

# Academy Forum

*Continuing the Message of the Roper Victim Assistance Academy*

The Association Newsletter

Issue #57- January 2022

## Just a Thought

*Incidents of mass violence have been increasing over the past two decades. What can we do to help survivors, as well as communities, heal? First step - be prepared.*

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## Web Links

*You never know what resources await you on the world-wide web ...come see what our latest surfing expedition uncovered.*

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## Save the Date!

*Find out what trainings and events are just around the corner. It looks like there are lots of ways to keep you busy during the next few months!*

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## Certification News

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## News From the Field

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*Jerome Jackson shares his thoughts about his time at the Academy, and how it has since influenced his personal and professional development.*

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## Just a thought...

### Supporting Survivors of Mass Violence

Among advanced countries, the United States has a unique problem with mass violence. A substantial majority of these incidents involve shootings. Since 1982, there have been at least 125 public mass shootings across the country, and sadly, these incidents seem to be occurring more often. According to a study conducted by the FBI, mass shootings have tripled in frequency in recent years. However, incidents of mass violence are not restricted to those only involving firearms. The United States has experienced other types of mass violence that have included terrorist bombs (e.g., Alfred P. Murrah Federal Building in Oklahoma City or the Boston Marathon), hijacking of airplanes (e.g., 9-11), and incidents where perpetrators have used vehicles to purposefully crash into crowds of people (e.g., Charlottesville, VA or most recently, Waukesha, Wisconsin). What makes it difficult

to track the exact number of these events in the United States is that currently, there is no broadly accepted definition for this type of crime. Some agencies and researchers have adopted a definition that focuses solely on the number of deaths (e.g., 3 or more v. 4 or more), while others include those who are injured. Some focus on the method used (e.g., firearms



only), while others include crimes committed with any type of weapon (e.g., firearm, bomb, automobile, bioterrorism, etc.). And then there are some who only focus on the perceived motive of the perpetrator (e.g., hate, terrorism, or a desire to kill strangers) and who was attacked (e.g., exclude those victims if the perpetrator's motive was to kill family members or rival gang members). Despite

the lack of consistency in its definition, each of these types of incidents leaves behind numerous victims and survivors who need assistance and support, and sadly it seems, we are witnessing more of these types of events on a regular basis.

What makes these types of incidents so devastating and challenging is that they can impact whole communities and the country at large. They often occur without warning and can happen anywhere, which instills feelings of confusion, fear, and helplessness in survivors, and disturb our collective sense of order and safety. In the aftermath of an incident involving mass violence, almost everyone who experienced the event will experience some stress reactions, some of which may be very intense. According to the Substance Abuse and Mental Health Services Administration, people will typically go through three stages of healing: the acute phase immediately after the event, the intermediate phase several days to weeks afterward, and the long-term phase. During the acute phase survivors will often express denial, shock, and disbelief. **(Continued on page 4)**

## EDITOR'S CORNER

Hello Alum,

While our nation continues to respond to the challenges of the COVID-19 pandemic, we must also contend with the tragic aftermath of mass violence that has impacted our communities. Acts of targeted violence affect cities and town of all sizes, and the lives of countless individuals in the places where we work, learn, worship, and otherwise carry out our daily routines. Although law enforcement agencies play a central role in preventing targeted violence, they must be joined by government officials and policy makers, mental health providers, employers, schools, houses of worship, and the general public, all of whom have a role to play in keeping our communities safe.

If your agency does not have a mass violence protocol, maybe you should start the conversation. Having gone through four mass violence incidents in Harford County, I can positively say how important being prepared truly is. The first incident I responded to, I had no idea what to do and had to learn as I went. By the third and fourth incidents, I was much more prepared and able to provide better services to the victims and their families. Harford County has since implemented a mass violence protocol and I believe if we ever experience this again, we will be better prepared to deal with everything involved in helping those victims and their families on one of the very worst days of their lives.

Unfortunately, we as victim service and mental health providers will be seeing mass violence incidents more and more as time goes on and we play a very significant role in the process. So please take all of the necessary steps now to prepare so you know exactly

what your role will be before such an event occurs.

