

“Standardization of Victim Service Practices”

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It a distinct honor to have been invited to present a paper here in Japan to my esteemed colleagues and friends in the Japanese victim assistance network. It is also a great privilege to represent the National Organization for Victim Assistance (NOVA) once again in Japan.

The demand for victim rights and services has increased mightily over the years across the globe. In some parts of the world such as New Zealand, the United Kingdom, the Netherlands and France, victim service programs have become an institutionalized part of structured responses to victims of crime. In other parts of the world such as Costa Rica, Israel, South Africa and Russia, such programs are still in their infancy. Here in Japan, great strides have been made over the last decade and the energy and enthusiasm that you have employed to establish new programs has been extraordinary.

But while more and more programs have been established there appears that simultaneously the need for appropriate treatment of victims has become more critical and that the challenges to victim assistance providers have become more complex in scope.

Despite crime and victimization statistics that have reflected a decrease in the annual number of victims over the last couple of years in the United States — including substantial reductions in homicide rates in some major cities — victimization, violence and disaster remain rampant. And it seems that the victimization in some ways has become more complex, more horrifying, and more random than ever before. Illustrations of the nature of this victimization mark our generation as we look forward to the next century.

Criminal activity no longer is confined to “conventional” weapons of attack. Telecommunications and technology now are used to purvey prostitution, pornography, and even the purchase of young children across state and national boundaries. Stalking through the Internet has been used to facilitate sexual assault, domestic violence, and even murder. The Director of the U.S. Federal Bureau of Investigation, Louis Freeh, has presented documentation that, in the United States alone, there were some 4,000 identified people are “out there” using the Internet for such purposes. White collar criminals have increased opportunities for fraudulent practices in a world that is spinning rapidly toward paperless transactions and e-money as well as e-mail. Telemarketing schemes have been employed to rob elderly victims of their life savings. All of which are trenchant reminders of the complexities of crime.

There are alleged reductions in the numbers of crime victims. But, I question such statistics when domestic violence is still characterized in many United States jurisdictions as misdemeanors or categorized as an everyday crime. More importantly, surveys of hospitals and emergency rooms have indicated that the rates of domestic violence were four times as high as the rates found in victimization surveys.

Juvenile and school violence continues to spread, and the continuing patterns of rape, robbery and murder which are devastating to victims in any context, reflects even more social horror when it is perpetuated by younger and younger offenders who seemingly have no social conscience and no regard for life. There is horror in the fact that since 1997 at least fourteen school shootings in America where students or teachers have been killed or injured by students -- including the devastation at Columbine High School in Colorado that resulted in thirteen dead before the assailants were killed and the unbelievable murder of little six year old Kayla in Flint, Michigan killed by another six year old with a gun.

Mass violence and terrorist activities seem to be on the rise. Certainly the bombing of the Alfred P. Murrah building in Oklahoma City and the consequent murders of 168 people on April 19, 1995 were

seared into the collective memory of America, but, was also symbolic of our times when hateful acts of terrorism leave many unsure of day-to-day survival. But perhaps more terrifying is the threat of chemical and biological terrorism in the future. A year ago I met a young school counselor who was among sixteen people who were evacuated and quarantined for several days after a school was the subject of an anthrax scare in Wisconsin. I learned that in the first quarter of the year 2,000 more than seventy such anthrax scares had occurred in the United States.

And it is with sadness that I reflect that the U.S. no longer has a corner on the epidemic of violence. It is spreading internationally with increased savagery. One only need note the slaughter of 16 school children and their teacher in the gymnasium of a school in Dunblane, Scotland, the crazed shooting of 32 peaceable citizens in Port Arthur, Australia, or the deaths of 12 Tokyo residents in the serin nerve gas attack on the subway here in Japan, to realize we are not alone as victims of community-wide violence.

