

COMMUNITY RESOURCES - VICTIM/WITNESS SERVICES

PART 5 SECTION B (3 HOURS)

TOPIC DESCRIPTION

Discussion focuses on the handling of victims and witness in an effective and compassionate manner. Identification and use of appropriate referral services is also required.

INSTRUCTOR QUALIFICATIONS

Instructors in this topic are generally expected to be those certified by the Municipal Police Training Council. They should be able to document this by producing a current certificate issued by the Council. This certificate should read the person is certified as a general topics instructor. Further, they should possess a background and experience in the topical area, as documented to the school director. This supporting documentation should remain a part of the course file in the academy, available for later inspection or audit.

If a school director believes an individual who is not certified is otherwise qualified for teaching this topic, they may ask in writing for approval for that person to teach. The OPS may, if finding the individual possesses a combination of an advanced degree and unique or qualifying experience, find the individual to be qualified and be approved to instruct. Those that are found qualified, are listed as approved instructors, and will have a letter issued to them indicating what they are approved to instruct in. The school director should keep a copy of the letter in the school file.

School directors should understand the Office of Public Safety can only examine complete applications for instructors that are filed in a timely manner. Generally, this instructor approval often requires time that is in addition to the requirements (45 days by the State Regulation, the Municipal Police Training Council and its Zone Coordinators) for police training approval. This time allows for proper review of curriculum, instructors, and the needs for training in a zone. Complete applications are those which include a properly completed Instructor Personal History Form, and documents supporting the facts contained therein.

TRAINING OBJECTIVES

Upon completion of instruction the student will be able to:

1. Identify and describe the two needs of the victim.
2. Identify proper techniques for interacting with a victim/witness.
3. Identify private and governmental organizations which offer referral services.
4. Identify situations where referral is appropriate and comprehend the appropriate way to refer an individual.
5. Distribute a notice about the rights of crime victims and the existence of all relevant local victim's assistance programs and services pursuant to section six hundred twenty-five-b of the Executive Law to any victim who reports a crime in any manner whatsoever.
6. Explain the processes in to section six hundred twenty-five-a of the Executive Law which address crime victim rights and responsibilities of a police department, and a police officer, in notification to victims.
7. Identify the section in the Criminal Procedure Law that sets forth the procedure for requiring a defendant to submit to HIV related testing.
8. Describe procedures a victim of an enumerated sex offense follows to have a defendant tested for HIV.

CURRICULUM OUTLINE

I. Victimology - Study of the Victim.

Victim/Witness Interaction with Police.

- A. This segment is intended to sensitize officers to become more effective at interacting with victims/witnesses.
- B. If you've never been a victim, then you may be unaware of the psychological trauma experienced by a victim.
 - 1. They feel a loss of power, dignity, and self worth.
 - 2. They tend to blame themselves (e.g., "I shouldn't have walked down the street!").
 - 3. In many cases, the real suffering starts after the crime (because of the treatment of the victim, by friends, family, and the criminal justice system, etc.).
- C. Needs of the Victim:
 - 1. Immediate : the sooner the police respond, the better for the victim; however, give the victim time (+/- 10 minutes) to compose him/herself.
 - 2. Restoration: the initial interaction should be such that those feelings of loss of self worth, power and dignity are restored.
 - a. Victim needs support to face facts - place blame where it belongs - don't let the victim blame him/herself (e.g., "I should have known better.")
 - b. Try to help them regain their feelings of self respect and trust in society.
 - (1) Offer assistance - medical - victims counseling, etc.

II. Helping Techniques.

Note: Not all techniques will work with all people.

A. Verbal communication.

1. As noted in the segment entitled “Interviewing Techniques,” choosing the right words, at the right time is critically important. Officers must continually exercise discretion in what they say to victims/witnesses.

B. Non-verbal communication:

1. Often what is said is not as important as how it is said.
2. Non-verbal aspects indicate the exact interpretation of the words uttered.
3. Non-verbal communication can include, but is not limited to:
 - a. Eye contact.
 - (1) Indicates concern.
 - (2) Victim will initially avoid eye contact, but if you maintain it, they will establish it with you.
 - b. Body language.
 - (1) Reams of paper, articles and books have been written about the meaning of body positions.
 - (2) Keep this in mind:
 - (a) Lean forward, or incline your head toward the subject; it indicates interest and an attentive attitude.
 - (b) Standing or sitting upright (with head exactly upright) indicated impersonal attitude.

