

Unit Goal: Identify the psychological, social, and economic impact of crime from a victim's standpoint.

20.1. Identify the elements that encompass a crisis reaction.

Trauma

- Merriam-Webster defines trauma as a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.

The crisis reaction

- The normal human response to trauma follows a similar pattern called the crisis reaction. **It occurs in all of us.**

Physical response

- The physical response to trauma is based on our animal instincts. It includes physical shock, disorientation, and numbness: "frozen fright."

"Fight-or-flight" reaction:

- Adrenaline begins to pump through body.
- Body may relieve itself of excess materials, like ingested food.
- Physical senses, one or more, may become very acute while others "shut down."
- Heart rate increases.
- Hyperventilation, sweating, etc.

Exhaustion:

- Physical arousal associated with fight or flight cannot be prolonged indefinitely. Eventually, it will result in exhaustion.

Psychological response (Mental Psychological Response Stages)

The mind's response parallels the physical response.

- Stage one: Shock, Disbelief, and Denial
 - Denial in this sense means truly believing something did not happen, or that it was not as bad as it actually was. This is a psychological defense mechanism that kicks in to protect a person from the full impact of what has happened.
- Stage two: Cataclysm of emotions
 - Anger/rage, fear/terror, grief/sorrow, confusion/ frustration, guilt/self-blame, violation/vulnerability, and shame/humiliation.
- Stage three: Reconstruction of equilibrium
 - Emotional roller coaster that eventually becomes balanced.

In addition to the above emotions, the victim may also experience anxiety, feeling lost or abandoned, and feelings of hopelessness/helplessness.

Additional Psychological Responses

- Slowed thinking
- Fearful thoughts
- Memory problems
- Distressing dreams
- Blaming
- Illogical thinking

- Flashbacks of a previous trauma
- Intrusive thoughts
- Poor judgment
- Difficulty making decisions

Behavioral Response

- Crying spells
- Extreme hyperactivity
- Change in activity level
- Withdrawal
- Increase/decrease in appetite, sleep, or sex drive
- Increased smoking, drug, and/or alcohol use
- Startle easily
- Conflicts with others
- Change in hygiene and/or self-care
- Change in social patterns and/or communication
- Significant increase or decrease in productivity
- Avoiding reminders of event
- Inability to stop focusing on what occurred
- Getting immersed in recovery-related tasks

Lecture Scenario: The officer responds to the scene of a violent aggravated assault and must interact with a traumatized victim. The assault occurred on a public street. The suspect is unknown.

- Identify the trauma.
- Discuss the victim's physical response and/or possible physical response to the trauma.
- Discuss the victim's psychological response stage and/or possible psychological response stage as officers arrive on scene.

The Range of the Crisis Reaction:

- Shock
- Depression and loneliness
- Panic
- Hostility and resentment
- Hope
- Emotion
- Physical symptoms of distress
- Guilt
- Inability to resume normal activities
- Affirming reality

Trauma is accompanied by a multitude of losses:

- Control over one's life
- Sense of fairness or justice

- A sense of immortality and invulnerability
- Trust in God or in other people
- Personally significant property, self, or loved ones
- Future

Because of the losses, trauma responses involve grief and bereavement.

Trauma and regression:

- Trauma can be so overwhelming that it causes a person to revert or regress to childhood, mentally and physically.

Individuals may feel very childlike, for example:

- Feeling very “little”
- Wanting “mommy” or “daddy” to come and take care of you
- Feeling very “weak”
- Feeling like you did when you were a child, and something went terribly wrong

Individuals may do things that seem very childish later, for example:

- Singing nursery rhymes
- Assuming a fetal position or crawling instead of walking
- Calling a law enforcement officer or other authority figure “mommy” or “daddy”

Lecture Scenario: The officer is a detective following up on a violent aggravated robbery offense that occurred 48 hours ago. The officer must interview the victim of the aggravated robbery offense who is clearly traumatized, emotional, and experiencing feelings of great loss. The follow up interview is at the aggravated robbery victim’s residence.

- Identify the victim’s behaviors and emotional state as it related to the crisis reaction range.
- Discuss the victim’s perception regarding personal loss and their outlook on life and the world around them.
- Discuss signs of aggression that maybe displayed by a victim.
- Discuss relevance of the crisis reaction to personal experiences.