In addition, victim assistance providers can no longer confine their care to victims of crime. Their skills are needed by victims of trauma after car, train or airplane crashes, natural disasters, and construction collapses. Even those who still believe criminal attacks as a primary concern for victim assistance programs have begun to realize that trauma victims are more at risk for other traumas as well as more at risk for becoming offenders, and that criminal victimization rises significantly after other types of disasters.

Finally, I see our generations -- those of us in this room -- marked by the saturation and impact of these years of violence and disaster. Over fifty years ago, our parents' and grandparents' generation began their adult lives in the aftermath of World War II, with the trauma of the war, and the tensions of both worldwide reconstruction and the Cold War. Those were challenging years, but not necessarily less so, than the years that those of us who are now parents have spent facing the trauma of individual and community victimization. If, as I have indicated, the societal stress of rampant criminality have been particularly severe in the United States, this is a condition that now afflicts Russia, other post-communist societies, and emergent democracies.

I know the anguish and heartache from responding to crime and crises for the last twenty-five years. I have seen the shock and disbelief in the dazed eyes of parents to whom I have had to give the death notification of their young son. I have heard the terror and horror in the voice of a survivor of a truck crash in which he watched the driver of the truck burn to death lodged behind the steering wheel. I have witnessed the confusion, frustration and anger of an outraged woman who had been stabbed and raped in her home. I have felt the shame of a young boy who had been bullied so relentlessly at school that he tried to commit suicide. I have watched self-blame and guilt eat away at mothers and fathers who have thought that if they might have been able to protect their children from being killed if they had just done something differently. And, I have listened to the anguish of grief from people violated -- grief over the loss of property, the loss of a loved one, the loss of trust, the loss of innocence, and sometimes the loss of hope.

And, all the while, I have known that each day ahead will bring more, known the increased dangers of the modern world and known the compelling need for victim assistance professionals. I use the term professionals purposely to identify the fact that volunteers, unpaid and paid staff must be professional. The characteristics of professionalism include training, ethics and accountability and these attributes apply to volunteers and paid staff in victim services.

It is the need for professionalism that has driven NOVA to pursue the standards for victim service providers and victim service programs over the last decade. I suggest that such standards should be based on four principles.

- The establishment of goals, objectives and performance measures.
- The aggregation of a cohesive and consistent framework of knowledge.
- The development of training curricula, protocols and practices.
- The determination of accountability.

The goals, objectives and performance measures for victim assistance programs developed in the

United States became a basis for the standards outlined in the Handbook on Justice for Victims published in cooperation with the Centre for Crime Prevention at United Nations Office in Vienna. The handbook outlines nine clusters of services that programs should address: crisis intervention, counseling, advocacy, support during the investigation of the crime, support during prosecution and trial, support after case disposition, training of allied professionals, public education services, and prevention services. It also stresses the need for an international uniformity of standards and ethics. The handbook includes a delineation of specific services that should be provided within each cluster as well as what optimal services should be available subject to program resources. Crisis intervention services, for example, should include crisis counseling, emergency referrals or direct assistance with medical care, shelter, food, dependent care, property repair, substance abuse treatment, and information and referrals to meet immediate needs and concerns relating to victims' rights. Optimal services would expand such basic assistance with emotional support for notification of death and occasions for the identification of the body, notification of the offence to the immediate family or others, direct assistance to meet immediate needs for clothing, emergency or protective shelter, money, transportation, cleanup of the crime scene, emergency repairs, protection through restraining orders, and information about emergency financial assistance. Each of the nine service clusters are described in such detail and provide a basis for accomplishing universal implementation of quality victim support programs.

The second principle is to pursue goals and standards through an agreed upon framework of knowledge and education. The responsibilities of victim service professionals are greater than in many other fields because our performance has such potential to change lives. In our hands we often find the power to heal — or the power to harm. We cannot rest with the learning of the past nor simply accept its precepts, even when such learning has been immensely useful. Our observations of the crisis reaction in the 1970s and 1980s gave us valuable information in fashioning crisis intervention theories and skills, but I suggest that such information and those basic skills are not sufficient to meet today's needs, the needs of all cultures or to address problems in trans-lingual crisis response.