- (c) Don't sit back with arm or legs crossed - it indicates lack of interest.
- (3) These are most important when a victim is talking. Indicate listening interest; less important when you speak.
- c. Distance.
 - (1) There is usually an optimal distance.
 - (2) You need to find that with each type of individual.
 - (3) If you are too close or too far, the conversation will tend to be uncomfortable.
 - (4) Generally - the closer one stands, the more familiarity. The further away one stands, the more formal.
 - (5) If the victim edges away, pulls seat back, leans back or away - you're too close.
 - (6) If the victim moves forward, leans inward, then move in a bit.
- d. Touching.
 - (1) Be very careful here, especially with sexual assault victims, or child molestations.
 - (2) One method is to put your hands on the table between you and the victim. If he/she wants support, he/she may reach for your hand.
 - (3) Be ready to be touched.
 - (a) It can be devastating for a rape victim to have a police officer's hand jerked away when she is seeking support.

- (b) Builds an already existing feeling of uncleanness, etc.
 - e. Vocalization.
 - (1) This refers to the volume and pace of speech.
 - (2) Speak softly and slowly.
 - (3) Avoid abrasive speech.
 - (4) Upset people speak loud and quickly.
 - (5) If you slow it down, they will calm down.
 - (6) Emotions will be controlled more easily and progress can be made on the investigation.
- III. Frequently, long-term support for and the needs of victim/witnesses cannot be adequately handled by law enforcement (e.g., counseling, emotional needs, civil disputes, alcohol/substance abuse, domestic dispute resolution, emotional disturbance).
 - A. While officers often do not have the expertise, time or resources to bring about comprehensive long-term resolution, they must have a basic understanding of the various referral services available to provide follow-up assistance.
 - B. Appropriate referrals can provide expert assistance to help individuals solve their problems/address their needs.
- IV. Steps in the referral process include:
 - A. Assessment of need/problem.
 - B. Decision point; identify alternatives.
 - C. Referral.
- V. Procedures to follow when making referrals include:
 - A. Know department policy regarding referrals.

- B. Receive complaint or observe while on patrol.
- C. Record observations, information to substantiate concerns.
- D. Notify supervisor of concerns and actions.
- E. Interview the individual in private:
 - 1. Explain observations.
 - 2. Explain referral service that would be beneficial.
 - 3. Ask if they have questions.
- F. Notify the agency and transport the individual.
- G. Complete required forms.
- H. Document information in a written report.
- I. Review procedures for compliance with Sections 625-a and 625-b of the Executive Law.
- J. Review Criminal Procedural Law Article 210.16 setting forth procedures for defendant HIV testing.
 - 1. Requires a defendant who has been indicted for an enumerated “sex offense” as defined in section 130.00 of the Penal Law, to submit to HIV related testing.
 - a. Within six months after the date of the crimes charged when such testing would provide medical or psychological benefit to victim.
 - b. Defendant must be indicted for court order to compel.
 - 2. Victims will no longer have to wait after a defendant has been convicted of an enumerated sex offense to request that a court order a defendant to undergo HIV testing!

Note: To prevent duplicating instructional material and objectives, consult with instructors of Part 7 Section H Sex Crimes to ensure material has not already been covered.

VI. Referral organizations include:

A. Local/State/Private.

1. NYS Crime Victims Board (518-457-8727).
 - a. Fund more than 100 victim/witness programs across New York State that provide a comprehensive range of services to victims.
2. County Social Services Department (e.g., public assistance).
3. County Health Department (e.g., medical and dental services).
4. County Mental Health Department (e.g., psychological services).
5. County District Attorney's Office.
6. NYS Attorney General (e.g., consumer fraud complaints)
7. Other Law Enforcement Agencies.
 - a. - Town, Village, City Police Departments.
 - b. - County Sheriff's Departments/County Police Departments.
 - c. - New York State Police.
 - d. - Various specialty units (e.g., sex crimes units, fraud units).
8. County Legal Aid/County Public Defender.
9. Criminal/Family Courts.
 - a. - File civil or criminal complaints.
 - b. - Obtain orders of protection.

