to the:
Division of Correction Victim Services Unit
6776 Reisterstown Road
Suite 310
Baltimore, MD 21215

RESTORATIVE JUSTICE MODEL FOR CRIME VICTIMS

What is Restorative Justice?

Over the years, there has been growing dissatisfaction among victims of crime concerning the treatment they have received from the justice system. Despite the fact that the victim is the party who is directly harmed by the offender's actions, the traditional approach to justice has been to focus almost exclusively on the offender and to relegate the victim to the sidelines.

In addition, the manner in which the system has punished offenders has not required them to address the harm they have caused the victim or the community at large. Further, such an approach has failed to provide offenders the opportunity to earn back their place in society. As a result of these shortcomings, over the past two decades there has been growing interest to explore alternative methods of justice that can better address the needs of victims and the community. One model that has been receiving an increasing amount of attention is restorative justice.

The basic principles of restorative justice are markedly different from the retributive model that has long dominated the American justice system. While a retributive model reacts to crime by assigning punitive sanctions to the offender and excluding both the victims and the community from the justice process, restorative justice takes a more inclusive and preventative approach to crime. Specifically, a restorative model actively seeks the input from both victims and the community at each stage of decision-making, including the determination of what sanctions

should be imposed. It also attempts to address the underlying causes of such behavior, thus broadens the model to focus on prevention and community re-development, as well as accountability and reparation.

Victim Impact Classes

In 1986, the California Youth Authority designed an educational program to teach offenders about the consequences of their actions for victims and their families. In addition, the program taught offenders how their behavior hurt themselves and their own families. This program served as the foundation of victim impact classes which help offenders learn about the short and long-term trauma victims suffer. Offenders are also given an opportunity to take responsibility for their actions. As with victim impact panels, a significant portion of the curriculum of the classes is dedicated to having the offenders listen to real-life stories as told by victims or Victim Service Providers. However, unlike victim impact panels, dialogue between all of the participants is encouraged.

Under What Circumstances Can Restitution Be Ordered?

According to Article 27 §807, restitution can be ordered if:

- The victim suffered property damage or loss as a direct result of the crime.
- The victim suffered actual medical, dental, hospital, counseling, funeral, burial expenses, any other direct out-of-pocket losses, or loss of earnings as a direct result of the crime.

Prior to entering an order of restitution, however, the court must take into consideration the defendant's (or, if the defendant is a minor, his/her parent's) ability to pay the judgment or any other extenuating circumstances that may render such a judgment inappropriate. If restitution is deemed inappropriate, the court must state such reasons on the record. Along with a restitution order, the court may also issue an earnings-withholding order (requiring the defendant to pay the restitution at the time of sentencing, when he/she is placed on work release or probation, or when a restitution payment is delinquent (Article 27 § 811).

How Is Restitution Affected When Probation is Terminated?

If probation is terminated and complete restitution has not been paid, the judgment of restitution will continue (Article 27 § 807). In such cases, the Division of Parole and Probation or Division of Juvenile Services will refer the delinquent account to the Central Collection Unit in the Department of Budget and Management (CCU) for collection. CCU may then refer delinquent restitution for income tax refund or lottery prize interception.

SHORT-TERM PSYCHOLOGICAL TRAUMA

One of the central beliefs people subscribe to is that the world is a safe and just place. A violent crime shatters this conception, leaving victims struggling to regain their sense of security. After victimization, a victim passes through three psychological stages: a) the impact stage, b) the recoil stage, and c) the reorganization stage.

The **impact stage** occurs in the moments after the actual victimization. During a traumatic incident, individuals typically experience high levels of physiological distress such as a rapid

heartbeat or hyperventilation, as well as a deluge of emotions. Most individuals experience feelings of shock and disbelief (e.g., ‘This can’t be happening to me’), followed by fear, extreme anger, and helplessness. In the hours following the victimization, it is not uncommon for victims to feel a certain amount of shame or guilt, blaming themselves for not having done more to prevent the assault.

During the **recoil stage**, the victim struggles with the psychological trauma resulting from the incident. During this stage, it is not uncommon for victims to experience a kind of emotional rollercoaster, grappling with feelings that fluctuate between shame, guilt, grief, anger, and numbness. Some victims may even become increasingly preoccupied with the event, reliving it in their minds and developing fantasies about how they could exact revenge on their attacker. Family and friends may notice a change in the victim’s eating and sleeping patterns, increased nervousness and agitation when interacting with others, or even hesitation to their leaving home. Fortunately, these problems begin to dissipate within a few months of the incident.

Once the intense feelings of anger and fear begin to subside, victims then enter the final stage of recovery, the **reorganization stage**. Although they never forget the incident, they are able to put their victimization into perspective and discuss it in a more rational manner. Most importantly, they begin to exhibit signs of returning to their former self, participating in activities they engaged in prior to their victimization and reestablishing relationships with family, friends, and the community.

Although victims progress through each of these stages of recovery at a different pace, most victims recover within a few months. The key to this recovery, however, is largely dependent upon the level of support victims receive from family and friends, as well as from the mental health community.

One of the most important steps to recovery is allowing victims to talk about their traumatization. By allowing them to tell their story, they are able to gain a better understanding about what happened and put their experience into perspective. Often times, however, victims feel inhibited from talking about their experience because they know it causes discomfort for their family and friends. Others remain silent out of shame and the fear that they will somehow be blamed for their victimization. Unfortunately, without proper interventions and the support of family and friends, the risk of long-term psychological damage greatly increases.

LONG-TERM PSYCHOLOGICAL TRAUMA

For some victims and witnesses of traumatic events, the psychological trauma experienced is too significant to overcome without professional intervention. Left untreated, there is significant risk that these problems will become compounded and leave the individual chronically dysfunctional. In particular, these individuals are at greater risk of developing serious psychiatric disorders, such as PTSD, major depression, and severe anxiety. This is particularly true for victims of prolonged abuse or repeated trauma, such as battered women and abused children. According to Judith Herman, M.D., these individuals are at risk of developing “Complex PTSD” which can manifest as “severe personality changes, including deformations, relatedness and identity problems which make them particularly vulnerable to repeated harm, both self-inflicted and at the hands of others.”

What is Trauma?

Psychological trauma is the unique individual experience of an event or enduring conditions in which:

1. The individual's ability to integrate his/her emotional experience is overwhelmed, or
2. The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.

Thus, a traumatic event or situation creates psychological trauma when it:

- Overwhelms the individual's perceived ability to cope, and
- Leaves that person fearing death, bodily harm, or psychosis.

The individual feels emotionally, mentally, and physically overwhelmed. The circumstances of the event commonly include:

- Abuse of power,
- Betrayal of trust,
- Entrapment,
- Helplessness,
- Pain, and/or
- Confusion and/or loss.

This definition of trauma is fairly broad, and it intentionally does not allow others to determine whether a particular event is traumatic; that is up to each survivor. In other words, trauma is defined by the *experience* of the survivor. Two people could undergo the same horrible experience and one person might be traumatized while the other person remained relatively unscathed.

While psychological trauma is defined differently by experts in the field, it is generally understood as damage done to a person's sense of self and general well-being. It is essential to understand that an individual's *subjective experience* determines whether an event is or is not traumatic.

Obviously, trauma comes in many forms, and there are vast differences among people who experience trauma. But the similarities and patterns of response cut across the variety of experiences and victims, so it is important to think broadly about trauma.

A person's instinctive ability to cope with a traumatic event is shaped by a number of factors, all of which help determine the lasting effects of a traumatic event:

1. Whether the person experienced a single traumatic incident or repeated traumatic experiences;
2. The age at which the traumatic events occurred or began;
3. The source of the events: natural vs. human-made, and
4. The nature of the events: accidental vs. purposeful.

Somatization

Somatization is a condition marked by numerous physical complaints with no medical origin. Emotional conflicts and pain are manifested in the person's body. In the National Comorbidity Survey, it was found that somatization was 90 times more likely in those with PTSD than in those without PTSD. This shows an important but frequently overlooked connection between

traumatic stress and physical complaints. Close attention should be paid to differentiate real medical illnesses from conversion symptoms.

Dissociation

Although Dissociative Disorders may be controversial (Dissociative Identity Disorder—DID in particular), it should be understood that dissociative symptoms are common among traumatized individuals, especially those meeting criteria for PTSD. Dissociation is a natural phenomenon that most people have experienced in terms of daydreaming—spacing out and highway hypnosis. It is the disconnection of the typically integrated human functions of consciousness, memory, identity, or perception. Culturally speaking, there are different degrees of dissociation built into everyday life all over the world. All dissociation is not pathological. Like the anesthetic effect of alcohol, dissociation serves to blunt the conscious awareness of violent victimization. For example, someone may think about an event that was tremendously upsetting, such as a rape or assault, yet have no feelings about it. Or they may be highly emotional, but have no memory of the event.

WHAT IS DOMESTIC VIOLENCE?

Power and Control

Domestic violence can take different forms, but its goal is always the same: abusers want to control their domestic partners through fear. They do this by abusing them physically, sexually, psychologically, verbally, and economically.

Physical abuse can take many forms: hitting, kicking, pushing, slapping, punching, burning, beating, strangling, or assaulting the victim with a weapon. Abusers may also destroy property, punch walls, throw or break things, or abuse pets. Threats to cause physical harm to the victim, children, family members, or pets also characterize these relationships. They may possess weapons and threaten to use them. Fear is a terrifying and effective form of control.

Abusers are controlling, jealous, and manipulative.

- Verbal abuse can include constant criticism, humiliating remarks, name-calling, mocking, yelling, swearing, and constantly interrupting.
- Emotional and psychological abuse generally include isolation, such as making it difficult for the victim to see friends and relatives, monitoring phone calls, reading mail, controlling where the victim goes, taking the victim's car keys, or destroying the victim's passport.
- Coercive tactics can include making the victim feel guilty, sulking, manipulating children and other family members, always insisting on being right and making up impossible rules, and then punishing the victim for breaking them.

Abusers:

- Can be emotionally withholding and disrespectful toward the victim's feelings, opinions, and concerns.
- Will lie, break promises, withhold information, be unfaithful or overly jealous, and not share domestic responsibilities.
- May abuse drugs or alcohol, threaten suicide, drive recklessly, or do things that will get the victim into trouble.

- Will constantly harass and check up on the victim, refuse to leave when asked, or embarrass the victim in public.
- May escalate their actions by stalking or cyber-stalking their victims.

Sexual abuse is hidden and devastating for victims. They may be forced to have sex with their partner or with someone else, to commit unwanted sexual acts or accept degrading treatment, or may be photographed or videotaped.

Economic abuse is especially effective in maintaining control, curtailing independence, and preventing a partner from leaving the relationship. Abusers:

- May not pay bills,
- Refuse to give the victim money,
- Not let the victim work, school, or learn a job skill,
- Interfere with the victim's job, and/or
- May refuse to work and support the family.

Why Do Victims Stay?

Victims may face emotional, economic, cultural and legal obstacles and the real threat of physical harm when they consider leaving an abusive relationship.

- Victims may initially minimize or deny the abuse, especially if it isn't physical.
- They love their partner and only want the abuse to stop.
- They are always hopeful that the relationship will change.
- They may be ashamed, confused, and isolated.
- They may have no family, friends, or co-workers to support and sustain them.
- They may have personal or religious beliefs that encourage them to remain in the relationship and to try to make it better.
- They may feel emotionally dependent and fearful of living alone or without their partner.
- Victims may feel that they should stay for their children.
- They are also subject to the daily emotional and psychological manipulation of the abuser.
- They may blame themselves and feel helpless to change the situation.
- They may have grown up in an abusive family or were abused as children.
- Many victims are economically dependent on their partners and are not able to live independently.
- They or their children may have health or medical problems which contribute to their dependency.
- They may not speak English or may not have immigration status.
- They may lack information about resources and services, and fear or lack confidence in the police and criminal justice system to protect them from the abuser.
- The victims are often in serious fear of the abuser who may threaten, intimidate, stalk, harass, or attempt to kill them and their children.
- The most dangerous time in an abusive relationship is when the victim leaves or attempts to leave. If the victim does leave, they must be able to:
 - Support themselves and their children,
 - Identify a safe place to live,

- Obtain transportation, child care, and health coverage,
- Secure legal representation, and
- Ensure their safety.

These economic and financial realities are daunting, fear for their safety is ever present, and neither domestic violence programs, law enforcement, nor the criminal justice system can guarantee their safety and security.

Protective and Peace Orders

It took 17 years to expand the Maryland Civil Order of Protection from a 15 day Protective Order (1980) to one lasting 12 months with the possibility of a 6 month extension (1997). During these years, a person eligible for relief was broadened to include unmarried persons living together and other designated household members. The relief available and the penalties for violations were also enhanced.

The Civil Order of Protection (COP) legislation adopted in 1980:

- Defined abuse and household members, and
- Established the ex parte order and a 15 day Protective Order which could include:
 - An order to refrain from abuse,
 - A vacate the home order, and
 - An order to get counseling.
 - Possession of the family's home and temporary custody of minor children could also be granted.

The act was expanded to:

- Include abused children (1984),
- Allow the court to proceed with a COP hearing even the abuser did not appear (1985),
- Expand the ex parte order to 30 days if the abuser was not served and did not appear, and
- Extend the COP to 30 days (1987).

The definition of a household member was changed in 1988 to include:

- Unmarried persons living together and having at least one minor child in common who is residing with the parents, and
- Added vulnerable adults in 1991.

Substantial changes were made in 1992 with the addition of:

- Cohabitants and former spouses,
- An expanded definition of abuse and the No Contact order,
- The addition of emergency financial assistance, and most significantly,
- An extension of the ex parte order to 7 days and the COP to 200 days.