Over the last fifteen years, we have learned that victimization cannot be defined by objective criteria but must include the subject experience of the victim. The Diagnostic and Statistical Manual IV of the American Psychiatric Association acknowledges that the identification of Post-Traumatic Stress Disorder in trauma survivors includes two components. The first is the experience of either being directly injured or observing the injury or death of another and the second is the response to such observation — fear, helplessness, or terror. We have also learned that most people cope with trauma and cope with it well. Many may suffer Acute Stress Disorder in the immediate aftermath of victimization but most do not develop symptoms of PTSD. We have confirmed that trained caregivers can have positive influences on victims' abilities to reconstruct their lives. Caregivers who convey to victims that they can cope and that there is hope promote that reconstruction.

Victim assistance professionals have found that recipes for crisis intervention need modification. Dr. Martin Symonds aided all caregivers when he developed the simple response for crisis intervenors: "I'm sorry it happened." "You're safe now." "It's not your fault." But while caregivers still can adhere to the first element of that response, "I'm sorry it happened," many have learned that not all victims are "safe now," even with police protection. Others have also learned that survivor guilt has many dimensions. It is true that victims are not guilty of committing the crimes that they have survived. But, some victims will never be able to understand why they survived and others died. And, in some cases, victims may have played a part in how grievous the consequences of victimization have been. Acknowledgment of victim contribution to such consequences may be helpful in aiding victims in constructing new lives. Coping behaviors may be based on newly discovered methods of prevention for the future.

Our knowledge has also been transformed as we have attempted to understand the impact of the justice system on the victim experience. It would seem that the pursuit of justice is critical to many victim's survival. It is also common to see victims find comfort in social confirmation of their own sense of injustice. Yet,

justice is illusive and Judith Herman indicates in her book on Trauma and Recovery that some victims who become seduced by the fantasy of justice may delay their own recovery processes. The definition of justice and its outcomes is also misunderstood by many outside of the victim's experience. Justice is rarely ultimately interpreted in terms of revenge or the imposition of harsh punishment. Most victims see justice as a restoration of social order, the prevention of the victimization of others, and the restoration of the victimized individual, the community, and, at times, the offender to a law-abiding society.

New research on memory, its function, how we process trauma in our brain and the connections between physical, emotional and cognitive memory, conducted by such scholars as Bessel van der Kolk, Alexander McFarlane, and Lars Weisaeth, give us valuable insights into the subjective experience of victims and their abilities to become effective witnesses.

New information on the impact of violence as well as the impact of witnessing violence on children, documented by such experts as Bruce Perry, Robert Pynoos and Daniel Goleman, provide us with new clues to how we might better help such children establish a healthy and functional life.

Such new knowledge has been consolidated into training texts for crisis responders, victim advocates and law enforcement professionals through NOVA's publications on Community Crisis Response, Frontiers and Fundamentals (the text for victim advocates) and Community Policing and Victim Assistance so that it can be used as the basis for training and education programs relating to the third principle of professionalism the development of protocols, skills and practices.

The essence of each of these training and education programs is forty hours of basic training. The content of the programs is illustrated through the key training segments presented to crisis responders.

1. The physical and emotional aspects of the crisis reaction.
2. The processing of a traumatic experience in the brain.
3. The objective dimensions of a traumatic event such as how such an event unfolds over time, the spatial factors to analyze in an event, the roles that those exposed to the event play, the unique features that distinguish natural disasters from man-made and technological disasters, and the ripple effect of an event that spreads the exposure from individuals to the community at large.
4. The impact of death and dying on survivors.
5. Long term stress reactions.
6. Crisis intervention and post-trauma counseling techniques.
7. Special needs of children and the elderly.
8. Working with cultural diversity.
9. Spiritual issues in trauma situations.
10. Group crisis intervention techniques.
11. Coordinating community crisis teams.
12. Stress relief for crisis responders.