Source: National Organization for Victim Assistance, Washington, DC, 1997, 2001

www.betterhealth.vic.gov.au (last accessed August 25, 2023)

www.crisisclinic.org (last accessed August 25, 2023)

Recovery from immediate trauma

Many people live through a trauma and can reconstruct their lives without outside help. This assumes, however, that they get a lot of informal support and assistance from friends, co-workers, peers, etc. in talking about what happened, in re-experiencing the emotions it triggered, and in trying to make sense of what happened. Most people find some type of benign outside intervention useful in dealing with trauma.

Recovery from immediate trauma is often affected by:

- Severity of crisis reaction
- Ability to understand in retrospect what happened.
- Stability of victim/survivor equilibrium after event

- Supportive environment
- Validation of experience (e.g., it was terrible; the feelings/thoughts someone is having are natural and understandable given what they have been through, etc.)

Intensity continuum

- Crime-specific
- Victim-specific
- Cultural differences

Instructor Note: It is important to convey that while not every trauma victim requires formal counseling, every victim/survivor needs to go through the stages of healing. They need to have somewhere to **talk** about it, to **feel** about it and to **try to make sense** of it. This is true and natural for all humans - not a sign of weakness.

Lecture Scenario: Discuss the following with class:

- What factors might keep an individual from getting the support and assistance they need after a traumatic incident?
- How might the absence of a chance to work through stages of recovery affect a victim's ability to serve as an effective witness?

Recovery issues for survivors include:

- Getting control of event in victim/survivor's mind.
- Working out an understanding of event and, as needed, a redefinition of values.
- Re-establishing a new equilibrium/life.
- Re-establishing trust.
- Re-establishing a future.
- Re-establishing meaning.

Long-term crisis reactions:

- Not all victim/survivors suffer from long-term stress reactions. Many victims may continue to re-experience crisis reactions over long periods of time. Such crisis reactions are normally in response to "trigger events" that remind the victim of the trauma.

"Trigger events" will vary with different victims, but may include:

- Identification of the assailant.
- Sensing (seeing, hearing touching, smelling, tasting) something similar to something that one was acutely aware of during the trauma.
- "Anniversaries" of the event
- The proximity of holidays or significant "life events"
- Hearings, trials, appeals or other critical phases of the criminal justice proceeding.
- Media articles about a similar event.

The intensity of long-term stress reactions usually decreases over time, as does the frequency of the re-experienced crisis.

Even survivors of trauma who reconstruct new lives and who have achieved a degree of normalcy and happiness in their lives -- and who can honestly say they prefer the new, "sadder-but-wiser" person they have become -- will find that new life events will trigger the memories and reactions to the trauma in the future.

Long- term stress reactions may involve post-traumatic stress disorder. The following is the description of that disorder in "DSM-V":

Post-Traumatic Stress Disorder:

People who survive severely traumatic events often have posttraumatic stress disorder (PTSD). Survivors of combat are the most frequent victims, but it is also encountered in people who have survived other disasters, both natural and man-made. These include rape, floods, abductions, and airplane crashes, as well as the threats that may be posed by a kidnapping or hostage situation. Children can have PTSD because of inappropriate sexual experience, whether or not there is actual injury. PTSD can be diagnosed even in those who have learned about severe trauma (or its threat) suffered by someone to whom they are close – children, spouses, other close relatives. Implicitly excluded from the definition are ordinary life experiences such as bereavement, divorce, and serious illness; however, a spouse's sudden, unexpected death or a child's life-threatening illness could qualify as a traumatic event.

After some delay (symptoms do not usually develop immediately after the trauma), the person in some way re-lives the traumatic event and tries to avoid thinking about it. There are also symptoms of physiological hyper-arousal, such as an exaggerated startle response. PTSD patients often feel guilt or personal responsibility ("I should have prevented it").

In general, the worse or more enduring the trauma, the greater the likelihood of developing PTSD. The risk runs to one-quarter of the survivors of heavy combat and two-thirds of former prisoners of war. Those who have experienced natural disasters such as fires or floods are generally less likely to develop symptoms. Older adults are less likely to develop symptoms than are younger ones. About half the patients recover within a few months; others can experience years of incapacity.

Criteria for Post-Traumatic Stress Disorder:

- The patient has experienced or witnessed or was confronted with an unusually traumatic event that has both elements:
 - The event involved actual or threatened death or serious physical injury to the patient or to others.
 - The patient felt intense fear, horror, or helplessness.
- The patient repeatedly re-lives the event in at least one of these ways:
 - Intrusive, distressing recollections (thoughts, images).
 - Repeated, distressing dreams.
 - Through flashbacks, hallucinations, or illusions, feeling or acting as if the event were recurring (includes experiences that occur when intoxicated or awakening).