Wishing you all the best - until next time ...

**Debbie Bradley, C.A., VASIII**

[bradleyd@harfordsheriff.org](mailto:bradleyd@harfordsheriff.org)

*Confidence comes from being prepared.*  
~ John Wooden



## WEB LINKS

Although we have a virtual library at our fingertips every time we turn on the computer, we often lose sight of the forest through the trees just trying to navigate the world-wide web. Here are a few sites that relate to this issue's "Just a Thought" ... happy surfing!

### Office for Victims of Crime - Helping Victims of Mass Violence and Terrorism: Planning, Response, Recovery, and Resources

This toolkit provides information, guidance, checklists, and other resources to help communities incorporate assistance for victims into their mass violence and terrorism preparedness and response efforts. The toolkit features sections to guide communities in developing partnerships, planning for effective victim assistance, and engaging in response and recovery activities. To learn more, go to: <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/mvt-toolkit/index.html>

### Office for Victims of Crime - Mental Health Response to Mass Violence and Terrorism: A Field Guide

This *Field Guide* is intended for mental health and disaster workers; first responders; government agency employees; and crime victim assistance, faith-based, healthcare, and other service providers who assist survivors and families during the aftermath of mass violence and terrorism. All who come into contact with victims and families can contribute to restoring their dignity and sense of control by interacting with sensitivity, kindness, and respect. This *Field Guide* provides the basics of responding to those in crisis. To learn more, go to: <https://store.samhsa.gov/sites/default/files/d7/priv/sma05-4025.pdf>

### Substance Abuse and Mental Health Services Administration - Incidents of Mass Violence

This webpage discusses the risk factors for distress after a mass violence event. The page also discusses what to do in lock-down situations, signs of distress, how to get help when needed, and additional resources. To learn more, go to: <https://www.samhsa.gov/resource/dbhis/incidents-mass-violence>

### The National Mass Violence Victimization Resource Center (NMVVC)

The National Mass Violence Victimization Resource Center (NMVVC) was established in October of 2017 in partnership with the Office for Victims of Crime (OVC) within the Office of Justice Programs, U.S. Department of Justice. The Center is composed of a multi-disciplinary team of scholars, re-

searchers, victim assistance professionals, partner organizations, technical experts, and relevant local and national organizations in a multifaceted team that collaborates with OVC. NMVVRRC serves as the source for best evidence to achieve a social understanding of mass violence upon which civic leaders, mental health professionals, journalists, policy makers, and victim assistance professionals can rely. Using research to illuminate crime victims' challenges and needs, we evaluate what works and what doesn't work, and use this information to improve victim and mental health services through training, technical assistance, and public policy development and implementation. To learn more about NMVVRRC, go to: <https://www.nmvvrc.org/>

## SAVE THE DATE!

### 2022 RVAAM Winter Academy

February 14th - 18th, 2022

Share the news with your colleagues and download a copy of the application from [www.rvaam.us](http://www.rvaam.us) to give them. Any questions, contact Anne Litecky at [alitecky@ubalt.edu](mailto:alitecky@ubalt.edu)

### The 48th Annual National Organization of Victim Assistance Conference

August 1st - 4th, 2022

This year's annual meeting will be held in Denver, Colorado. You can secure early bird rates by registering before March 31st. To register, go to

<https://www.trynova.org/nova48/>

## ALUMNI UPDATES

*It seems like only yesterday when we were all together at the Academy. But in a blink of an eye another year has passed us by. Here's just a snapshot of some of the special events and milestones our alums have experienced since we last met...*

- **Elder Denita Bennett (Class of 2018)** - Denita completed a Chaplaincy course and she is now an Ordained Chaplain! Congratulations on your achievement Denita! Denita is presently heading the Seasons Transitions Ministry, where they foster an atmosphere of care for those experiencing catastrophic diagnosis, long term illness, victimization, grief and/or loss, with classroom instruction, small group facilitation, and individual focus. She also continues to work with Loving Arms, Inc. Homeless Shelter/Drop-in Center for teens and the Humanitarian, Inc. which provides food to underserved communities, mentorship to elementary and middle school students, job training, addiction counseling and prep for high school diplomas in Baltimore. Thank you for your commitment of caring for so many lives - you are an inspiration to us all!