NOVA has also developed training curricula for advanced victim advocacy, advanced crisis response, program managers, and training for trainers.

The effort to standardize quality among service providers and programs, however, would be incomplete without also integrating into a code of care, a code of ethics. Such a code should govern the conduct of victim assistance professionals in their work with victims, their work with each other, and their work with other professionals. The code may begin with the admonishment, "first do no harm," but it should go further to describe when victim service providers should recuse themselves from some victim cases because of personal involvement; when and how they should avoid conflicts of interest in justice or other proceedings; and, perhaps, at times, simply to describe the rules of courtesy and diplomacy. NOVA has developed and published a such a code of ethics through its Board of Directors as a standard for individuals and programs in the field.

The fourth principle of professionalism is to hold ourselves and our colleagues accountable for obtaining

the knowledge needed and abiding by the standards set.

After years of discussion and debate, NOVA is now moving forward with a plan for such accountability on two fronts. It is in the process of creating a procedure whereby victim advocates, victim service programs, crisis responders and crisis response teams can be certified after receiving training and passing basic tests. The need for this is clear, most people in this world are, by nature, compassionate -- they will respond to victims with concern. But that is not enough. It is not enough to say "I am sorry this happened." And, it is wrong to say "I understand," when one can never truly "understand" the pain of another. It is the responsibility of victim service providers to know the appropriate words and have the technical skills that provide victims the opportunity to "tell their story" in the most effective way possible. To do that, providers should have mandated education, be supervised and certified, and be accountable to their peers if they make mistakes, fail to respond, or, in fact, add to the trauma of those they serve.

NOVA's certification of victim advocates will be based on documentation that they have taken a minimum of forty hours of basic victim service training, a written test that covers the key content in that training, and agreement to abide by the code of ethics. The test has been developed and has been circulated to the field for comment after which it will be revised and prepared for implementation this summer. Advocates will also be able to receive advanced or specialty certification with documentation of additional training and supervised observation of the skills of the advocate over time. NOVA's certification of victim service programs will be based on documentation by the program that all of their advocates meet the minimum certification requirements.

NOVA's certification of crisis responders will be based on documentation of the forty hours of basic crisis response training and a written test. The test for this certification has been implemented already in the state of Ohio and twenty-three out of twenty-nine people who took the test passed for certification. The test will be revised based on comments from the participants and five different versions of the test will be created so that it can be implemented nationwide beginning in April of this year.

NOVA is also developing a certified trainers program so that trainers and educators who wish to use NOVA's curricula and prepare students and participants for taking the certification tests understand how best to teach the subject matter. The first certified training of trainers course will be held this spring.

The certification process is designed to enhance accountability. It will be accompanied by the establishment of a national reviewers panel to which ethical complaints can be addressed and responded to, if necessary.

These four goals: the establishment of goals, the aggregation of knowledge, the development of training curricula, and the determination of accountability are the critical factors in raising the standards of our new profession. They will take some time to accomplish although we have taken giant steps on the road to our destination over the last three years. But, they are worthy goals and I believe we should hold them true as an international community of victim service professionals. Victims deserve to be treated with dignity and compassion but they also deserve to be treated with knowledgeable skill and care. It will take hard work, dedicated energy and determined commitment to ensure that all of us live up to the responsibilities we have undertaken, but I tend to agree with the reknowned English playwright, George Bernard Shaw when he wrote:

"I am of the opinion that my life belongs to the community and as long as I live it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die. For the harder I work the more I live...Life is no brief candle to me. It's a sort of splendid torch which I've got to hold up for the moment and I want to make it burn as brightly as possible before handing it on to future generations."

We are responsible for carrying the torch for victims of crime and crises and by ensuring the highest quality of service we will make it burn as brightly as possible before handing it on to the future.