10. Private Legal Counsel.
11. Private/Local Substance Abuse Support Groups (e.g., Alcoholics Anonymous).
12. County Alcohol and Substance Abuse Services.
13. Rape Crisis Centers/Groups.
14. Domestic Violence Intervention Groups.
15. NYS Department of Labor.
- Employment/Unemployment Offices.
16. NYS Health Department.
17. Local hospitals, urgent care and medical groups, physicians.
18. Red Cross.
19. Others.

**TOPICAL LIST OF SUPPORTING MATERIALS AND
REFERENCES INCLUDED IN THIS SECTION**

Death Notifications - Dealing With Family Members.

DEATH NOTIFICATIONS - DEALING WITH FAMILY MEMBERS.

Once family members have been notified about the death of a relative, it is often necessary to provide assistance and support. The following guidelines provide some general direction in the handling of a family member's thoughts, feelings and needs.

I. ASSESS NEEDS.

- A. It is not appropriate to talk about criminal justice procedure when a family member is speaking about grief, helplessness, anger, frustration, fear, etc. Likewise, it is not appropriate to try to draw out feelings when the family member clearly wants information.
- B. Help the family member distinguish between FEELING AND THOUGHT. All feelings are acceptable. The family member should know that the expression of any kind of feeling; whether it is anger, fear, despair, or guilt is encouraged. Following are some suggestions for dealing with the various feelings which may surface after notification of the death of a family member has occurred.
- C. **GUILT:** After allowing a family member to talk about the guilt feelings, tell him or her that you acknowledge how painful this is and reassure them that the death was not their fault. The goal is to enable the family member to think rationally about what caused the death and to see that the perpetrator (if applicable) was at fault, not the victim or the victim's family. Sometimes it helps to ask them to go over the day it happened from the first thing in the morning until the event that led to the victim's death and ask from time to time, "Is there any way you might have known about that?" If a survivor has some legitimate guilt, don't try to take it away. Allow them to own it and try to find a way to forgive themselves.
- D. **FEAR:** Family members feel that they have little or no control over life-threatening experiences. Let them know that fear following loss or injury which has been sudden and violent is normal. The death was frightening and awful, and it is normal that they will feel afraid for a while. Ask what they are doing to feel less afraid. Also, inform them that with time, overwhelming feelings of fear will decrease. Ask them questions which will draw out their capacity for rational thinking. If the victim is able to give him or herself permission to be afraid for a designated period of time, it is likely that once the time has elapsed there will be at least some ability to move out of some of the fear.
- E. **ANGER:** Let the anger be ventilated. Agree that it is appropriate. The worst thing you can say is "You shouldn't feel that way." Many people, especially women, have been taught not to express anger, but to be understanding and forgiving. Many men believe that expressing emotion is a sign of weakness. Point out that human beings were made with the capacity to be angry when senseless things happen. Holding the anger in can result in serious physical and emotional

problems. If the anger becomes inappropriately vented on you, state that what is happening is very painful for you and that you wish to take a "time out."