- Marked mental distress in reaction to internal or external cues that symbolize or resemble some part of the event.
 - Physiological reactions (such as rapid heartbeat, elevated blood pressure) in response to these cues.
- The patient repeatedly avoids trauma-related stimuli and has numbing of general responsiveness (absent before the traumatic event), as shown by three or more of these:
 - Tries to avoid feelings, thoughts, or conversations concerned with the event.
 - Tries to avoid activities, people, or places that recall the event.
 - Cannot recall an important feature of the event.
 - Experiences marked loss of interest or participation in activities important to the patient.
 - Feels detached or isolated from other people.
 - Experiences restriction in ability to love or feel other strong emotions.
 - Feels life will be brief or unfulfilled (lack of marriage, job, children).
- The patient has at least two of the following symptoms or hyper-arousal that were not present before the traumatic event:
 - Insomnia (initial or interval)
 - Angry outbursts or irritability
 - Poor concentration
 - Excessive vigilance
 - Increased startle response
 - The symptoms above have lasted longer than one month.

These symptoms cause clinically important distress or impair work, social, or personal functioning.

Source: DSM-V Made Easy, 2013

Lecture Scenario: Apply PTSD to behavior of a battered person to help explain why they may react the way they do:

- Advanced denial as protective mechanism: tunnel vision regarding just surviving each day (see persistent avoidance of stimuli).
- Hysterical see persistent symptoms of increased arousal.

20.2. Identify phases of a victim's reaction to crime (crisis).

The phases include:

- Impact: This phase occurs immediately after the violence (crime). Victims feel as if they are in shock. Some cannot eat or sleep, while others may express disbelief that the violence (crime) actually occurred. Many victims feel exposed and vulnerable or express feelings of helplessness.
- Recoil: Victims attempt to accept or adapt to the violence (crime) and begin to reintegrate their personalities. Victims commonly experience a wide variety of

emotions, including guilt, fear, anger, self-pity, and sadness. Some struggle to accept the painful feelings while others deny experiencing them at all.

- Reorganization: After a period of time the recoil stage will give way to the reorganization stage. The victims become more normal as feelings of fear and rage diminish in intensity. The victim becomes more normalized as they begin to put the experience in perspective and commit energy to the task of living in the present.

20.3. Discuss the ripple effect of crime victimization.

A ripple effect describes how the impact of crime can spread beyond the immediate victim.

The ripple effect progresses as follows:

- Immediate victim
- Secondary victims: family and friends
- Service providers, EMS, police

20.4. Identify and discuss victim trauma and intervention techniques(s).

For a majority of/if not all victims of crime, the experience of trauma does not necessarily end when the crime/assault ends. Accurate and effective peace officer response and intervention, during the initial phases of victim trauma, has proven to be the most significant for both the victim and law enforcement. Identifying and engaging key aspects of victim intervention can encourage a victim to be more trusting and cooperative during all phases of the reporting and investigation of the crime.

Many law enforcement officers and departments have come to realize that an increased understanding of trauma can have a beneficial impact on communication with victims during the investigation. This is called Trauma-Informed Investigation.

Trauma-Informed Approaches:

A trauma-informed approach is a victim-centered collaborative approach using trauma specific principles to understand the impact of trauma and the effects of trauma on a victim and respond to the victim to reduce re-traumatization and to enhance healing of the victim. The trauma-informed approach is based on 4 key assumptions, or the 4R's and the six (6) key principles.

The 4R's of trauma-informed approach are: (SAMHSA, 2014)

- 1) Realize - Realize the prevalence of trauma and understand trauma can affect individuals, families, groups, and communities. The victim's experiences and behaviors are understood in context of the coping strategies used to survive an overwhelming incident.
- 2) Recognize - Recognize the signs and symptoms of someone that has experienced trauma. Symptoms can include, but are not limited to exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, inappropriate laughter, hysteria, or a blunt or flat affect. (Trauma-Informed Care in Behavioral Health Services, 2014)

There is no one right way to react to trauma.

- 3) Respond - Respond by applying the principles of trauma-informed approach to victims using language, behaviors, policies to consider the experience of trauma.

- 4) Resist re-traumatization - Take measures while interacting with the victim to prevent re-traumatizing the victim by using skills learned.