Comprehensive Domestic Violence Acts in 1994 and 1995 expanded the victims of domestic violence to include:

- Unmarried victims who cohabitated or formerly cohabitated with the abuser,
- Eliminating filing and other court fees,

- Prohibited the granting of mutual protection orders unless both parties filed separately and both were primary aggressors.
- In 1995, the possible penalty for violating a Protective Order was increased from 60 – 90 days in prison.

Out-of-state Protective Orders were addressed in 1996 when legislation was passed that required the state to enforce Protective Orders issued in another state as long as an authenticated copy was presented to law enforcement. Protective Orders from other states were to be entered into the Maryland Interagency Law Enforcement System (MILES).

In 1997 the maximum time a COP could be in effect was increased to 12 months, with the possibility of a 6 month extension. A residence was defined to include the yard, ground, outbuildings and common areas surrounding the residence. In addition, a COP could be served in court or by first-class mail.

The fine and imprisonment penalties for the misdemeanor of violating an ex parte or Protective Order were again increased in 1998.

The following year (1999), District Court Commissioners were prohibited from authorizing the pretrial release of defendants charged with violating the arrestable (No Contact) provisions of Protective Orders. In 1999 courts were granted the authority to order respondents of a Protective Order to stay away from child care providers.

In Peace Order proceedings where the respondent was a child, jurisdiction was transferred from the District Office to juvenile court in 2000.

In 2000, special funds were provided to local sheriff’s offices and police departments to enhance their ability to enter ex parte and COPS in MILES.

Problems with the enforcement of out-of-state protection orders were clarified and addressed with changes made to the full faith and credit law in 2001.

A significant change was made in 2002 when District Court Commissioners were empowered to issue interim Protective and Peace Orders when the District Court was closed. A Constitutional Amendment was approved to extend their duties to do so. The legislation was popularly referred to as the—24/7 bill.

In 2005, stalking was added to acts of abuse in the Protective Order. Peace Orders were created as a form of civil relief in 1999 that provided a No Contact order for anyone not eligible for a COP but experiencing problems with an individual, including someone in a dating relationship, a neighbor, or a stranger. These orders may last up to 6 months.

Peace Order
Relationships such as:
Neighbors
Friends

Protective Order
Relationships such as:
Husband/wife
Mother/daughter

Persons not living in the same household

Boyfriend/girlfriend (Not living together & no children) *New October 2015*

Boyfriend (Not living together, but have a child in common)

Persons living in the same household

Sanctions

Violations of Interim, Temporary, and Final Protective and Peace Orders may result in:

- Criminal prosecution,
- Imprisonment or fine or both, and
- Arrest.

Violations of Temporary and Final Protective and Peace Orders may also result in findings of contempt.

VICTIM ASSISTANCE

Written Notice of Rights

A local law enforcement officer who responds to a request for help shall give the victim a written notice that includes the telephone number of a local domestic violence program that receives funding from the Department of Human Resources; and states that:

- The victim may request that a District Court Commissioner file a criminal charging document against the alleged abuser;
- If the Commissioner declines to charge the alleged abuser, the victim may request that the State's Attorney file a complaint charging document against the alleged abuser;
- The victim may file in the District or a Circuit Court under this subtitle, a petition for relief from abuse; and
- The victim may obtain a copy of the incident report.

REPORTING REQUIREMENTS

In Maryland, there is no legal requirement to report domestic violence or sexual assault of an adult to authorities. Health professionals should **not** report victims of domestic violence or sexual assault to authorities **unless the victim agrees.**

HIPPA does **not** affect domestic violence reporting requirements in Maryland. HIPPA (Health Insurance Portability and Accountability Act of 1996) is a federal regulation intended to ensure greater confidentiality and privacy for medical patients. HIPPA does not apply to human service workers not working in a medical setting.

Healthcare professionals covered by HIPPA may disclose information about adult patients **only** IF:

- The patient agrees, **or**
- The disclosure is required or authorized by state law.

There are (4) four exceptions:

- Anyone aware of the abuse of a child must report it to Child Protective Services.

- Human service workers, medical professionals, and law enforcement officers must report abuse of a vulnerable adult to Adult Protective Services.
- A health provider who treats a person for an injury caused by a moving vessel or a gun must report it to law enforcement.
- A health care provider who treats injuries from an auto accident or a lethal weapon ***only*** in Allegany, Anne Arundel, Charles, Kent, Montgomery, Prince George's, Somerset, Talbot, and Wicomico County ***must*** report it to law enforcement.

2009

Family Law – Protective Orders – Surrender of Firearms:

Makes it mandatory, rather than discretionary, for a final Protective Order to order the respondent to surrender to law enforcement authorities any firearm in the respondent's possession, and to refrain from possession of any firearm, for the duration of the protective order.

Family Law – Temporary Protective Orders – Surrender of Firearms:

Authorizes a judge entering a temporary Protective Order to order a respondent to surrender to law enforcement authorities any firearm in the person's protection.

Domestic Violence – Temporary Protective Orders – Extension:

Increases the period of time from 30 days to 6 months for a judge to extend a temporary protective order to enable the order to be served.

Domestic Violence – Temporary Protective Order – Custody of Minor Child:

Authorizes a judge to order a law enforcement officer to use all reasonable and necessary force to enforce a temporary custody provision of an interim or temporary Protective Order.

Domestic Violence Awareness – Tween/Teen Dating Violence Education and Awareness:

Encourages County Boards of Education to incorporate age-appropriate courses on dating violence in the health curriculum.

Domestic Violence Lethality Assessment:

The Maryland Network Against Domestic Violence has developed an innovative program which counties can implement that will help them to work more effectively with victims at great risk—domestic victims who, based on their situation and the known predictors of domestic violence lethality, are at risk of lethal violence by their partners or former partners.

The primary goal of the Lethality Protocol is to encourage victims to obtain assistance from domestic violence programs. Research has shown that only 4% of victims who were killed by their abusers ever received domestic violence program services, yet such services had great protective effects, reducing the risk of re-assault among victims in high danger by 60%.

Therefore, in the key step of the Lethality Protocol, an officer on the scene tells the victim in high danger that he/she is going to call the domestic violence hotline counselor, and would like the victim to talk to him/her. If the victim declines, the officer makes the phone call to seek advice and encourages the victim again to speak with the counselor.

Each domestic violence program develops its own internal protocol to address the issues of victims assessed to be in high danger. If such a victim seeks services, the program will offer a range of enhanced services that takes into account the victim's assessed situation, and will coordinate safety planning efforts with other agencies as needed and as permitted by the victim. The nature of the protocol requires close collaboration between law enforcement and domestic violence programs, and localities which have decided to adopt lethality assessment are to be highly commended.

As of June 2006, law enforcement and domestic violence programs in 12 counties have implemented lethality assessment and 4 more counties have committed to implement it. Two State's Attorney's offices are piloting applications as well. The MNADV officers training and technical assistance for domestic violence programs and law enforcement agencies who are working together on the project.

MARYLAND SEXUAL ASSAULT CRIMINAL LAWS AND ELEMENTS

Elements of Sexual Assault in Maryland

Sexual Penetration and/or Contact + Force or Threat = Sexual Assault

- When force or threat is used, non-consent is implied by the presence of force or threat.

Sexual Penetration and/or Contact + Unconscious Victim = Sexual Assault

- When the victim is unconscious, the question of force or threat is moot. Legally the victim's lack of consciousness equates with the inability to legally consent to sexual activity.

Sexual Penetration and/or Contact + Incapacitated Victim = Sexual Assault

- Incapacitation is a bit more problematic due to there being no clear legal standard for incapacitation. In these incidences, corroborative evidence becomes important in helping to establish the degree to which the victim was incapacitated. Under the law, that degree of incapacitation would have to be to the point where the victim could not, and did not consent to the sexual activity.

Sexual Penetration and/or Contact + Evidence of Disability = Sexual Assault

- Evidence of disability deals with whether or not the victim is capable of both understanding and then giving consent to sexual activity. The question becomes: "Does the victim have the cognition and the communication skills necessary to consent?"

Sexual Penetration and/or Contact + Victim's Age (or combination with suspect's age and/or position)

- In cases of Statutory Rape, no force is required. Here, victims are deemed unable to consent because of their age.

Maryland Sexual Assault and Rape Laws

- Rape – 1st degree – vaginal penetration – force or threat without consent – Life
- Sexual Assault – 1st degree – sexual force or threat without consent – Life

Common Experiences of Sexual Assault Victims

Sexual assault victims experience a myriad of symptoms and experiences. Although there are many ways in which these symptoms and experiences manifest, there are commonalities in reports given by victims. These commonalities have been divided into stages as a way of organizing this information. They may or may not appear in the order listed. Their usefulness is in the fact that they consistently are what victims say that they have gone through.

- Stage 1: Acute Trauma
- Stage 2: Outward Adjustment
- Stage 3: Integration

The stages are primarily helpful as a guide for possible symptoms and ideas about how service providers can use this understanding to increase victim sensitivity and facilitate the best response possible for the safety and welfare of the victim.

It should be noted that the presence or absence of any symptoms must never be used as a basis for judging the validity of a sexual assault complaint.

Prior to Stage 1: Experiences During the Sexual Assault

In many cases, the way in which a victim experiences the sexual assault will affect the way she responds later when dealing with service providers in the aftermath of victimization. Victim's descriptions range from experiencing a feeling of complete paralysis called frozen fright during the assault, to a state of dreamlike detachment called dissociation. Both of these responses are helpful for service providers to understand because they explain why sexual assault often involves so little physical violence and resistance.

Responding to the Victim of a Sexual Assault

Responses by service providers to victims reporting frozen fright and dissociation are at times actually used against the victim due to their not typically being associated with physical resistance or flight.

- Victims who respond to a sexual assault by freezing or dissociating do not typically show a great deal of physical resistance. This sometimes used to suggest that the sexual interaction was consensual (e.g., "You didn't resist, so you must have wanted it.")
- Service providers must keep in mind that frozen fright and dissociation are very typical and understandable reactions to being sexually assaulted and are not an indication of consent.

It is imperative that service providers interviewing victims who respond with either frozen, fright, or dissociation are cognizant of the entire context of the victim's experience.

Statements provided by the victim about the situation and her reaction to it are of vital importance. By proceeding in this manner, the experience can be effectively conveyed if and/or when necessary.

Medical Forensic Examination

Service providers should also keep in mind that the medical examination conducted after the sexual assault is often perceived by the victim as a continuation of the traumatic event. As a part of the medical forensic process, the victim receives an internal examination and other evidence procedures that are both physically uncomfortable and emotionally difficult.

Service providers must be aware of what happens during the medical examination and evidence collection procedures, so they can explain them to victims and understand their emotional impact.

Police officers, in particular, should work with an advocate, where possible, to ensure the victim is receiving all of the support to which she is entitled. Advocates can be of great assistance during the forensic examination by providing the victim with the information and emotional support that will facilitate her cooperation with medical and police personnel.

STAGE 1: ACUTE TRAUMA

In the first interviews of victims of sexual assault, providers should be aware of the symptoms the victim may be experiencing. This is the stage of immediate trauma in which victims are struggling to make sense of what has happened and how it has affected them.

During the sexual assault and in the traumatic impact afterward, victims often become disoriented and discouraged in their thinking. They can lose memory of all or part of the assault. Service providers must keep this in mind when the victim presents with impaired memory and/or an inability to describe what occurred. In this stage, victims are trying to figure out and make sense of what happened resulting in unclear or inconsistent information. **These are indicators of trauma and not a fabrication.**

Symptoms such as nightmares, flashbacks, appetite abnormalities, and difficulty concentrating are common. Victim's attempts to deal with these issues could very well affect the way they interact with service providers.

Victims often have intrusive memories of the sexual assault that are difficult to control and often disrupt their daily lives. These upsetting episodes may be accompanied by the feelings of terror and shame originally experienced during the assault.

One of the primary characteristics of sexual assault is that it creates severe feelings of helplessness among victims. As a result, victims often continue to experience feelings of helplessness, powerlessness, and loss of control originally associated with sexual assault. Traumatic events often leave individuals experiencing shock and disbelief. As with war or natural disasters, people have a difficult time believing that they have been the victim of a sexual assault and have trouble making sense of what happened.

Some victims of sexual assault might appear to service providers to be over-emotional in response to the sexual assault whereas others might seem to be under-emotional. Both responses are normal, and result from the total disruption of emotional experiences.

As with victims of domestic violence, sexual assault survivors often experience extreme fear and anxiety (including phobias), along with hypervigilance and/or a heightened startle response. Service providers need to be aware of the sources of a victim's fear, both to facilitate their cooperation and more importantly to help develop a plan for addressing realistic threats to their safety.

Related to the suppression of emotional expression and dissociation that were described previously, victims can also react to their experiences by exhibiting extreme calm and/or denial. In some cases, victims might deny that the assault happened, but more simply, they will deny the impact that it had on them (i.e., “I’m okay. It was no big deal.”).