- **Maggie Henderson (Class of 2020, W)** - Maggie was recently promoted to supervisor of the Frederick County Sheriff's Office Victim Services Unit, and appointed as FCSO's representative on the newly formed Frederick County Domestic Violence Coordinating Council. Way to go Maggie! Your hard work and dedication make such a difference in the lives of so

many. And if the wasn't enough, Maggie is also mentoring her new Victim/Witness Coordinator, Taylor McGuire, who will be attending the RVAAM Academy this year. We can't wait to meet her!

- **Dorothy Adamson Holley (Class of 2013)** - After attending the RVAAM Academy, Dorothy was inspired by one of the workshops to write a book that explores nontraditional creative practices to help trauma victims heal from their wounds who do not respond well to traditional treatment. The book, *Talk Therapy (Alone) is Not Enough: Creative Practices for Trauma Treatment*, draws on Dorothy's three decades of experience as a Developmental Psychologist and Licensed Clinical Social Worker and covers key concepts and principles that are essential for working with trauma survivors. The book is now available on Amazon and Barnes and Noble. Way to go Dot! We are so excited that you will now reach an even wider audience to share your knowledge, experience

and expertise.

and expertise.

- **Rebecca Smith (Class of 2018)** - As announced in last quarter's newsletter, Rebecca welcomed her first child, a beautiful baby boy named Theo Lewis, on October 29th. Mom and baby are doing great, and we can not wait to see pictures. Congratulations again Rebecca - enjoy every minute of your new journey of motherhood!





## CERTIFICATION NEWS

*Why aren't you certified in victim services yet? When you pick a doctor or a lawyer to work with you, you almost always certainly base your decision on their credentials, such as the school they've attended and the cases they have worked on. After all, you want to make sure that you choose someone who knows what they are talking about and who has the most experience in the appropriate domain. The same applies to victim services - the right certification not only helps you to bolster your knowledge and skills that you can use when working with victims, but also provides quantifiable evidence of your competence in this challenging and competitive field. So, what are you waiting for? Go to [www.rvaam.us](http://www.rvaam.us) to learn more about the certification process and download a copy of the application today!*



*There are three levels of certification in Maryland, each require a specific set of qualifications and are described in detail below:*

- \* **Level I (VAS-I)** - a) complete application packet; b) minimum of two years experience (paid or unpaid); c) 40 hours of training (RVAAM, NVAA, or other SVAA); d) interview; e) \$50 application processing fee
- \* **Level II (VAS-II)** - a) complete application packet; b) minimum of five years experience (paid or unpaid); c) 80 hours of training (40 hours RVAAM, NVAA, SVAA and 40 hours advanced training and/or University level coursework in victim services, including 3 hours of Victims Rights training and 3 hours of Ethics in Victim Services training); d) written essay on what changes are needed in

victim services; e) \$75 application processing fee.

- \* **Level III (VAS-III)** - a) complete application packet; b) minimum eleven years experience (paid or unpaid); c) 120 hours of training (40 hours RVAAM, NVAA, SVAA and 80 hours advanced training and/or University level coursework in victim services, including 3 hours of Victims Rights training and 3 hours of Ethics in Victim Services training); d) oral presentation on approved topic in Victim Assistance; e) \$100 application processing fee.

*There is also a similarly tiered renewal process in place for those advocates who want to remain current with their certification:*

- \* **Level I** - a) complete 40 hours of continuing education (completed within the past 3 years) which must include 3 hours of Victim Services Ethics training; and b) complete renewal application packet and pay the \$25 renewal fee.