- F. **SADNESS:** Let the family member express sadness and grief. Comment from time to time about how obvious it is that the person killed was deeply loved. After a period of such expression, ask the person what he thinks the victim would feel if he or she could have listened to the conversation. Sometimes sadness and depression are not focused on the person who has been killed, but are an attempt to keep the anger towards the perpetrator intact (if applicable.) If you sense that this is the case, enable the family member to express anger and rage at that person. If you sense the family member may be suicidal, appropriate referrals should be made.
- G. **ACCEPT FEELINGS, BUT ENCOURAGE RATIONAL THINKING ABOUT BEHAVIOR.** If a family member moves from feeling into plans for action, suggest that while all feelings are okay, behaviors should be based upon clear, objective thinking.
- H. As plans of action are considered, enable the family member to consider as many alternatives as possible and then to choose one rationally. For example, most victim survivors wish at times they could die to escape unbearable pain or to be reunited with the deceased loved one. Being able to express these thoughts usually results in a decreased desire to die. However, if the family member talks about suicide or homicide explain that rational thinking, not feeling must dictate behavior.
- I. **EMPOWER** the family member by assisting him or her to make choices. Don't instruct or advise unless the family member is depressed enough to be suicidal or homicidal. The family member is in charge of deciding when to let go of guilt, rage, fear, or depression - not you. The family member may need to hold on to them as a protective function for awhile and they should not be stripped away. Work towards the family member's acceptance and internalization of: "You can't change the past. You do control the present. You can change the future."
- J. **BE HONEST** - always. If you don't know, say so and offer to find out.
- K. Inform about **LONG TERM CONSEQUENCES**. Let family members know not to expect to "get over it." Assure them that eventually the grieving will not be so deep or all-encompassing. Grief spasms will occur from time to time, they will always feel sorrow for the loss (but not depressed over it), and, in time, they will find constructive ways to turn what is now negative energy into positive energy.
- L. Use the deceased victim's name rather than "your son" or "your wife" (unless it is culturally prohibited.)

M. JOIN family members in their grieving and don't try to talk them out of it. Say:

I'm so sorry.

Tell me how you're feeling.

This must be very painful for you.

You must have been very close to him/her.

Tell me more about him/her.

Go ahead and grieve.

It's okay to be angry, sad, etc.

It must be very hard to accept.

Many people in your situation feel the same way you do.

I'm praying for you.

How can I help?

II. SOME DON'TS.

- A. DON'T ENHANCE GUILT by saying "If only you had(n't)." If a family member blames himself or herself rationally, say "That may or may not be true, but you certainly didn't wish it to happen in any way."
- B. DON'T COMPARE their victimization with yours or anyone's. No one's pain of victimization is worse than another's - there are no minor crime victims.
- C. DON'T ENCOURAGE STRENGTH. No family member feels strong and they often feel embarrassed when someone compliments them for being strong. Encourage courage instead. John Wayne said "courage is being afraid and saddling up anyway." Victims can identify with that.
- D. DON'T EXPLOIT THE FAMILY MEMBER for fulfillment of your own needs. For example, if a drunk driver caused the death and you hate drunk drivers, you don't need to impose that on family members who don't hate them. You victimize them again by using them to extend your own bias.
- E. DON'T BE AFRAID OF EMOTION. Let yours show. There is no better way to connect. Touching is okay. Hugging is okay, but ask first.
- F. DON'T IMPOSE your religious or moral values on family members. It's okay to express yours when asked, but don't try to persuade them to your convictions.
- G. DON'T PROMISE more than you can deliver, especially regarding trial outcome.
- H. DON'T SAY "You shouldn't feel." Feelings are feelings and they are to be validated. Enable the family member to solve his/her own issues through rational thinking, but allow all feelings to be ventilated.

- I. DON'T TRY TO TALK FAMILY MEMBERS OUT OF THEIR GRIEF. That only conveys that you don't want to face it. Avoid such phrases as:

It's God's will.
God had a purpose.
Be thankful you have other children.
You'll find someone else to love.
You have to get on with your life.
You have to be strong and keep on going.
You're not the only one suffering.
He/she led a full life.
Your anguish won't bring him/her back.
That's over now, let's not talk about it.
I know how you feel/I understand.
Don't cry.
Time heals all wounds.

III. KNOWING WHEN PROFESSIONAL HELP IS NEEDED.

- A. It is essential that you develop a referral list of professionals for referral purposes.
- B. Whenever deemed to be necessary, it is also a good idea to obtain guidance from supervision and others.
- C. Because grieving is so painful, some people feel that they are going crazy and need help to cope.
- D. Generally speaking, if the mourner cries when he or she feels like it, finds an outlet for expression of feelings (a good friend, family member, journal writing, etc.) and goes with the grieving process rather than trying to avoid it, resolution will eventually come.
- E. However, counseling from a grief therapist skilled at working with survivors of crime is an excellent choice for nearly all victims.