STAGE 2: OUTWARD ADJUSTMENT

- **Efforts to Deny or Minimize the Impact of the Sexual Assault**
 - In Stage 2, victims may attempt to admit that the sexual assault occurred or that it was of significant impact. It appears that victims experiencing this stage return to routines they are used to in an attempt to prove they are all right, that the sexual assault is no big deal, and/or they are over it. Often times victims in this stage will not necessarily deny the reality of the event, but they will dissociate themselves from the memory of it.
 - While victims are trying to make sense of what happened to them, they often try to figure out what caused the rape. Unfortunately, victims often look for the causes in their own behavior because some cultural myths suggest the victim rather than the perpetrator somehow caused the sexual assault.
- **Avoid Reminders of the Sexual Assault**
 - The attempted suppression of memories is due to the victim trying to move on with their lives.
- **Return to Crisis**
 - In this second stage, most victims are typically able to function, but at some point they come to realize they can’t quite get over the sexual assault as easily as they had thought. Some victims experience a triggering event that throws them back into the crisis bringing memories of the sexual assault back to the surface. With this return after months of healing and coping come confusion and disappointment as well as doubts of it ever being truly over.
- **Inability to Express Emotions About the Sexual Assault**
 - The return of memories and/or symptoms may even be more severe than they were during the initial acute trauma stage due to the victim being less able to suppress them. It is also at this point where the victim may finally start to become angry and begin to shift the blame for their victimization from themselves to their assailant.
 - It is important for service providers to realize that anger in this stage is often generalized and thus misdirected at undeserving individuals. The key for responding to this anger is de-escalation and not responding in kind. In these instances, service providers should respond calmly and professionally.

STAGE 3: INTEGRATION

In the third stage, victims emerge from their second experience of crisis with a better understanding of the sexual assault and its effects on their life. This stage may be life-long, a revealing indication of the fact that the sexual assault will forever impact the victim’s life and perspective.

- When integration is successfully achieved, victims rebuild their lives in a way that takes into account the traumatic experience, its impact, and its meaning.
- Many victims end up stronger and healthier individuals often seeking out ways to make a positive out of their negative experience.
- This is the stage where we begin to hear the term “survivor” utilized. An indication that the individual has struggled through their victim status and emerged as a survivor who actively healed themselves and their lives following the sexual assault.

Unfortunately, all victims are not successful in achieving this stage.

- **Acceptance and Understanding of the Sexual Assault**

It is only during the final stage that victims usually come to some acceptance and understanding of the sexual assault and its impact on their lives. In this stage, there is a coming to terms with the memories of the trauma being a permanent part of their lives, just as any physical scar that, like it or not, can be lived with.

One of the most striking characteristics of the response by victims to non-stranger sexual assault is that they doubt their ability to judge people and decide who can and cannot be trusted. They no longer trust themselves to judge who is safe and who poses a threat due to their failure to do so with their assailant. This constellation of responses makes victims of non-stranger assault especially vulnerable socially, so they isolate themselves when actually this is a time when they most need the support of friends and family.

MARYLAND LAWS RELATED TO CRIMES AGAINST CHILDREN

Child Abuse

According to Section 5-701 of Maryland Annotated Code, a parent/guardian/caretaker can be charged with varying degrees of child abuse.

First degree: This charge can be assigned when a parent or any other person with permanent or temporary custody of a child causes the “severe physical injury” of a child – which is defined as: brain injury or bleeding within the skull, starvation, or physical injury that creates a substantial risk of death or causes permanent or protracted serious disfigurement or impairment of the function of any bodily member or organ. First degree child abuse is a felony and any person convicted under this section is subject to imprisonment of up to 25 years.

Second degree: This charge is far more vague in its definition of abuse than first degree. In fact, it does not contain a definition. It simply says that a parent or any other person with permanent or temporary custody of a child may not cause abuse to a minor. However, in 1973 when the legislature first defined child abuse, they made it clear that in order to violate the statute, the parent or other person must cause some *physical* injury. Second degree child abuse is also a felony and any person convicted under this section is subject to imprisonment of up to 15 years.

Sexual Abuse

According to Section 5-701 in Maryland Annotated Code, sexual abuse is defined as any act that involved sexual molestation or exploitation of a child by a parent or other person who has permanent or temporary care, custody or responsibility for supervision of a child, or by any

household or family member. This includes acts of incest, rape, or sexual offense in any degree, sodomy, and unnatural or perverted sexual practices.

First degree: According to Section 3-303, a charge of first degree sexual assault can be assigned if an individual engages in vaginal intercourse with another by force, or threat of force, without the consent of the other AND:

- Used or displayed a weapon, or
- Inflicted serious *physical* injury on the victim or another in the course of committing the crime, or
- Threatened or placed the victim in fear that the victim, or someone the victim knows, is in imminent danger of death or serious injury. First degree sexual assault is a felony and any person convicted under this section is subject to life imprisonment.

Second degree: According to Section 3-304, a charge of second degree sexual assault can be assigned if an individual engages in vaginal intercourse with another by force, or threat of force, without the consent of the other; or if the victim is mentally defective, mentally incapacitated, or physically helpless, and the perpetrator performing the act knows or should reasonably know the mental and/or physical limitations of his/her victim. Additionally, an individual can be charged with second-degree sexual assault if his/her victim is under the age of 14 and the person performing the act is at least 4 years older than the victim. Second degree sexual assault is a felony, and any person convicted under this section is subject to imprisonment for up to 20 years.

Third degree: According to Section 3-307, a charge of third degree sexual assault can be assigned if an individual engages in a sexual act or has vaginal intercourse with a victim who is 14 or 15 years old, and the person performing the sexual act is at least 21-years-old. Third degree sexual assault is a felony, and any person convicted under this section is subject to imprisonment for up to 10 years.

Child Neglect

According to Section 5-701 of the Maryland Annotated Code, neglect means leaving the child unattended or other failure to give proper care and attention to the child by any parent or other person who has permanent or temporary care, or custody or responsibility for supervision of the child, under circumstances that indicate:

- The child's health or welfare is harmed or placed at substantial risk of harm; or
- *Mental* injury to the child or a substantial *risk of mental* injury.

In addition, Section 5-801 mandates a parent/guardian may not leave a child under the age of 8 unattended in a home, car, or community. They may leave a child with another person for supervision, but that individual must be at least 13-years-old.

Children at Risk

Sadly, research has found that particular children are at greater risk of being physically abused. The following is a summary of the specific risk factors for *physical* abuse that have been consistently substantiated in the literature:

- Age: Research indicate the risk of *physical* abuse is inversely related to a child's age. The highest risk is among children in their first year of life (24.4 per 1,000, ages 0-1).

Although this rate decreases by half after the first year, it remains at an elevated level (e.g., 14 per 1,000) until the child passes the age of seven. Only 1/3 of CPS cases involves adolescent children.

Interestingly, a different trend is presented in self-report data. Although official estimates show a marked decrease in incidents of physical abuse as children get older, self-report surveys do not show a similar trend. Why should there be such a discrepancy between the two data sources? One possible explanation is that younger children are more susceptible to injury from incidents of physical abuse, therefore are more likely to come to the attention of authorities. Additionally, society is more likely to view parental violence directed at adolescents as more acceptable (e.g., exercise of parental control) because older youth are more likely to challenge authority.

- **Gender** – Research also indicates two distinct patterns of abuse between boys and girls. Boys are at greatest risk when they are young (under age 12) whereas girls experience the highest rates during their adolescence. One possible explanation for the observed decrease in abuse among adolescent boys may be attributed to a marked change in stature boys typically experience during adolescence. Because they often become significantly larger and stronger, their abuser may realize it will take too much strength to control them. Despite this decline in prevalence of abuse among adolescent boys, official records show boys are more likely to sustain more serious injuries from their abuse than girls.
- **Low SES** – Another pattern observed in the research is that children who are from lower socio-economic backgrounds are disproportionately represented in CPS cases. According to the most recent estimates from the National Incidence Survey, children who were *physically* abused were 12 times more likely to come from a family whose annual income was below \$15,000 than children who were raised in more well-off households. Additionally, children raised in poverty are also more likely to experience more serious and fatal injuries.
- **Minority Youth** – Even though the prevalence (e.g., the total number of cases) of *physical* abuse is higher among White children, minority children experience a higher rate of abuse. Meaning, children raised in poverty are also more likely to experience more serious and fatal injuries.
- **Youth with special needs/disabilities** – Research has also found children who have a physical, mental or developmental malady experience significantly higher rates of *physical* abuse. According to a study conducted by the National Center on Child Abuse and Neglect, children with disabilities were found to experience double the rate of physical abuse than children without disabilities. The most common disabilities associated with abuse include emotional disturbances, learning disabilities, speech/language impairment or delay.

Sexual Crimes Against Children

The sexual victimization of a child is one of the most abhorrent behaviors in society. Unfortunately, research has found that children are disproportionately targeted for sexual offenses. According to the National Crime Victimization Survey, youth are more than twice as likely as adults to become a victim of sexual assault. This trend is supported by official data as well. According to NIBRS, 70% of forcible sex offenses and 97% of the non-forcible sex offenses reported to law enforcement involved a victim under the age of 18. According to self-

report surveys, approximately 2/3 of all sexual assaults committed against children were perpetrated by a friend or an acquaintance of the child or the child's family. Yet very few of these incidents are ever reported to the police. Official records indicate that the types of cases that come to the attention of the authorities, and is substantiated, tends to be intra-family.

According to recent estimates, 1 in every 3 sexual assaults reported to the police involved a victim under the age of twelve. Researchers argue, however, such figures are grossly underestimated because young children are even more hesitant than teenagers to report such crimes to the police or other authority figures.

Kidnapping

Only a small proportion of child kidnappings are carried out by strangers. According to the FBI's NIBRS data, 3/4 of the child abductions reported to law enforcement were committed by acquaintances or family members. The kidnapping of a child is a relatively rare event.

Gang Violence

Researchers have long observed a relationship between delinquency and victimization. In particular, they have found that the greater a youth's involvement in delinquent behaviors, the greater the risk that he/she will become a victim of crime. This risk increases dramatically as the youth becomes involved in more violent criminal behaviors. One particular group of children that is particularly at risk of engaging in and becoming a victim of violent crime are youth gangs.

Violence has long been recognized as an integral part of gang life. Although some of this behavior is attributed to the types of activities gangs participate in (e.g., drug trafficking, fights with rival gangs), researchers also believe that it can be attributed to the type of individuals that are attracted to gangs in the first place.

Prior to joining a gang, most of these youth had already engaged in violent behavior. Being a part of a gang simply affords more opportunities to repeat such behavior. Because violence is encouraged as a means to reinforce one's status in the community or position in the gang, it is not surprising that violence has become endemic to its culture.

While a small proportion of victims of gang violence are innocent bystanders, the overwhelming majority of victims are gang members themselves or youth who have a relationship with the gang. One factor that plays a significant role in this pattern is the accessibility and use of firearms among these youth.

To complicate matters further, many of these youth carry more powerful, high-caliber weapons (e.g., automatics) and typically own more than one gun. The prevalence of guns is the greatest among youth gangs that deal drugs. As expected, such behavior significantly increases a youth's odds of becoming a victim of a violent crime. In a longitudinal study of 1,500 youth living in the Pittsburgh area, researchers found drug dealing increased a youth's risk of victimization by nearly three-fold.

Violence appears to be a means by which gangs use to establish, maintain, and expand their territory. This strategy, in combination with the significant number of firearms in the hands of

these youth, has had a devastating effect on many of the nation's poor urban communities. Often, citizens who live in these communities are unable to do anything but watch their neighborhoods be taken over by these youth. Despite witnessing repeated acts of violence, fear of retaliation renders many citizens unwilling to report crimes, thereby hindering any official investigation. Yet, without the aid of law enforcement, these citizens have little chance of taking back their neighborhoods, and the cycle of violence is allowed to continue.

Bullying

Another contributor to the increased levels of violence at school is bullying. Bullying can take many forms including verbal threats or taunting, psychological manipulation (e.g., shunning), or physical assaults. Such behaviors are carried out repeatedly and over time they are directed at those children who are perceived to be less powerful.

Bullying has a wide range of negative consequences for both the victim and the offending youth. Youth that are bullied are more likely to suffer from low self-esteem, depression, suicide ideation, and poor school performance. Some react by acting aggressively towards other youth.

Today, school violence is a significant problem for many students. Whether it is through direct victimization or by witnessing such events on a regular basis, these experiences can have a significant impact on youth's mental health, their ability to learn, and their overall socialization development.

Homicide

Despite the continued downward trend in the nation's youth homicide rate since its peak in 1993, homicide remains one of the leading causes of death for children. Today, homicide is classified as the 2nd leading cause of death, after accidental deaths, for youth ages 15-19 and the 4th leading cause of death for children ages 0-14. When disaggregating homicide trends by the age and race of the youth, researchers have found some notable differences in the level of risk of victimization, as well as the characteristics of the offense itself, among children.

For example, although teenagers comprise less than 10% of the total U.S. population, they are at greatest risk of becoming a victim of homicide. In fact, when comparing homicide rates across age groups, teenagers have a homicide rate that is on average 10% higher than any other age group. Today, the majority of teenage homicides involve firearms.

Infanticide & Child Homicide

Although not as prevalent as teenage victims, children under the age of 6 are the 2nd largest group of youth homicide victims. While the majority of teenage homicide victims are killed with firearms, these young victims are most often killed with a personal weapon (e.g., hands, fists, feet, etc.) and are typically beaten or suffocated to death. In fact in 2006, more than 1,500 children died as a result of maltreatment, the majority of which are children under the age of four.

One of the more serious forms of maltreatment witnessed among infants is **Shaken Baby Syndrome (SBS)**. This is a clinical diagnosis that is assigned to injuries experienced by an infant, toddler, or young child that resulted from being shaken violently. This can occur with as few as three rapid shakes. The risk for fatality is significantly high in these cases, particularly for babies.

First, a baby's head is 15% of its body weight compared to 2-3% for an adult, therefore, it is much easier to seriously damage the baby's neck, vertebrae, and spinal cord when shaking it. In addition, a baby's brain tissue is softer and less protected, therefore, significantly increasing the risk of rupturing blood vessels in the brain. As a result, 1 out of 3 babies die from injuries sustained during the episode. Children who survive SBS are at significant risk of serious, permanent damage (e.g., cerebral palsy, mental retardation, brain damage, blindness, seizures, etc.). In fact, only 15% of survivors avoid serious permanent damage.