- \* **Level II** - Without an upgrade - same as Level I. To upgrade from Level I to Level II - a) complete 40 hours of continuing education (completed within past 3 years) which must include 3 hours of Victim Services Ethics training; b) written essay on what changes are needed in victim services; and c) submit renewal application packet and pay \$50 fee.

- \* **Level III** - Without an upgrade - same as Level I. To upgrade from Level II to Level III - a) complete 40 hours of continuing education (completed within past 3 years) which must include 3 hours of Victim Services Ethics training; b) oral presentation on approved topic in victim assistance; and c) submit renewal application packet and pay \$75 fee.

All application materials are available online at [www.rvaam.us](http://www.rvaam.us) (click on the

Certification tab at the top of the page). Keep an eye out for upcoming classes on ethics. For more information, or if you have any questions, please contact Debbie Bradley at [bradleyd@harfordsheriff.org](mailto:bradleyd@harfordsheriff.org) or by phone at (410) 638-4905.

### Congratulations to Our Newest Certified Victim Service Providers!

Lanae Christian, VASI

Adrianna Jimenez, VASI

Evelyn Sorto, VASI

Corenthia Patterson-Adams, VASIII

**Let's also congratulate those who recently renewed their Certification!**

Barbara Korenblit, VASI

Melissa Olscheweske, VASII (upgraded)

Linda Shaw, VASIII

Singleton Wyche, VASIII

### Just a Thought (Continued)

Mental health professionals and victim service providers can help to normalize survivors' immediate feelings of fear, anxiety, and helplessness, by providing them with resources and information. During the intermediate phase, some survivors may be struggling with fear, anxiety, depression, have difficulty concentrating, or experiencing sleep disruptions. Mental health professionals and victim service providers can best help them by linking them to trauma-informed services/programs in the community to help learn different coping strategies, as well as link them to peer support to

reduce feelings of isolation. Survivors enter the long-term phase several months after the event. While people in this phase continue to experience periods of adjustment and relapse, most survivors will no longer need continuous mental health support. However, for others, they may still be struggling with feelings of isolation and disconnection. So, this can be the time when untreated behavioral health reactions (e.g., flashbacks, debilitating anxiety, self-medication), can solidify into mental health or substance abuse disorders that require more specialized care.

While we can not accurately predict who will be most negatively impacted from this type of experience, research indicates the duration and severity of the individual's stress response can vary depending on a number of factors. First, symptoms often more severe and longer lasting when the incident results in significant numbers of casualties and when businesses and homes are destroyed. Second, characteristics of the incident itself can also exacerbate the individual's stress response, such as the individual's proximity to the event, the level of threat to the individual's life, exposure to trauma, their relationship with other victims. And third, when the individual lacks social support or experiences ongoing adversity. Fortunately, the research has found that the majority of survivors show remarkable resilience and do not suffer any long-term psychological effects. However, according to the National Center for PTSD, approximately 28% of people who have witnessed a mass shooting develop PTSD and about a third develop acute stress disorder, including depression, anxiety, and complicated grief. Others suffer from persistent physical health concerns, negative affect, and poor sleep quality.

But there are steps we can take as mental health providers, health providers, and victim service providers to help mitigate the duration

and severity of the stress responses experienced by survivors of mass violence. First, it is critical to help survivors feel connected to their communities to help reduce feelings of isolation. One strategy that has been found to be particularly effective is to bring people together for a community event (e.g., memorial ceremony) to promote connections and collective healing. By creating a space where people can grieve together, it often promotes healthy mourning and coping strategies. Second, we need to provide survivors with information and ongoing support (e.g., resources and referrals) throughout the entire recovery process. For example, many survivors may not know which medical, funeral, and mental health treatment costs might be covered. Making sure victims are aware that support is available and accessible to them – even if they never take advantage of it – can help immensely. One area of support for survivors that may be overlooked is how to deal with the media. Because many of these events garner media attention, survivors may not know what to do when approached by reporters. Therefore, talking to them about any concerns they may have related to the media, and then helping them to devise a plan on how to handle any requests can further help to reduce their stress.