CONSEQUENCES OF CHILDHOOD VICTIMIZATION

Similar to adult victims of crime, child victims also often suffer a great deal of emotional trauma in addition to their physical injuries. Because children are less psychologically and emotionally mature, however, the impact of these problems is often more profound than what is witnessed with adult survivors. Some of the emotional and psychological problems these young victims struggle with include anxiety, depression, and Posttraumatic Stress Disorder (PTSD). Not surprisingly, the greater the severity of the victimization a child experienced the more likely such problems compound. Research has found that adults who were victimized as children are significantly more likely to have struggled with depression, drug use, and unstable relationships.

Children who grow up in violent homes, whether they are abused themselves, witness abuse between their parents, or are aware of abuse of siblings, are more likely to become involved in abusive relationships as adults either as victims or abusers themselves.

Depression

Exposure to a traumatic event can trigger significant chemical changes in an individual's brain causing a chemical imbalance that inhibits the individual's ability to control his/her moods. While the majority of victims will experience a re-stabilization within a month, some do not. Instead, those individuals become more chemically imbalanced, and this may result in clinical depression. Research has found that crime victims suffer significantly higher rates of major depression and anxiety disorders than non-victims.

- **Symptoms**

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: With children and adolescents, it can be an irritable mood.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
- Insomnia or hypersomnia nearly every day.

- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Anxiety Disorders

Anxiety is a natural warning response in human beings, therefore, most individuals will experience some degree of anxiety sporadically throughout their life. Some individuals will experience a more severe manifestation of anxiety called a panic attack. These episodes are characterized by a short period of intense fear that is often accompanied by an array of uncomfortable physiological changes (e.g., racing heart, hyperventilation, uncontrollable sweating, chest pain, dizziness, nausea, etc.).

Posttraumatic Stress Disorder (PTSD)

In 1980, the American Psychiatric Association introduced PTSD to the *Diagnostic and Statistical Manual* of psychological disorders and acknowledged that it could be caused by the traumatization or exposure to a violent crime. The following are some of the symptoms of PTSD:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions (e.g., flashbacks)
- Persistent efforts to avoid activities, places, or people that arouse recollections of the trauma
- Persistent sleep disruption, including trouble falling asleep and repeated nightmares
- Difficulty concentrating
- Exaggerated startle response

Maryland Laws on Victim Compensation for Mental Health Services

Under Maryland law, there are two resources victims of crime can utilize to obtain financial assistance for any costs they incurred related to mental health services they received as a result of their victimization. Victims can either be granted an order of restitution by the court, or be awarded financial compensation from the Maryland Criminal Injuries Compensation Board.

CRISIS INTERVENTION

Given the physical, emotional, and psychological turmoil many individuals experience in the immediate timeframe following their victimization, it is critical they are provided the appropriate crisis intervention services as soon as possible following their victimization in order to avert more serious acute and chronic problems. According to research, there are 3 basic phases within crisis intervention.

Phase 1: Psychological First Aid: This phase occurs immediately following the individual's traumatization and should focus on helping the victim confront the reality of what happened and

begin to deal with the crisis. One of the key tasks is to complete a short-term assessment to identify the victim's immediate needs (e.g., medical, physical, personal) and inform them of the services available in their community. Then, refer them to the appropriate programs. For those individuals that are still in danger, such as domestic violence victims or child abuse victims, it is paramount to take immediate steps to ensure the safety of the victim and his/her family.

Despite your good intentions to assist a victim of crime, it is not uncommon for the individual to be resistant to such overtures. Resistance is often a defense mechanism that individuals use when in a crisis situation. Sometimes this is out of fear or anxiety; other times it is out of denial. Therefore, it is important to establish a rapport with the victim and his/her family in order to help them avert a potential state of crisis. The National Center for Victims of Crime provides a few helpful phrases that crisis interveners can use during this phase to express empathy and establish rapport:

- “I am so sorry that this has happened to you.”
- “This must be a very difficult time for you right now.”
- “I can hear/see that you are having a hard time with this.”
- “You don’t have to handle this on your own.”
- “It sounds like you are angry right now.”
- “You did not do anything wrong.”
- “What you are feeling is not uncommon.”

Phase 2: Survivor Needs Assessment and Empathetic Support: The second phase of crisis intervention involves completing a more thorough needs assessment of the victim in order to provide the emotional support that will assist them in their recovery. The purpose of the assessment is to determine how the crisis affects the victim's life so that a plan can be made for how the victim can begin to move forward. Some of the tasks during this phase focus on maximizing their social support systems and helping them improve their coping skills. The success of how well victims can move through this phase is dependent upon an advocate's ability to identify the unique needs of their client.

Because most of this information will be provided directly by the victim in interviews, it is important that advocates practice their critical listening skills. To assist in this process, the following are some useful phrases to use when performing these assessments:

- “What I hear you saying is...”
- “Do you think it would be helpful if we talked about how you felt at the time?”
- “How do you think you reacted at that time?”
- “I know that it may not be easy to do, but can we talk about this some more?”

Phase 3: Recovery Intervention: During this final phase, the focus is helping the victim re-stabilize his/her life and become healthy again. While the first two phases of crisis intervention focus on the initial and short-term issues associated with victimization, this phase involves more long-term interventions that will assist the victim in being able to put their experience behind them. Because this phase often requires a significant amount of time, effort, and resources, it will require the cooperation and assistance from multiple agencies and organizations.

Grief Processing

In addition to crisis intervention, victim advocates need to be able to assist victims and their families in managing the grief that is associated with the loss that resulted from the traumatic incident. While this is particularly relevant for family members of homicide victims, it is also important not to overlook other victims and their families (e.g., sexual assault, child abuse, etc.) as many of them also experience feelings of loss, such as their sense of self-worth or their sense of security that can contribute to feelings of grief.

Grief can be experienced in many ways – physically, mentally, emotionally, and socially – and no two people will experience it the same way. Some of the more common grief reactions include:

- Numbness,
- Feeling of powerlessness,
- Overwhelming sense of sorrow,
- Inability to concentrate,
- Lethargy,
- Confusion,
- Fear and vulnerability,
- Social withdrawal,
- Change in eating and sleeping patterns,
- Hypersensitivity or hypervigilance, and
- Constant thoughts about the circumstances of the traumatic event.

How an individual grieves is dependent on a number of factors including their individual coping skills, the level of social support, the reaction of family members, their relationship with the deceased (or their offender), and their religious or cultural beliefs.

During the grieving process, individuals will experience a varied set of emotions. This can be overwhelming for them, so it is important to be able to explain the different stages of the grieving process so that they understand that what they are feeling is completely normal. What is often a common experience for victims in the initial stages of the grief process is to feel a complex set of emotions, such as disbelief, numbness, and shock, and they will often deny the event occurred. This is a normal and functional reaction as the victim and/or the victim's family has to confront their immediate loss.

Once the victim and/or the victim's family acknowledges their loss, they then have to begin to face the reality of life without a loved one (or in instances where death did not occur, the victim and their family are now left to deal with the loss of what life was before the incident).

At this point, it is very common for them to experience feelings of anger. Often times this anger is directed at those they feel are responsible for their loss, but it may also extend toward other parties, such as other family members for not feeling the same way they do, or at the criminal justice system for not handling their case the way they think it should be handled.

It is also not uncommon for them to express fantasies of ways they could exact revenge on the person(s) who are responsible for their loss. Anger can be a rather intense emotion, and when it elicits such strong emotions that they think about ways to act out their rage, it can scare the

victim and/or family members. It is important, therefore, to help them verbalize these feelings and to reassure them that those feelings are a normal part of the grieving process. Sometimes victims and/or their families may feel more comfortable talking with others who have gone through a similar kind of traumatic experience, so it is helpful to refer them to support groups that are available in their community.

Another common emotional response victims and their families may experience during the grieving process is guilt. This may come out of unresolved feelings they have about the family member they lost or was injured (particularly if those feelings involve conflict). It may also come from their own feelings of inadequacy at being able to protect themselves or their family member (self-blame) to prevent the event from occurring. Again, these types of emotions are a normal reaction.

To help victims and their families overcome those types of feelings, advocates need to help the victims and/or their family members recognize that traumatic events, such as the one they just experienced, are usually the result of factors that were outside of their control. By helping them process their feelings of guilt, they will eventually be able to construct a more realistic assessment of their individual responsibility for the traumatic event.

One of the more important facts advocates need to be aware of when helping victims and their families get through the grieving process is that it is just that – a process. For some, they are able to go through the different stages of the grieving process in a relatively short amount of time; for others, however, it can take many years. In fact, it is very common for many victims and their families to experience what is commonly referred to as grief spasms long after their loss. This is when the feelings of loss are particularly intense and are usually brought on by different triggers, such as birthdays or other special events, scents, songs, or other stimuli that remind the victim and/or the victim's family of the person they lost, or of the event itself. Typically, such spasms diminish in frequency and intensity over time, but every individual is different. The key is to allow the victim and/or the victim's family to go through the grieving process at their own pace.

One particular population that warrants a separate discussion in terms of grief processing is children. The death of a loved one, or the traumatic experience of being a victim of crime, can be a painful and often frightening experience for anyone. But for children, who often lack the emotional maturity and coping skills to handle the negative feelings that arise from such experiences, that kind of loss can have a profound effect on their lives.

Therefore, when assisting a child through the grief process, it is important to know where the child is developmentally as children experience grief in different ways depending on the developmental stage they are in at the time. For example, according to the Grief Resource Foundation (1990):

- **Children between the ages of birth and 1-year-old:** There are mixed opinions among experts as to whether a child of this age is aware of such a loss, and how much it can affect their behavior. Most agree that children at this developmental stage may experience some limited grief stemming from a limited awareness that a parent or guardian is absent. However, because their memory capacity for relationships has not yet

developed, most experts believe children of this age do not experience a great deal of loss.

- **Children between 1 and 2-years-old**: Although children are still not yet able to comprehend or attribute meaning to death, children who experience that kind of loss during this stage of life will usually experience some level of displeasure or depression. They are also more apt to respond to the emotional state and grief of those around them.
- **Children between 3 and 5-years-old**: Preschool aged children have a limited understanding of death. They still cannot grasp the permanence of the situation, but instead believe that death is a temporary and reversible experience. They also do not think death can happen to them, or to the ones they love. Rather, it is something that only happens to other people.
- **Children between 6 and 9-years-old**: School aged children begin to have a more clear understanding of death, in terms of its permanence, but still traditionally believe it only happens to other people. During this developmental stage, it is also not uncommon for children to think that thoughts can make things happen, including death.
- **Pre-Adolescent and Adolescents**: At this stage of development, children have a pretty sound grasp of death and an understanding of its permanence. However, because most children at this age view themselves as immortal, they may express increased interest in what happens after death and may romanticize it.

Case Management

It is important to recognize that not all victims you come into contact with will react in the same manner or require the same level of services. In fact, every individual has his/her own unique way of dealing with a crisis depending on their own skills, ability to cope, level of maturity, and temperament. As previously noted, the key to be able to recognize what the unique needs are for each victim and then use that information to match the individual to the appropriate services.

Confidentiality is of utmost importance when working with victims of crime. All confidentiality policies should be based on a concern for the clients' safety, as well as to uphold all professional ethics.

UNDERSERVED POPULATIONS

Despite the availability of a variety of mental health resources to aid crime victims in the community, some crime victims experience greater difficulty accessing services. One particular group is non-English speaking immigrants. Not only is there a significant shortage of bi-lingual therapists in our communities, many of these crime victims' cultural beliefs do not promote or even accept an individual seeking an outsiders' help to address mental health problems.

Another group of crime victims who are often underserved are individuals from a lower socio-economic background. Not only do these individuals lack the financial resources to pay for services upfront, many have a limited educational background and may struggle with literacy problems. Therefore, they may not understand what resources are available to assist them.

Another population of victims that is easily overlooked is what researchers have labeled "secondary victims" of crime. Secondary victims are those individuals who are not directly

involved in the traumatic incident, as either victims or witnesses, but who have close emotional ties or regular interaction with crime victims.

HOMICIDE

Definitions

The legal definition of murder and manslaughter in the state of Maryland is the willful killing of one human being by another. Murder is homicide committed with malice aforethought that includes any death due to a fight, argument, quarrel, assault or commission of a crime. Suicides and accidental deaths are excluded from this definition. The primary difference between murder and manslaughter is the absence of malice. Manslaughter is homicide without malice aforethought; reducing murder to manslaughter.

There are several degrees of homicide that define the seriousness of the criminal behavior. According to Maryland Criminal Law, the definition of first degree homicide involves a planned or premeditated murder, and willful killing committed by:

- Lying in wait,
- Poison, or
- In the perpetration of or an attempt to perpetuate a felony such as:
 - Arson,
 - Burglary,
 - Carjacking,
 - Kidnapping,
 - Mayhem,
 - Rape,
 - Robbery,
 - Sexual offense in 1st or 2nd degree, sodomy, or
 - Escape in 1st degree from a State or local correctional facility.

A person who commits a murder in the first degree is guilty of a felony, and on conviction shall be sentenced to:

- Death,
- Imprisonment for life without the possibility of parole, or
- Imprisonment for life.

Unless a sentence of death is imposed, or a sentence of imprisonment for life without the possibility of parole, the sentence shall be imprisonment for life.

Second degree homicide is an intentional and unlawful murder that is not planned but may happen in the heat of passion.

The law against committing negligent homicide is defined as causing the death of another during the negligent driving, operating, or controlling of a motor vehicle because of being impaired/influenced by alcohol or a controlled, dangerous substance.

[Note: Please refer to the “Drunk Driving” segment on page 38.]

The definition of domestic homicide includes spouses, former spouses, or an intimate partnership that does not involve marriage but who are cohabiting or had cohabited. In 1994, the Maryland Domestic Violence Act broadened this definition by including persons in, or who have recently been in, a live-in relationship.

Community Resources and Supportive Services

Stephanie Roper Foundation, Inc. (circa 1982) *now known as* Maryland Crime Victims' Resource Center, Inc. (circa 2002)

The Maryland Crime Victims' Resource Center (MCVRC) is a small, private nonprofit organization located in Upper Marlboro, Prince George's County, Maryland but operating statewide. The MCVRC provides knowledgeable advocates to work with victims of crime, assisting them in navigating the criminal justice system in the aftermath of their victimization.

The MCVRC also sponsors a weekly support group for survivors of homicide victims and survivors of victims of vehicular manslaughter. For collateral issues related to the victimization, the MCVRC provides an attorney and competent legal department to assist the victim with:

- Housing concerns,
- Employment issues,
- Creditor intercession, and
- Victimization-related custody disputes.

Additionally, the MCVRC is a leading advocate of victim-friendly public policy and legislation. The MCVRC also offers a faith-based program operating in Baltimore City.

The MCVRC was founded in 1982 as the Stephanie Roper Foundation and Committee by Vince and Roberta Roper. In April 1982, Vince and Roberta's oldest child, Stephanie, was kidnapped, sexually assaulted, tortured, and brutally murdered. The aftermath of the crime, especially their treatment in the criminal justice system, was devastating for the Roper family and their friends. Vince and Roberta were excluded from observing the trial and were precluded from delivering a statement to the court on behalf of Stephanie after the offenders were convicted of her murder. In response to their treatment and their trauma, the Roper family founded the Stephanie Roper Foundation and Committee to ensure that no victim ever walked alone again through the tortuous halls of the criminal justice system. For over 22 years, the MCVRC has advocated for victims and provided essential support services to enable them to regain their shattered lives.

Twenty years later on October 1, 2002, the sister organizations bearing Stephanie's name merged to become the Maryland Crime Victims Resource Center, Inc., a statewide nonprofit dedicated to serving the interests of crime victims in Maryland, while maintaining a nationwide reputation for dedicated advocacy and services.

Today, the MCVRC serves Maryland's victims from two offices, in Prince George's County and in Baltimore City, and has diversified its services to include criminal justice education, court accompaniment, therapeutic counseling, support groups, community education, prevention education, legal information and assistance, direct legal representation, policy advocacy, technical assistance for allied professionals and criminal justice agencies and faith-based referrals.

MCVRC continues to serve as an excellent source of information about grief, trauma, and the criminal justice system. We are able to provide group, individual, and family counseling services for adults, adolescents, and children in a confidential setting.

DRUNK DRIVING

By law, a person is **under the influence** if their blood alcohol concentration is **.08 or above**. The current blood alcohol content (BAC) limit is eight hundredths of one percent of alcohol by weight or 0.08.

The BAC rate decreases to 0.07% if the person has a previous drunk driving conviction.

Impaired driving typically occurs when a person operates a motor vehicle while under the influence of alcohol or other drugs. In Maryland, more than 1/3 of all traffic fatalities are alcohol-related. In addition to fatalities, there are a large number of victims/survivors who suffer serious physical injuries that often impair them for life.

Traffic crashes are the single leading cause of injuries treated in emergency rooms and trauma centers. Maryland hospitals encounter more than 3,500 traffic-related victims annually. In addition to physical injuries, victims experience considerable financial losses due to loss of wages, property damage, insurance fees, medical expenses, legal expenses, and emotional distress.

The lead support agency for victims of drunk driving is Mothers Against Drunk Driving (MADD), a nonprofit volunteer organization with branches in most regions within every state. MADD is the largest grassroots victim organization in the nation. Founded 20 years ago, MADD's mission is to stop drunk driving, support the victims of drunk driving, and prevent underage drinking. MADD plays a significant role in lobbying for new legislation to develop tougher laws, increase drunk driving penalties, and promote zero-tolerance laws for underage drinking and driving. They sponsor nationwide ad campaigns to educate the general public and to announce legal and policy amendments.

ELDER ABUSE AND FINANCIAL EXPLOITATION

The State of Maryland defines domestic elder abuse as abuse of adults or dependent/vulnerable adults age 65 and older who live in private residences, not care facilities. Dependent adults are unable to care for themselves as a result of a physical or mental condition and depend on others to help them with tasks of daily living.

Elder abuse includes the:

- Physical, psychological, sexual or financial abuse of elderly persons by relatives or caregivers (a spouse, sibling, child, friend, or other caregiver), or
- Neglect of the elderly by relatives or caregivers.

The state of Maryland, like most states, recognizes three basic categories of elder abuse:

- Domestic,
- Institutional, and

- Self-neglect.

Maryland state laws apply to elderly physical abuse, homicide, sexual assault, exploitation, fiduciary abuse, neglect, or abandonment.

WORKPLACE VIOLENCE

The surviving victims of workplace violence, the eyewitness to the event, the people related to the victims, witnesses or suspects, and the company as a living entity—all experience some level of emotional trauma. Their recovery largely depends on what kind of psychological care they get from the people who respond to their need for help. It is critical that support services and treatment programs be made available to all categories of victims. Every work organization should have referral resources put in place before an incident occurs.

Key Legal Issues

- **The Duty to Provide a Safe Workplace**

Employers have a general duty to provide a safe workplace for employees and a safe place for non-employees. This duty arises under state and federal OSHA regulations and various other statutes and common law theories of liability, including general negligence and premises liability principles.

- **Assistance Strategies/Practices for Helping Sexual Harassment Victims**

The following are important questions for victims/Victim Service Providers in the practice of addressing claims of sexual harassment:

- What are the time limits for filing a charge of discrimination? A charge of discrimination on the basis of sex must be:
 - ◇ Filed with the EEOC within 180 days of the alleged discriminatory act, or
 - ◇ Within 300 days if there is a state or local fair employment practices agency that enforces a law prohibiting the same alleged discriminatory practice.

It is, however, recommended that the EEOC be contacted promptly when discrimination is believed to have occurred.

- What types of evidence will the EEOC look at to determine whether sexual harassment has occurred? When investigating allegations of sexual harassment, EEOC will examine the entire record, the:
 - ◇ Circumstances, such as the nature of the sexual advances, and
 - ◇ Context in which the alleged incidents occurred.

The EEOC recognizes that unwanted sexual conduct may be private and unacknowledged with no eye witnesses. The EEOC will also investigate whether any complaint or protests occurred. While a complaint or protest is helpful to a charging party's case, it is not a necessary element of the claim.

- If I file a discrimination charge, what types of relief are available? If you have been discriminated against on the basis of sex, you are entitled to a remedy that will place you in the position you would have been in if the discrimination had never occurred. You may also be entitled to:
 - ◇ Hiring, promotion, reinstatement, back pay, and other remuneration; and
 - ◇ Damages to compensate for future pecuniary losses, mental anguish and inconvenience.

- ◇ Punitive damages may be available if an employer acted with malice or reckless indifference.
- Can my employer retaliate against me for filing a charge with the EEOC? It is unlawful for an employer or otherwise covered entity to:
 - ◇ Retaliate against someone who files a charge of discrimination,
 - ◇ Participates in an investigation, or
 - ◇ Opposes discriminatory practices.

Individuals who believe that they have been retaliated against should contact the EEOC immediately. Even if an individual has already filed a charge of discrimination, he/she can file a new charge based on retaliation.

VICTIM ASSISTANCE STRATEGIES FOR VICTIMS WITH DISABILITIES

Victims of crime who have disabilities generally face the same difficulties as any crime victim might. There are, however, important distinctions that Victim Service Providers must be aware of in serving victims with disabilities:

- Crime victims with disabilities have a higher risk of victimization than crime victims without disabilities. They face a greater risk of being re-victimized often at the hands of a caregiver or family member.
- A crime victim with a disability or a person who becomes disabled due to crime may not have the resources or the physical stamina to deal with proceedings of the criminal justice system. For example, if a victim is paralyzed as a result of a crime, the victim physically has adjustment issues to cope with while concurrently interacting with the criminal justice system.
- Child custody matters can work to the detriment of disabled persons. In a domestic violence case, according to disability advocates, some court systems and judges award custody to the batterer. This assumption is based on the stereotype that children may be better off with an able-bodied offender than with a victim who has a particular disability.

Another important point for Victim Service Providers who work with disability victimization is the issue of appropriate vocabulary. The following are some examples.

- The word “victim” is a loaded term in the disability rights community. In the medical system, people with disabilities have been considered victims of their disabilities (i.e., a victim of polio). The term reinforces an already existing, socially-imposed negative identity. Disability advocates have struggled to transform their identity from victim to something more positive; therefore, admitting to victimization is often experienced as a setback. Victim advocates have long been concerned about using the proper language that would include all crime victims and yet not be stigmatizing. Service Providers working with crime victims could clarify the issue by asking victims how they prefer to be characterized.
- “Special services” is another loaded term with negative connotations. Crime victims with disabilities do not want anything special. They want rights and services to which they are rightly entitled and request common sense accommodations to ensure they will receive them. However, many crime victims

(not just those with physical or cognitive disabilities) will need individualized attention and services.

- Disability is more than a physical/emotional/mental issue. It is a political and social issue as well, and frequently it is a major source of a person's identity because of social attitudes. Many people with disabilities view their disabilities as disabling only to the extent to which society does not provide an accommodating environment.

The Office for Victims of Crime makes the following suggestions when working with crime victims who have disabilities:

- Treat victims with disabilities with compassion, dignity, and respect.
- Ask the individual victim how you should communicate more effectively with him/her.
- Address and speak directly to the victim, even if he/she is accompanied or assisted by a third party.
- Ask the individual victim about whether or what type of physical assistance the individual would prefer before offering an arm or hand for support. Address the victim's safety, expressed concerns, and immediate needs first.
- Don't tell the victim with a disability that you admire his/her courage for living with his/her disability.
- With regard to most accommodations, take your cue from the victim.
- When communicating with an individual who is hard of hearing and who prefers to speech-read, face the person directly when speaking. Speak slowly and distinctly but not unnaturally.
- When using a sign language interpreter, have him/her sit next to you so that the hearing impaired victim can easily shift his/her gaze back and forth from the interpreter to you.
- As with all victims, it is appropriate to assist victims with disabilities in becoming acquainted with the physical surroundings of your office and, if necessary, the courtroom where he/she may be coming for interviews or hearings.
- When greeting or meeting with a person who is blind or has limited vision, indicate your presence verbally, identify yourself by name, and speak in a normal tone.
- Do not assume that a victim who uses a wheelchair or a walker needs your assistance entering a room. Provide mobility assistance only if asked.
- Be aware that a person's wheelchair is a part of his/her body space and needs to be treated as such. Do not stand too close to the wheelchair as this could block the individual's movement.
- When working with a person with a developmental disability, give the individual time to respond. Rapid or intense questioning is likely to cause confusion. Talk slowly and calmly using easy to understand language with clear and concise terms.

WORKING WITH STALKING VICTIMS

It is important that we do all that is possible to work with victims in helping to keep them and their families safe. Some of the things victims of stalking should know include, but are not limited to, the following:

- Stalking is illegal. The victim should be made aware of their rights as well as what the stalking and stalking-related laws are. Victims should be aware of what a Protection Order is, as well as the procedure for obtaining one (see the section on domestic violence on page 14). Victims should be encouraged to be persistent in their search for justice. Victims should be encouraged to continue to report incidents, no matter how trivial they may seem. It is these types of trivial acts that will assist law enforcement in being able to establish a pattern of behavior.
- The victim should tell the stalker to cease any kind of personal contact. Ideally this should be done in the presence of a witness, or if need be, done in writing with a notary signature. Should a letter be necessary, the victim should be sure to keep a copy. This notification will help to clearly establish that any further contacts are unwanted and illegal.
- Let the victim know that if unwanted contacts and/or behaviors persist, they should be documented. A good idea is to suggest that the victim keep a detailed journal. Exact dates, times, locations, and descriptions of each contact should be recorded. Here again, witnesses are important and should be included.
- Have the victim utilize an answering machine to screen calls. The mini-cassette type of machine is best so that the tape can be removed, dated and saved. All harassing/threatening phone calls should be saved. This type of activity, harassing/threatening phone calls, in and of itself, is a violation of the criminal code in Maryland.
- Have the victim save any mail, notes, gifts, etc. sent by the perpetrator (whether threatening or not). The key here is whether or not the items in question are wanted by the victim. Notes left on cars, desk, doors, etc. should be removed in the presence of a witness whenever possible. The placement of such notes and the presence of witnesses should be recorded in the victim's journal.
- If the victim is noticing the stalker wherever he/she goes, instruct him/her to alert their neighbors, co-workers, friends, and family, and to enter the information in his/her journal.
- Instruct the victim to have local law enforcement to do a home security survey of his/her residence for recommendations on things such as locks, lighting, etc.
- Have the victim keep a camera handy. Let the victim know that if the stalker comes near him/her, a picture serves as great proof that they were in the vicinity. However, the victim should use their best judgment when considering this course of action. Doing this may well instigate further violence from some stalkers if they are aware that they are being photographed. Safety must always come first!

TECHNOLOGY SAFETY PLANNING WITH SURVIVORS

Technology can be very helpful to victims of domestic violence, sexual violence, and stalking, however, it is important to also consider how technology might be misused.

- **Trust your instincts:** If you suspect the abusive person knows too much, it is possible that your phone, computer, email, or other activities are being monitored.

Abusers and stalkers can act in incredibly persistent and creative ways to maintain power and control.