Third, we need to review our agency/organization's emergency/disaster plan on a regular basis so we can adapt protocols and policies as we learn new information or as our community's needs change. In a time of crisis, the worst thing that can happen is for the "helpers" people rely upon to be unprepared. Every plan should include multiple scenarios because not all incidents of mass violence are handled similarly. Depending on the type of the incident, the response will either be coordinated by local (or state) agencies, or by federal agencies. While mass violence crimes may be under federal or state jurisdiction, acts of terrorism are always federal crimes. Giv-

en that different resources are available for different types of incidents, it is important that your emergency plan accounts for different scenarios.



So, if your agency/program has an emergency/disaster plan, organize a meeting with your entire team to review it and discuss what, if any, changes need to be made. Look for training opportunities that you and your team can take to learn new emergency-preparedness skills or about new resources for survivors. If your agency/program does not have a formal emergency/disaster plan, speak with your supervisor and/or colleagues immediately about the need to create one, and then start taking the appropriate steps to get one drafted. A good place to begin is to contact your local chapter of the American Red Cross to ask for technical assistance. Both the Office for Victims of Crime (OVC) and the Substance Abuse Mental Health Administration (SAMHSA) similarly offer technical assistance on disaster preparedness.

The bottom line is the more prepared law enforcement, victim service providers, and healthcare professionals are for the unique challenges of incidents involving mass violence, the better able they are to understand and respond to victims' needs. And the better our response, the more likely survivors and the community at-large will recover.

*Essay contributed by Heather Pfeifer, Ph.D*

**NEWS FROM THE FIELD**

*It's important we all keep abreast of changes to laws and/or poli-*



*cies that have a direct affect on victims of crime. If you hear of a new law or policy being proposed at the local, state, or federal level, be sure to share it with us!*

**Funding for Victim Related Services** - Several laws were enacted in 2021 that impacted the funds available to victims and victim service organizations. For example, pursuant to HB 514 and SB 412, the amount of funds the State Comptroller is authorized to distribute to the MD Legal Services Corporation from the sale of abandoned property was increased from \$2M to \$8M. Similarly, pursuant to HB 421 and SB 480, the Comptroller is required to distribute \$250,000 of funds from abandoned property to the tax clinics that serve low-income Marylanders.

**SB 484 - Criminal Procedure - Victims of Crime - Private Room** - This bill ensures that victims are treated with dignity, respect, and sensitivity throughout the investigation process by requiring that victims be notified that they may request a private room when reporting a crime (other than homicide). The State Board of Victim Services is charged with creating a poster to notify victims of this right, and law enforcement agencies will be required to display it and adhere to victim's request when made. This bill went into effect October 1, 2021.

**SB 43 - Criminal Law - Law Enforcement Officers - Prohibition on Sexual Activity** - This bill prohibits a law enforcement officer from engaging in certain sexual acts/sexual contact with a person who is a victim, witness, or suspect in an open investigation that the officer is conducting, supervising, or assisting with if the officer knew or should have known that the person is a victim, witness, or suspect; or, is requesting assistance from or responding to the law enforcement officer in the course of the officer's official duties; or is in the custody of the officer. Certain exceptions are noted. This bill went into effect May 18, 2021.

**SB 327 - Civil Actions - Financial Exploitation of Susceptible Adults and Older Adults** - This bill, referred to as the Maryland SAFE Act, authorizes the Attorney General's Office to take certain actions, including filing suit, on behalf of susceptible adults and older adults, and creates a new civil cause of action for susceptible or older adults, or their authorized representative to recover money lost through financial exploitation in Court. The bill went into effect October 1, 2020.

**SB 109 - Secretary of State - Address Confidentiality Programs - Merger of Programs and Expanded Participant Eligibility** - This bill merges the Address Confidentiality Program for domestic violence victims and the Human Trafficking Address Confidentiality Program for victims of human trafficking into a single program to be administered by the Secretary of State. Program eligibility is expanded to include survivors of threatened, attempted, or actual domestic violence, sexual assault, stalking, harassment, or human trafficking; and, may include individuals who reside in the same household as an eligible applicant or program participant. The bill also amends the conditions by which the Secretary of State may can-

cel the participation of a program participant. The bill went into effect October 1, 2021.