- **Plan for safety**: Navigating violence, abuse and stalking is very difficult and dangerous. Advocates at the National Domestic Violence Hotline have been trained on technology issues, and can discuss options and help you in your safety planning. Local hotline advocates can also help you plan for safety. (National DV Hotline: 800-799-7233 or TTY 800-787-3224)
- **Take precautions if you have a “techy” abuser**: If computers and technology are a profession or a hobby for the abuser/stalker, trust your instincts. If you think he/she may be monitoring or tracking you, talk to a hotline advocate or the police.
- **Use a safe computer**: If anyone abusive has access to your computer, he/she might be monitoring your computer activities. Try to use a safer computer when you look for help, a new place to live, etc. It may be safest to use a computer at a public library, community center, or Internet café.
- **Create a new email account**: If you suspect that anyone abusive can access your email, consider creating an additional email account on a safer computer. Do not create or check this new email from a computer your abuser could access, in case it is monitored. Use an anonymous name, and account (i.e., bluecat@email.com, not RealName@email.com). Look for free web-based email accounts, and do not provide information about yourself.
- **Check your cell phone settings**: If you are using a cell phone provided by the abusive person, consider turning it off when not in use. Also many phones let you lock the keys so a phone won't automatically answer or call if it is bumped. When on, check the phone settings. If your phone has an optional location service, you may want to switch the location feature off/on via phone settings or by turning your phone off and on.
- **Change passwords and PIN numbers**: Some abusers use victim's email and other accounts to impersonate and cause harm. If anyone abusive knows or could guess your passwords, change them quickly and frequently. Think about any password protected accounts – online, banking, voicemail, etc.
- **Minimize use of cordless phones or baby monitors**: If you don't want others to overhear your conversations, turn baby monitors off when not in use and use a traditional corded phone for sensitive conversations.
- **Use a donated or new cell phone**: When making or receiving private calls or arranging escape plans, try not to use a shared or family cell phone because cell phone billing records and phone logs might reveal your plans to an abuser. Contact your local hotline program to learn about donation programs that provide new cell phones and/or prepaid phone cards to victims of abuse and stalking.
- **Ask about your records and data**: Many court systems and government agencies are publishing records on the Internet. Ask agencies how they protect or publish your records and request that court, government, post office, and others seal or restrict access to your files to protect your safety.
- **Get a private mailbox and don't give out your real address**. When asked by businesses, doctors, and others for your address, have a private mailbox address or a safer address to give them. Try to keep your true residential address out of national databases.

- **Search for your name on the Internet:** Major search engines such as Google or Yahoo may have links to your contact information. Search for your name in quotation marks and use your full name. Check phone directory pages because unlisted numbers might be listed if you have given the number to anyone.

CULTURAL DIVERSITY AND CRIME VICTIMS

What is Cultural Sensitivity?

Because it is common for individuals from the same cultural background to share similar traits, we have a tendency to over-generalize those similarities and mistakenly assume that *all* members of that particular group are alike. This habit, referred to as the “ecological fallacy,” causes us to fail to recognize differences between individuals within the same group and to instead rely upon stereotypes. The danger of perpetuating such oversimplifications is that we offend the members of those groups, and ultimately jeopardize our ability to reach out and help those individuals when they have been traumatized.

Another cultural fallacy we may inadvertently perpetuate is that we think we should be “color-blind” when we treat victims of crime. In other words, a victim’s race or ethnicity is irrelevant when assessing the needs of the individual. People are people. They all share the same feelings, and therefore, should be treated equally. Similar to the ecological fallacy, adopting such an approach fails to recognize that a person’s cultural background is central to how he/she organizes and interprets experiences.

As our nation’s communities become increasingly diverse, there is the risk that cultural differences can serve as barriers to receiving appropriate services. Therefore, it is important that victim advocates become aware of the specific populations that reside within their communities and begin to educate themselves about their cultural norms in order to better serve the needs of the individuals that fall victim to crime.

Cultural Competency

Language and cultural barriers are the biggest obstacles for many foreign-born victims of crime and often manifest in a reluctance to seek assistance or to go forward with legal proceedings. Many refugees distrust the legal system because of bad experiences in their home country, or fear that if they seek help, they will be deported. Once they do go forward, victims are often frustrated by the fact that most general social services organizations, law enforcement agencies, and courts are not equipped to work with those with limited English or American cultural proficiency.

Unfortunately, because adequate treatment is often precluded by a lack of training, victim advocates need to develop a network of contacts in the field so they may learn about the cultural needs of their clients, as well as what resources are available to them in their community. When working with victims, the National Center for Victims of Crime (NCVC) stresses that the aspects of cultural diversity that should be considered are: ethnicity, language, nationality, sexual orientation, migration experience, disabilities, age, gender, economic considerations, and educational status.

Victim Service Providers should identify and validate the cultural background of a victim, paying attention in particular to the following issues:

- Role of family, including whether family members should be involved in counseling;
- Community values, i.e., whether there is pressure against reporting crimes by community members or a stigma attached to being a victim;
- Gender roles, especially the role of women in traditional societies, and the pressures these expectations can exert over women's reporting of, or responses to, crime;
- Attitudes toward death, especially respecting different communities' rituals;
- Migration experiences, especially if the victims are refugees who have experienced previous oppression;
- Religion and how religious beliefs and support systems affect attitudes toward crime, trauma, and mental health concerns;
- Education and employment: groups with less education and income are more likely to suffer crime and have less access to legal remedies and counseling;
- Language: whether the victim can communicate effectively with service practitioners, and if interpreters should be used; and
- Degree of assimilation into the dominant culture.

Ultimately, to become culturally competent requires one to go beyond simply learning *about* other races and cultures. It also requires one to learn *from* individuals within those cultures.

Underserved Populations

Foreign-born victims often experience more difficulty when seeking assistance from the criminal justice system than native victims. Because many immigrants do not speak English fluently and/or proficiently, they often experience difficulties when trying to communicate with officials and may not understand how the U.S. justice system works, even when provided with a translator.

Others may be reluctant to seek assistance from authorities because of their own cultural beliefs. In some immigrant populations, there is a fear that reporting an incident of victimization to authorities, such as sexual assault, will bring embarrassment to their family.

Similarly, some individual's cultural beliefs define certain behaviors differently. For example, in some cultures, women may accept physical violence from their husband as normal. Other cultures may conceptualize justice differently from how it is presented in the United States, thus, some individuals may believe that any violations of said principle should be handled in a manner that is consistent with their own cultural beliefs.

Finally, some groups may harbor a distrust of law enforcement, either because of the experiences they had with officials in their own native country or with officials in this country after they arrived. Thus, they may be reticent to seek assistance from law enforcement when a criminal matter arises.

Immigrants who are in the United States illegally, or lack the proper documentation, their experience may be even more reticent about seeking assistance from the criminal justice system. Many may believe that because of their legal status, they risk deportation. For those who have children, there is an added fear that the state will take their children from them. Another problem

is that many believe that because they are not here legally, they are not eligible for any social or legal services.

THE VARIOUS ROLES OF THE VICTIM SERVICE PROVIDER (VSP)

In the aftermath of crime, victims may receive services from various service providers within their community. The role of the VSP varies from agency to agency, yet in terms of service provision, there are many commonalities existing between the system-based and nonprofit-based victim service agencies. For each to have an understanding of services provided by community allied professionals, it is essential to understand these commonalities when assisting victims in regaining stability in their lives during the unsettling time they are experiencing. To successfully support victims in regaining control, the VSP must collaborate with other VSP in their community and be knowledgeable about the services available.

The victim assistant handles a range of everyday duties which vary depending upon the particular agency that the victim assistant represents. More duties serve to provide consistency and predictability to a victim who has likely been through an unexpected and destabilizing event. These duties include:

- Helping the victim to manage a crisis through emotional support and information,
- Establishing expectations of what will happen in the system, and
- Keeping the victim informed of actions throughout the process.

Duties of the individual VSP depend on the type of agency they represent and include daily routine tasks or projects that have long-term goals leading to increased empowerment and stabilization of victims. Whatever the agency, VSPs offer options, linkages and opportunities to enable the victim to persevere after a traumatic incident.

There are four primary types of victim service agencies providing services to victims throughout Maryland.

- Each county has a prosecutor-based victim assistance program.
- Most counties have a domestic violence center and services for sexual assault victims.
- Numerous counties have a child advocacy center (or have access to one), and
- There are a few independent sexual assault programs in the state.

Before outlining the specific responsibilities and duties of these service providers, it is critical to note that each victim service agency is unique. Child advocacy centers may or may not offer 24-hour crisis response; and domestic violence service agencies may or may not offer support groups. Each agency's development and management is dependent upon its staffing, funding and geographical resources. These variations enable each community to tailor agencies to best serve the population's needs.

VSPs must familiarize themselves with available community resources and the allied agencies that serve victims of crime. Being skilled in collaboration, making referrals, and coordinating responses is an integral part of effective victim advocacy.

Skills and Responsibilities for Victim Service Providers

The old adage that “Victim Service Providers wear a lot of hats” is an understatement. Victim advocates have traditionally been considered “generalists” with a “little knowledge about a lot of topics.”

The following is a list of 50 skills and responsibilities that Victim Service Providers find “common” to the practice of victim assistance, their agencies, the community and their colleagues. These are intended to provide a “snapshot” of the wide variety of skills and capabilities that contribute to effective victim advocacy and service.

1. **Advocacy for victims’ rights:** When gaps are identified that affect the provision of comprehensive, quality victim assistance, victims’ rights advocacy addresses such deficiencies. This can include advocating for an individual victim, a group of victims, or significant changes in laws through public policy development and implementation.
2. **Case management:** Maintaining accurate, current data about clients served, and the ability to generate cumulative reports about overall cases, are important skills for victim advocates. It requires juggling multiple cases representing many different victims’ needs at the same time, as well as knowledge of allied professional services that can ensure that victims’ cases are managed in an efficient and collaborative manner.
3. **Client assessment:** While victim advocates should not be expected to be “experts” in mental health, social services, medicine, and other allied professions, they should be knowledgeable about how to effectively assess victims to identify their most salient needs, and then work to meet them. A number of client assessment tools are utilized across the nation to determine the most urgent and critical needs of victims.
4. **Change management:** As a rapidly evolving discipline, victim services are subject to constant change due to our ever-evolving public policy legislative changes, and increasing public awareness of the issues that affect crime victims. This ongoing dynamic can result in confusion, turmoil, and stress if not well managed. Change management: incorporates skills that help professionals predict and better cope with change. It also reinforces change as a positive factor that enhances the discipline of victim services as a whole, and individual victims and service providers specifically.
5. **Community crisis response:** The protocols pioneered by the National Organization for Victim Assistance (NOVA) include critical skills for many victim assistance providers and organizations that may be called upon to respond to crimes or disasters that affect a large number of victims and/or entire communities. Examples include the Oklahoma City bombing and murders, recent assaults and murders of children in schools at the hands of classmates, and terrorism involving mass destruction in the United States and other sites abroad.
6. **Civil litigation:** When some victims feel they have not achieved “justice” through the criminal or juvenile justice system, they can pursue civil remedies. Victim Advocates should be aware of the various avenues of civil litigation available to victims, and be able to make appropriate referrals to legal professionals.
7. **Coalition building:** A critical strength of America’s victims’ rights discipline has been its ability to make victim issues and concerns a priority for literally everybody, from allied professionals to public policy makers to members of the community. The ability to forge alliances with potential partners to further the cause of victims’ rights is a true asset for many Victim Service Providers.

8. **Community organizing:** When Tip O’Neill, the late Speaker of the House of Representatives of the U.S. Congress, said “all politics are local,” he could have been describing the field of victim services. With a strong grassroots foundation, this evolving discipline has, and will continue to rely upon the “power of the personal story” and the commitment of community-based activists to organize and effect positive change that benefits victims. In addition, the community’s investment in justice, which results in individual and neighborhood safety and protections, has become increasingly clear.
9. **Conference and seminar coordination:** Many advocates coordinate training for their staff, allied professionals, communities and regions. Due to the high cost of travel and the limited training funds available, it is becoming more common for professional victim assistance associations to develop and coordinate their own training programs.
10. **Conflict management:** As in any discipline, conflicts abound between and among individuals, agencies, and jurisdictions, to name a few. The ability to help understand, manage, and resolve conflict (while not adding to the dissension) is a critical skill for professionals and volunteers who assist victims.
11. **Continuing education:** A significant component of a victim advocate’s professional development is continuing education. Opportunities are available through the National Victim Assistance Academy (and increasingly, through state-level academies), state/regional/local coalition training efforts, higher education, and other opportunities. Participation in allied professional associations at the local, state, and national levels also offers good venues for continuing education, particularly in specialty areas of victim assistance and criminal or juvenile justice.
12. **Counseling:** The capacity to effectively assess victims’ needs for counseling and provide appropriate referrals and/or counseling services is a basic skill that must be possessed by all victim assistance professionals.
13. **Crisis counseling and intervention:** A comprehensive knowledge of victim trauma and additional stressors likely to produce crisis reactions, along with appropriate communication, listening, crisis response, and intervention skills are necessary.
14. **Cross-cultural services:** In the “melting pot” that is America, knowledge about different cultures, their values and beliefs, and culturally appropriate responses is a core skill necessary to provide basic victim assistance services. Outreach to a variety of different cultural and ethnic groups is becoming a mainstay of victim assistance in communities large and small, urban and rural across America and abroad.
15. **Crime scene cleanup:** Many victim assistance providers assist with the cleanup of vandalized property, homicide and violent crime scenes and assist in cleaning property examined by law enforcement for fingerprints.
16. **Criminal and justice system knowledge:** Knowledge of and familiarity with the criminal justice process are critical for advocates. It is important to know what criminal justice services are available locally on a state, as well as federal level so as to make appropriate referrals and help victims navigate this process.
17. **Death notification:** Knowledge of the extensive, profession-specific guidelines for death notification developed by Mothers Against Drunk Driving is necessary for any victim advocate whose job responsibilities include providing services to surviving family members and loved ones of homicide, drunk driving, manslaughter, or mass victimization resulting in death.

18. **Education and partnerships with academia:** In order to prepare the “next generation” of victim advocates, it is crucial to create a strong academic foundation in institutions of higher education. Through the development of baccalaureate, masters, and doctorate programs in victimology, as well as curriculum infusion of victims’ issues and victimology theory into existing departments, the discipline of victim assistance will increase its professionalism as well as broaden the scope of individuals who seek to become victim advocates. The National Victim Assistance Academy is an excellent example of partnerships with academia that promote professional development.
19. **Grant writing:** The capability to identify resources for grants and develop successful proposals for research, evaluation, demonstration programs, program development, innovative partnerships, training and technical assistance has become a basic skill crucial to many victim advocates.
20. **Historian:** As the discipline of victim assistance rapidly approaches its fourth decade of service to America, it is essential for service providers to understand and appreciate the rich history of victims’ rights and, in particular, the significant contributions made by crime victims themselves. The heartbreaks, struggles and frustrations that marked the early days of victims’ rights and services have provided the foundation for an era where quality victim services abound, collaborative efforts among justice and allied professions are becoming more common, and victim trauma and losses are recognized. Through the pioneering efforts of countless individuals who were hurt by crime, and who were determined to prevent others from enduring the indignities they did, as well as leadership from the U.S. Department of Justice Office for Victims of Crime, and thousands of victim assistance organizations, the field of victim services is shifting from a “movement” to a respected and valued professional discipline.
21. **Information and referral:** There are over 9,000 national, state, and local victim assistance programs, and countless allied professional agencies and organizations whose services are relevant to victims. Knowledge of these resources is an important asset to Victim Service Providers. The information contained in the annual *National Crime Victims’ Rights Week Resource Guide* (VALOR 1995-1999) offers comprehensive referral sources as does the Internet (by utilizing a search engine with the phrase “crime victims” as a guide). It is also important to ensure that referrals exist which can be accomplished and are appropriate by making an initial screening call to determine a referral agency’s location, existence, and capabilities for victim assistance.
22. **Information technology:** Technological innovations have expanded the possibilities of victim assistance beyond anyone’s vision or imagination 30 years ago. Use of the Internet (including e-mail, websites, and discussion groups), management information systems, automated victim notification and restitution systems and services, and other technological resources have proven extremely valuable to Victim Service Providers for:
 - Streamlining information and referrals,
 - Case management,
 - Implementation of victims’ rights,
 - Research, and
 - Continuing education opportunities.

Technologies may also harm victims of domestic violence, stalking, and sexual assault. Victim Service Providers must keep up with changes in the way crimes are perpetrated

such as stalking through GPS devices and controlling domestic violence victims by surveying her Internet use.

23. **Intervention on behalf of victims:** Many victims require direct intervention with employers, creditors, insurance companies, teachers, and justice or allied professionals, among others. Often, a simple telephone call, letter, or e-mail can resolve a stressful situation for a victim.
24. **Justice system expertise:** Knowledge about laws, policies, procedures and protocols involved in the criminal, juvenile, federal and civil justice systems is a basic (and often vital) aspect of victim advocacy. Through collaboration and cross training with allied justice professionals, Victim Service Providers can promote understanding of and sensitivity to victims' rights and needs from crisis intervention at the time of the crime through assistance at parole hearings and the appellate level.
25. **Nonprofit management:** Approximately half of America's victim assistance programs are nonprofit and community-based. This distinction requires knowledge of and adherence to laws and policies that guide nonprofit organizations, as well as strong resource development skills to ensure a continuous base of funding.
26. **Professional development:** This is an ongoing process that provides exciting opportunities for victim advocates to keep apprised of techniques, trends, innovations, and creative programming ideas that can enhance their personal and professional development. Many skills are derived from victim-specific training programs and state and national conferences. Other training opportunities are offered through in-service training and also through the process of listening and learning from others on a regular basis. As one victim advocate said: "With each victim I help, I become better prepared and more able to assist victims in the future."
27. **Program administration:** Responsibilities such as financial management, staff/volunteer recruitment and management, program development and management, strategic planning, Board development, and developing collaborative initiatives with allied professions are among the many core elements of administration. Knowledge of people, training, quality services and innovative program development is necessary.
28. **Program development:** Most victim assistance organizations must develop programs "from scratch" with minimal amount of funding, while competing with other agencies who are also constantly seeking ways to augment and enhance their activities. Program development includes assessing needs, staff training, resource development and information seeking initiatives. Model programs using innovative and creative strategies are considered "promising practices" for replication. This area requires a basic knowledge of program evaluation and quality programming.
29. **Program evaluation:** The ability to measure the effectiveness and success of victim services is very important and critical to an agency's continued success. Program evaluation is often considered "the weak link" in victim services. No program or activity should be continued unless it can be substantiated and measured as effective.
30. **Property repair:** Some victim assistance providers provide services to domestic violence victims and burglary victims in the form of property repair and installation of deadbolt locks and peepholes (security devices and appliances). Frequently, this repair work restores a sense of security and safety to the victim that was significantly compromised by the crime. Some victim compensation programs actually pay for the locks that are installed for the safety of crime victims. In some communities, crime repair

crews comprised of nonviolent offenders under careful supervision of a probation officer perform this function as well.

31. **Public policy and implementation:** The majority of crime victims' rights have a local, state or federal law to support them. Since the passage of the first victims' rights law to provide victim compensation in California in 1965, there have been over 30,000 laws passed that define and protect victims' rights. Knowledge of existing laws, skills in organizing coalitions to promote legislative education, and the implementation of laws are considered the core skills for victim advocates.
32. **Public relations and media outreach:** Victims and members of the community may be unaware of victims' rights, services and public protection initiatives. Therefore, they may not access services or become involved in community safety programs. Basic skills in marketing, media relations, community and public outreach are rapidly becoming elements of the basic job description of a victim advocate.
33. **Public speaking:** Comfort in addressing small and large groups in order to provide information and resources about, and encouragement to support, victim assistance initiatives, is a basic attribute of victim advocacy.
34. **Research:** While victim advocates are not required to be researchers at an academic level, they can achieve professional advancement by being familiar with the core principles of research and evaluation. In addition, many victim service programs partner with researchers and academicians to co-sponsor "research-to-practice" initiatives. Basic research relevant to victims' rights and services can also be achieved through good case management (data collection and analysis), conducting focus group and victim satisfaction surveys, and participating in advisory capacities to research projects.
35. **Resource development:** Nonprofit victim organizations, as well as some public sector agencies, rely on external funding sources to support their programs and services. As such, many victim advocates find themselves organizing special events, writing grants, pursuing cause-related marketing opportunities, and developing direct mail funding appeals (among other fundraising activities) as part of their duties. There are myriad resources to help Victim Service Providers hone their fundraising skills, including electronic information on the Internet and local training programs geared specifically toward nonprofit fundraising.
36. **Specific needs victim assistance:** Victims who are young or old, or with mental or physical disabilities, or who reside in high urban or extremely remote jurisdictions (among others), require services that are sensitive to their unique situations. While technological enhancements can enhance the provision of victim services to specific needs populations, a basic understanding of challenges and barriers such victims face is an important asset to Victim Service Providers, especially to meet such victims' needs within the criminal and juvenile justice systems.
37. **Strategic planning:** The victims' rights discipline on the edge of the millennium is a culmination of decades of planning and vision. As this field becomes more visible, viable, specialized, and focused, the need for ongoing strategic planning that promotes partnerships with allied professionals and volunteers is essential to develop a productive path for the future.
38. **Stress management:** As this list of recommended skills for victim advocacy is reviewed, one's stress is likely to rise! Victim Service Providers work in some of the most stressful environments imaginable and dealing with the emotional trauma of

victimization can take its toll. The ability to identify sources of stress and develop positive skills to cope and manage both stress and potential burnout can be a career-saving skill for victim advocates.

39. **Substance abuse and addiction assessment and interventions:** Too many victims fall prey to abuse of alcohol and other drugs as a means to cope with the pain and trauma they endure. And too many victim advocates use alcohol and other drugs as a means to cope with the acute and chronic stress of their jobs. An understanding of why victims and advocates might use or abuse alcohol and other drugs, treatment options, and the importance of forging alliances (and sponsoring cross-training) with substance abuse professionals, is a vital skill for victim advocates.
40. **Support group facilitation:** Since the inception of the victims' rights field in the U.S., mutual support groups have been at the very foundation of victim services: victims helping other victims cope with the trauma and pain of their victimization, and providing greatly needed support that can facilitate healing. Often, victim advocates help organize and facilitate support groups, frequently with support from mental health professionals who have education credentials and backgrounds specific to victim trauma and grieving.
41. **Training:** "Each one, teach one" could be the mantra of America's victims' rights discipline. The incredible advancement in both victims' rights and services has been accomplished largely through efforts to train, and cross-train, professionals and volunteers whose duties involve victim assistance. General and specialized training curricula and programs relevant to victim assistance have forged a path of growth and development throughout this emerging profession.
42. **Translation and interpretive services:** More and more advocates work with specific populations such as the deaf and non-English speaking victims. Many of these individuals would be even more isolated without the support of services that facilitate their active participation in justice processes, and ability to access support and assistance.
43. **Technical assistance:** When a victims' rights/services program or initiative is proven to be effective, it should be replicated in other jurisdictions. Technical assistance provides ongoing means of providing guidance, advice and support to allied professionals and helps reduce the isolation that providers feel in the field.
44. **Trauma intervention and response:** A very specialized field called traumatology has emerged that focuses specifically on responses, interventions, services and treatment of the grief, loss and suffering endured by crime victims. Trauma training is a critical component of victim advocacy in order to be able to identify and meet the mental health needs of victims. This is an area where partnerships between researchers and practitioners have reaped considerable useful information to delineate trauma reactions, responses and interventions that are helpful to victims. A number of new therapies have been introduced as a means to help victims reduce stress and reactions to victimization and trauma.
45. **Victim activism:** Many victims who feel that justice was not served in their particular cases seek measures to change and improve justice processes, societal attitudes, and even the provision of victim services. It is important for victim advocates to be able to provide "avenues for activism" to victims who are looking for ways to speak out and effect change on a local, state, and/or national level.
46. **Victim/offender programming:** As restorative justice and community justice initiatives emerge to identify and involve victims, offenders and the community as "clients" of justice processes, there has been an increase in the numbers of victim/offender programs

across the nation. Victim/offender mediation or dialogue, victim impact panels, family group conferencing, and sentencing circles are examples of programs where victims define the harm caused by crime. They also encourage offenders to confront and take responsibility for their actions and the consequences to their victims, their own families, their communities, and themselves. Victim/offender programs require strong partnerships with allied professionals to effectively and compassionately respond to victims. They also should carefully screen crime victims to determine if they are ready for, and/or appropriate for, participation in such programs on a strictly *voluntary* basis.

47. **Victim compensation:** In most states there is financial assistance available from state victim compensation programs. It is mandatory in states that receive VOCA (Victims of Crime Act) funds for Victim Service Providers to help victims apply for compensation. They also educate justice and allied professionals about victim compensation in order to create a seamless web of information and resources that can help victims seek financial remuneration in accordance with federal and state laws.
48. **Victim restitution:** Perhaps the most difficult of all victims' rights to enforce, victim restitution holds offenders financially accountable for their criminal and delinquent actions. Victim advocates must forge crucial partnerships with court administrators, prosecutors, probation and parole agencies, and correctional agencies to make victim restitution a collaborative priority and value of all involved entities, and to create effective systems that result in the ordering, collection, dissemination and overall management of restitution.
49. **Violence prevention:** As a victim in the early 1990s observed, "the best victim is no victim." Attention to crime prevention directly reduces the number of crime victims in communities across America. Important partnerships have formed among prevention specialists, Victim Service Providers, justice professionals, and community volunteers that focus on:
 - Empowering neighborhoods to promote the personal safety of their inhabitants,
 - Intervening with at-risk youth to prevent potential victimization and/or delinquency, and
 - Involving community members as volunteers for both violence prevention and victim assistance initiatives.This is, indeed, an area in which Victim Service Providers have a clear interest and stake in preventing future victimization.
50. **Volunteer management:** Volunteers created most victim assistance programs started in the early 1970s. The thousands of volunteers gain vision, direction, management, encouragement, and recognition from victim assistance and allied organizations that benefit from the volunteers' countless hours of service. It is common for many victim advocates to supervise individual volunteers, or manage entire volunteer programs or initiatives that support their agencies.

PRINCIPLES OF ADVOCACY

Truly viewing victim's problems as an advocate means looking at the problem from the victim's perspective and working from there. Ideally, advocates teach and support victims to be their own advocates. Advocates help victims talk through their situations to figure out what their goals are and what steps they should take to reach these goals. Advocates work with victims to support them in speaking up for themselves. Advocates build on the strengths of the victims whom they

work. Victims have survived abuse because they are strong, capable, and resourceful. It is the work of the advocate to help victims recognize those strengths and to put them together with other resources, such as the protection of the legal system to help victims secure the safety they deserve.

What is an Advocate?