**SB 220 - Criminal Law - Hate Crimes - Protected Groups and Penalties** - This bill amends the term "sexual orientation" in the context of hate crimes to include gender identity in the list of characteristics on the basis of which a person may not commit certain acts. It also authorizes the court to require an offender convicted of hate crimes to complete an anti bias education program in addition to any other penalties imposed. The University System of Maryland has been charged with the management of the development of an anti bias education program by January 1, 2023. The bill went into effect May 30, 2021.

**HB 548 - Human Services - Trauma-Informed Care - Commission and Training** - This bill, referred to as Healing Maryland's Trauma Act, establishes the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. The Commission is required to submit its findings annually to the Governor and the General Assembly by June 30th, and is required to study developing a process and framework for implementing an Adverse Childhood Experiences (ACEs) Aware Program in the State. The bill went into effect July 1, 2021.

**SB 494 - Juveniles Convicted as Adults - Sentencing - Limitations and Reductions (Juvenile Restoration Act)** - This bill authorizes a court, when sentencing a minor convicted as an adult, to impose a sentence less than a certain minimum term; prohibits a court from imposing a sentence of life without the possibility of parole or release for a minor; and authorizes an individual convicted as an adult for an offense committed as a minor to file a motion to reduce the



duration of the sentence. The bill requires a court to conduct a hearing on a motion to reduce said sentence, and to provide notice of the hearing to be given to the victim or the victim's representative. The bill went into effect April 10, 2021.

## Best Practices

### *Identification of More Than Injuries at Mass Casualty Incidents*

Mass casualty incidents (MCIs) can be described as any situation that overwhelms existing resources on hand, not necessarily the result of a large incident or event. It is for this reason, the National Incident Management System (NIMS) created the Incident Command Center (ICS). Whether it be a bus accident with several people reporting injuries, or a tornado devastating several communities in a short period of time, ICS is scalable to fit whatever occurs. While it has the benefit of immediate recognition of life threats, the nature of the triage process for an MCI does not consider the life threat for a victim is not necessarily the injuries they have obtained, but the environment they return to. One example of such an environment would involve human trafficking. Despite the MCI triage processes emphasis on life threatening injuries, it does not preclude first responders from recognizing a victim of human trafficking. It means that responders need to be aware of flags that signal a patient needs more specific resources than the closest emergency department.

The benefit of ICS in this case is that before a patient is released from this system, they are triaged by more than one person. A patient with the most minimal injuries from an MCI is considered "walking wounded" by first responders. They are initially triaged by one provider and a reassessment is

performed by a separate provider. For those with more significant injury, an initial triage is followed by a secondary triage when the patient is moved to the staging area. The patient is then transferred to a location depending on the severity of their injuries where they would be assessed a third time. From there, they would be assessed by a transportation team (fourth assessment) while being transported to a hospital.

By nature, initial assessments are performed very rapidly, only identifying life threats. It is for this reason, that identification of victims would be maximized by the training that providers responding to the incident have received. This training includes both signs and symptoms that can be identified and aid providers in ensuring these victims receive the care that they need. The larger the number of providers that are able to recognize these signs, the better the chances of recognizing a victim in what is already a chaotic scene.



Baltimore City has been working diligently on training its first responders in identification of signs that would indicate their patient is a victim. Red flags might include inappropriate clothing for the venue or weather, a companion or accompanying individual who insists on providing translation or refuses to leave, lack of knowledge of current location, subordinate or fearful demeanor, not in control of money or identification, fearful, anxious, avoiding eye contact, significant tattoos, or an overall reluctance or in-

ability to speak on one's own behalf. Once human trafficking is suspected, responders are trained to activate the blue dot human trafficking initiative that can initiate a response from other providers that have needed resources outside immediate emergency medical care.