By definition, to advocate literally means “to act as the voice of.” Like all attempts to express a complex reality in a word, the term “advocate” is not perfect. However, the practice of victim advocates has added new layers of meaning to the term. Advocates:

- Speak up for women, children, and oppressed people when others won’t.
- Negotiate and strive for systems change.
- Empower victims to find and use their own voices.
- Do not necessarily have professional degrees. “Our credentials should be based on the level of comprehension we have about the work, the compassion for the ... women and children we possess, our ability to guide women through systems, and a personal commitment to social change.” (*Agents for Change*, 1997)

Advocates and Power

The work of advocates is to speak the truth about victimization and to encourage and support victims to speak the truth about the victimization in their lives. The work of advocates is to help victims access their own internal power and use it to build the kind of lives they want to have. In order to do this work, an advocate must understand his/her own power, both their own internal power and the power they derive from the victims they serve.

Strategies for Systemic Change

Many advocates have adopted the SARA problem-solving/action approach. SARA is a community-policing strategy that emphasizes critical thinking, survivor participation and leadership, community engagement, and strategic planning. SARA stands for:

- Spot and study a problem.
- Analyze the problem.
 - Identify attempted and potential solutions.
 - Consider the role of the community in exacerbating or alleviating the problem.
 - Examine the costs and benefits of the array of possible interventions.
 - Figure out who might be willing and able to engage in solution strategies.
- Respond to the problem.
 - Choose the most promising interventions.
 - Develop a detailed plan for implementing the solution.
- Assess the efficacy of the intervention.
 - Evaluate the response.
 - Discuss any problems that arose.
 - Ask:
 - ◇ Was the definition of the problem faulty?
 - ◇ Were adequate resources (both human and material) applied to the solution?
 - ◇ How might the intervention be modified to achieve better success?

- ◇ How might we build the capacity of the victim and the community to maximize interventions?

Ethical Practice

Though there are state and specialty variations, victim assistance as a field is not unified under a national government agency or professional association. While governmental and national entities support initiatives for professionalization, they do not have the authority to establish firm standards for individual practitioners or sanctions against incompetent or unethical practitioners.

Confidentiality

The Victim Assistance Provider is to be aware of and abide by program policy and legal authority governing confidential information in the jurisdiction. The person served is to be provided with information regarding limits of confidentiality; preferably, this information should be provided in the first meeting (unless crisis circumstances render this infeasible). When the person is a minor under state laws, certain conditions may warrant disclosure of confidential information. Like adults, minors should be forewarned, in a language they can understand, of limitations on confidentiality. The Victim Assistance Provider is encouraged to make efforts to avoid unnecessary disclosure of victim confidences unless a compelling reason exists to warn parents/guardians of danger to the child or to others. If the information acquired by the Victim Assistance Provider indicates a minor or vulnerable adult was the victim or subject of an unreported crime, the Victim Assistance Provider may be required to report the crime or testify by state law.

When confidential communications are disclosed in response to the above conditions, the Victim Assistance Provider is to discuss with the person served the information that is being disclosed. Furthermore, the Victim Assistance Provider should be prepared to address the reactions evoked by discussion of the disclosure.

Case Management

Case management is defined by NVAA as maintaining accurate, current data about clients served, and the ability to generate cumulative reports about overall cases are important skills for victim advocates. It requires juggling multiple cases representing many different victims' needs at the same time, as well as knowledge of allied professional services that can ensure that victims' cases are managed in an efficient and collaborative manner.

Primary responsibilities of a case manager include:

- Translating information that is given to victims.
- Collaborating with allied professionals to meet the needs of victims.
- Coordinating services.
- Providing referrals and resources.
- Minimizing gaps in services.

TRAUMA AND THE SERVICE PROVIDER

Unique Sources of Stress for VSP

As a VSP, our jobs often require that we are kind, compassionate, helpful and supportive. We take an active part in speaking for the victim, making changes within the system and working within limitations that can be prohibitive. Moreover, we daily interact with a multi-disciplinary group of co-workers and associates whose philosophies may be widely different from our own. Being an activist, a diplomat and a compassionate helper are conflicting roles—roles that can cause stress.

Often there is much to do as a VSP, and we may never know if we have taken care of everything; will the victim be safe; have we done enough? When we go home at night, we are tired and exhausted because our job consumes a good portion of our waking hours and because the work never gets done. We feel the weight and responsibility of serving victims and being accountable to the agency for which we work. This, too, can add to our stress.

Finally, there is the stress of constantly working with people who have experienced trauma and loss within their lives. Routinely we hear of man's inhumanity to man and all the terrible things people do to one another. We are continually given details of dreadful circumstances that others have experienced. On a daily basis, we are exposed to people who have been through often unspeakable crimes, and to not one, but many of those crimes. VSPs experience a multitude of crimes every day, every week, and every year which is a compounded stressor. Dr. Figley in his work with therapists, referred to this as—secondary traumatic stress, or the response to being exposed to emotionally difficult material and to the traumatic experiences of clients.

Listening to the victimization experiences of victim/survivors is not easy. This work will always elicit feelings in you; sometimes painful ones. It's okay to admit that people in pain can be hard to be around. Their distress can bring up your own fear and discomfort. Building helping relationships with trauma survivors always brings with it the risk of feeling helpless, of not having the answers, and of feeling someone else's pain without being able to *fix* it. It hurts to work with people who are in emotional pain. Sharing in another person's pain means that you will be a partner in the process.

It is vital to notice your own feelings of fear and discomfort surrounding your work with emotionally wounded people. You need to be able to share these feelings with a trusted friend, colleague, consultant, or loved one. The more you can allow yourself to become aware of the thoughts and feelings that arise in your relationships with those who have experienced trauma, the more effective and authentic you can be in your relationships with them.

Authentically engaging with wounded people requires that you become more aware of your own feelings of helplessness and suffering. You may need to work on your ability to manage anxiety and fear. You may need to grapple with the fear that you will not be able to solve their problem.

Choosing to work in this field exposes us to very difficult work-related stressors. Therefore, we can be deeply affected by *vicarious trauma* and by bearing the pain of others. A helper's ability to stay connected to himself or herself is crucial when working with victims/survivors. Staying

connected means not only paying attention to how your personal history and experiences will affect your reaction to clients, but also noticing your reactions to particular people and situations. It is essential to acknowledge that a helping relationship is different from other relationships.

When Do Your Reactions Become a Problem?

Reactions can be a problem when they interfere with the helper's understanding of the person in need or prevent the helper from responding in helpful ways to the person's needs. Examples of potentially problematic reactions may include:

- **Over-identification:** "I understand because you're just like me; I feel your pain." Some victim/survivors may remind you of yourself. Often this familiarity is a benefit. It can strengthen your empathy and compassion, or evoke your trust in the process of healing from painful past experiences. But identification can also lead you to assume erroneously that you know how a person feels or what s/he needs. A client may have had an experience similar to yours yet responded quite differently.
- **Projection:** "She's can't possibly get past this." "You (the victim/survivor) are angry at me because I am not helping you fast enough." A common way to misunderstand others is to project a feeling or motivation of your own onto them. You may project feelings with which you are uncomfortable (e.g., shame, blame, anger, sexual arousal), and you can be wrong. Victim/survivors may be very sensitive to being misunderstood, criticized, or unfairly blamed. Traumatized victim/survivors are often prone to shame, which makes them especially vulnerable when helpers feel frustrated and bad about themselves because they are not helping *enough*.
- **Distancing:** "He's crazy." "She was asking for it." As a helper encountering severely traumatized individuals, it is natural to want to protect yourself from knowing your own vulnerability to similar states. There is nothing wrong with needing distance from pain and vulnerability, but you have to notice when you feel this way and figure out why. If you allow yourself to recognize that you need distance, you can psychologically take a step back from your client, offering a gentle, respectful attention or presence, without trying to connect with every intense emotion. You can observe without judgment and keep a protective cover around your inner self.
- **Denial:** "This didn't happen." "He must be delusional." "She must be exaggerating. Nobody could be *that* sadistic." A basic truth for those working with survivors of interpersonal trauma is that none of us wants to believe that humanity is capable of incredible cruelty. It is normal and natural to wish that the experiences you hear about were untrue. It is, however, important to **identify** such a wish and not mistake it for a belief that you are the judge of truth. Listening carefully to what people tell you and responding empathically to what you hear will enhance your ability to offer assistance.

What follows is a discussion of some common responses to the reality of interpersonal trauma. Each reaction can be helpful or can get in the way of connection with victims. We outline both the helpful and the problematic parts of each response.

- **Anger and Horror:** Certain kinds of violent victimization evoke particularly strong reactions. When you first hear and believe stories of terrible trauma, you often feel horror, grief, outrage and helpless anger that such horrible things can happen. These feelings can be helpful because:

- They are an appropriate response to terrible events.
- They validate the horror and distress of the experience.
- They can fuel motivation for constructive social change.

These feelings can be a problem when:

- They are so strong that they silence the victim/survivor.
 - They are different from the victim/survivor's reaction, and you do not realize the individual feels differently (e.g., when the victim feels shame, guilt, loyalty, or protectiveness toward the perpetrator).
 - Your anger for the victim exceeds his/her own anger (it takes years for some people to feel angry about their trauma).
 - They result in your overdoing for clients and thereby inadvertently disempowering them.
- **Protective Feelings:** Another common reaction you can have to victim/survivor clients is to feel protective of them. Sometimes with protective feelings come worry and anxiety. Sometimes you can feel loving and very committed to particular clients. You may want to rescue them from their situations. This set of responses is very understandable .

These feelings are helpful when:

- They show compassion, which victims/survivors often have difficulty showing to themselves.
- They emphasize that the individual deserves gentle respectful treatment, not harsh, exploitative treatment.

These feelings can be a problem when:

- They lead you and the client to imagine that you are their parent or have parental authority.
 - They lead you to relate only to certain aspects of the individual (e.g., to his/her helplessness, victimhood, or immaturity) and do not allow you to see other aspects of the same person—his/her strength, anger, and choice.
 - They result in your overdoing for the victim/survivor and inadvertently disempowering him/her.
- **Denial:** A universal response to horror is the wish to turn away from it. None of us wants to feel the bad feelings that come with facing the atrocities related to violent crime. It is a part of our natural psychological makeup to try to protect ourselves from painful feelings evoked by this reality. Your denial can show up as not believing victims' stories, not hearing or forgetting certain information, doubting your own perceptions about a client, or convincing yourself that the past does not matter and that we should just focus on present behavior.

This response can be helpful when:

- It helps you understand how victims/survivors can deny their own experiences.
- It helps you understand why no one noticed.
- You notice your own response and can talk about it with colleagues.
- You can talk about it with the victim (e.g., "I don't believe it to be true that such terrible things could happen to you. It hurts to believe it.").

It can be a problem when:

- You don't question your conclusions or recognize your denial.

- Your denial reinforces the individuals' fears that no one will believe him/her; that his/her experience is unbearable and unspeakable; that s/he is crazy or bad.
- You blame the individual for your discomfort with his/her story by labeling the victim *manipulative, deceptive, hysterical*, or somehow *responsible* for the trauma.
- You forget important painful information.
- You invalidate victims/survivors reality, leading them to mistrust their own judgment about an experience.
- **Sexual Feelings or Fascination**: Because talking about sexual violation includes talking about the forbidden subjects of sex and secrets, it is inevitable that helpers will sometimes have sexual feelings in response. As you listen to accounts of sexual violation, you can feel curiosity, arousal, and excitement at both an emotional and a physical (sexual) level. It is not unusual to feel ashamed and frightened by these responses. You may feel guilty or believe you are a bad person for having such feelings, especially when working with victims of sexual abuse or assault. *These feelings are normal*. Your job is to notice your feelings and understand them without acting on them.

These feelings are helpful when:

- Your awareness of feelings of arousal and the accompanying feelings of shame can help you understand the dilemma felt by the rape victim who was sexually aroused during abuse.
- You can model the safety of boundaries; that is, that a person can hear sexually explicit material, feel sexually aroused, and not act in a sexual manner.
- You can understand that you have sexual feelings and not change your behavior or work with a client.
- You are accepting and compassionate toward your own sexuality and, therefore, can be more empathetic when the victim talks about shameful or unacceptable feelings.

They are a problem when:

- You act out your sexual feelings and therefore betray the victim's trust. **It is never appropriate—or helpful—to act in a sexual way with a person seeking help from you.**
- You push the feelings away onto the individual and blame him/her for being seductive.
- You get scared and distance yourself from the victim without explanation or reason (e.g., you stop working with the individual, stop taking phone calls, or behave in a cold, formal way).
- Your response reflects unresolved issues about your own sexuality, sexual orientation, sexual abuse history, or conflicts about sexuality.

Managing Vicarious Traumatization (VT)

- **Taking Care of Yourself**: *Vicarious Traumatization* (VT) is the transformation or change in a helper's inner experience as a result of feeling responsibility for and empathy with victims/survivors of crime. VT stems from witnessing the effects of violence and abuse, hearing vivid descriptions of traumatic events, reports of intentional cruelty, and experiencing traumatic re-enactments in and outside the helping relationship.

Whether one is a victim witness coordinator, counselor, investigator, clergy, or any other type of victim assistance worker, one cannot engage in helping relationships with victims of horrific life events and remain unchanged. Work with victims/survivors brings us face-to-face with our own vulnerability to loss, both in our own lives and in the lives of those we love. In this way, trauma work can alter our self-protective beliefs about safety, control, predictability, and protection.

Although your capacity for empathy is an essential gift, it is also a source of your vulnerability. Your ability to feel with and for your victim/survivor clients can cause intense feelings as you open yourself to caring deeply for individuals who have been badly hurt. Vicarious traumatization is a process, not an event. It can show up as grief, rage, and outrage that grows as we repeatedly hear about and see people's pain and loss and are forced to recognize the human potential for cruelty and indifference. Perhaps the most insidious impact of VT is its effect on our hope and idealism.

- **What To Do About Vicarious Traumatization:** There are two fundamental modes of approaching VT.
 - The general need for ongoing self-care, and
 - The specific need for transformation of despair and loss of meaning.+