The blue dot human trafficking initiative is a partnership between Mercy Medical Center, the Mayor's Office of Neighborhood Safety & Engagement, the Baltimore City Human Trafficking Collaborative, and various service providers in Baltimore City. It is a resource for law enforcement, EMS, and area hospitals that serves as a one-stop shop for patients experiencing human trafficking. This team once activated has the ability to mobilize within one hour and can respond to any hospital a suspected victim is transported to. In addition to standard medical care, resources this initiative can provide include advocacy, peer recovery services, connections to long term case management and housing, clothing, etc. Once this initiative is activated, healthcare providers know not to transport passengers insisting on accompanying the patient to the hospital, the victim's name will no longer be found in records for the emergency department, and once in the emergency department, the patient is cared for in a separate, secure area of the hospital.

Mass casualty incidents by definition involve large numbers of injured or ill people. As a result, the ability to identify victims is increasingly difficult. That is why training on how to identify victims is critical. These incidents are potentially the only time a victim might be in contact with responders who have the ability to help. The importance of educating these providers identification and then necessary actions to protect these victims has been recognized. Baltimore City has identified this vulnerable population and is taking the steps needed to protect and allow victims the ability to be safe,

empower them to be strong and continue to survive and lead the best life they can.

*Essay contributed by Erinn Harris, NRP, M.S., MICRB and Colleen Lull, NRP, M.Ed., MICRB*

For more information, read:

Bessell, S., Baldwin, S.B., Vandeberg, M.E., & Stoklosa, H. (2017). *Human Trafficking & Health Care Providers: Lessons learned from federal indictments and civil trafficking cases*. Human Trafficking Legal Center and HEAL Trafficking.

*Human Trafficking: Guidelines for Health-care Providers* (2020 Update). Maryland Hospital Association, Maryland Human Trafficking Task Force, and University of Maryland SAFE Center for Human Trafficking Survivors.

Lederer, L., & Wetzal, C. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities. *American Annals of Health Law*, 23(1), 61-91.

*“What Doctors are Missing.”* (2020, Spring). Hopkins Bloomberg Public Health.

## Alumni Showcase

### *My Journey with the Roper Victim Assistance Academy*

Unlike most people who have heard about the Roper Victim Assistance Academy from their coworkers, or other associates in the field, I found out about RVAAM via Google while looking up training for domestic violence. I applied because it seemed like it would be an excellent opportunity to expand my knowledge base and connect with others working in the field.

I really didn't know what to expect when I arrived, but I soon immersed myself in the “experience” of the

Academy. In fact, I think the best part of the “Roper experience” for me was interacting with my classmates to solve a problem posed during the group activities. I also really appreciated staying on campus for the week, which allowed me to really focus on what I was learning and to afford me the chance to really get to know my classmates. If I could, I'd go back again if RVAAM offered an Advanced Academy. One topic I would like to learn more about is responding to a mass incident. Fortunately, I have not yet had to respond to one during my tenure with the Charles County Sheriff's Office. But I believe some of the symptoms experienced by survivors of mass incidents are very similar to those experienced by survivors of Domestic/Intimate Partner Violence, such as reduced sense of safety, anxiety, intense anger, etc. Learning some additional tools and resources I could draw upon if faced with such an incident would be really valuable.

Attending the Roper Academy has been very helpful to me. It helped direct me to the path to become a domestic violence awareness advocate, and helped advance my knowledge and skills to better serve survivors of Domestic/Intimate Partner Violence.

*Essay contributed by Jerome Jackson (Class of 2019).*

### Thoughts, Ideas, Suggestions?

Are you looking for more information about a particular issue in the field of victim services? The Editorial Board is always looking for new topics to profile in the newsletter that can assist our Alums both personally and professionally. Please send any suggestions you might have for a future topic to Debbie Bradley at [bradleyd@harford-sheriff.org](mailto:bradleyd@harford-sheriff.org). And remember, we are also happy to share any information you have about job openings and pro-

fessional trainings you might think your fellow Alums would benefit from!



## Editorial Board

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**Watch for the next edition of the Academy Forum in April 2022**