There are six (6) key principles that help guide the trauma-informed approach, including: (Office of Readiness and Response, 2020)

- 1) Safety - The victim feels safe both physically, emotionally, and psychologically.
- 2) Trustworthiness and Transparency - Develop trust and be transparent with the victim.
- 3) Peer support - Support victims to aid in recovery.
- 4) Collaboration and mutuality - Partnering with victims and others such as an advocate, prosecutor to make decisions and sharing power with the victim.
- 5) Empowerment and voice and choice - Allow victims to share in decision-making, having a choice, and a voice in the process.
- 6) Cultural historical and gender issues - Offer access to services and protocols responsive to cultural needs of the victim, free of cultural stereotypes, and biases.

Victim Intervention and Response:

The aspects or elements of effective victim intervention and response include, but are not limited to, the following:

- Assure victims that their reactions are natural and understandable.
- Recognize “frozen fright” or the victim’s complete disassociation between them and the event.
- Victims may deny or minimize the impact of the assault or crime they’ve been subjected to.
- Victims may start experiencing physical pains such as fatigue, muscle tension, or physical illness as a result of the trauma, and how the trauma was addressed or understood by law enforcement as well as their own family.
- Victims may become overly fearful and/or hypervigilant developing a heightened sense of caution, crime prevention, and anxiety.

These are some of the realities, fears, and behaviors peace officers often see, and need to engage, with victims of crime in an effort to help victims process, and overcome, the trauma they are experiencing.

How to help victims:

- Contact a victim advocate through one of the local area resources.
- Communicate empathy and allow the victims to vent. Empathy is crucial in that it helps establish rapport with the victim as well as facilitating cooperation by the victim.
- Help victims regain a sense of control. For example, ask the victim if there is anyone who they would like called in their behalf or some responsibility that the officer can help address or resolve.
- Establish the victim’s role in the process as part of a team effort through statements such as “we need to review this information together” or “we are going to talk about the incident.”
- Consider cultural issues such as the victim’s lack of eye-contact or what the victim may not necessarily trust law enforcement.

- If the victim has a specific mental or physical disability, arrangements and/or contacts by responding peace officers should include appropriate notifications.

Victim-centered trauma-informed approaches for interviewing victims at **initial stage**:

A. Reiterate to the victim, it is okay not to know the answers to all the questions; do not guess if you do not know the answer. Ensure to the victim they may contact the investigator with additional details at a later time. This will alleviate the urge to fill in the missing blanks they do not recall at this time.

B. Differentiate between chronological vs. categorical interviewing. Trauma affects the way memories are encoded. Fragmented memories may be randomly stored and not recalled chronologically. Gathering information as the victim remembers.

i. Categorical interviewing allows victims share fragmented memories as they remember them.

ii. Chronological requires a timeline of the incident which the victim may not recall.

iii. What is used is dependent on agency policy.

C. Ask open ended questions such as:

- “What are you able to tell me about your experience?”
- “What can you tell me about the person who did this (to you)?”
- “What can you tell me about anything the person said before, during, or after the incident?”
- “What are you able to tell me about the time of the incident?”
- “What was the most difficult part of this experience for you?”
- What can’t you forget?”

D. Ask non-leading questions such as giving the victim a piece of their memory and asking them to tell you more about that.

- “You mentioned to me that they grabbed you around the neck. Tell me everything about that.”
- “Tell me more about _____,” or “You mentioned there was a gun. What can you tell me about the gun?”

E. Don’t ask victims “why” questions as not to question victim’s credibility or believability, but to establish a crime was committed, needed evidence, or identification of suspect. Instead tell the victim why you are asking the question and ask in a non-judgmental way such as,

- “There could be potential evidence on the clothing you were wearing. Are those the clothes you had on?” or
- “Tell me about the conditions that prohibited you from leaving/escaping.”

F. Don’t interrupt the victim while speaking. Take notes and ask for clarifications when victim has finished speaking.

G. Focus on what the victim is able to remember about their experience. Building on what the victim recalls such as “you mentioned they grabbed you around the neck. Tell me more of what you can remember about that” or “you said that you saw them run around the back after breaking your window, can you tell me more from what you recall?”

H. Give victims a sense of control and choice. Allow the victim to take a break and decide when the break is needed. Ask victims, “Where would you like to begin?” “What was the most difficult part of this experience for you?”

I. Active listening, give the victim your undivided attention and listen without judgement. Some statements from victims may have gaps. Refrain from filling in the gaps for the victim and allow the victim to speak on the incident.

J. Being patient. Give the victim time to process and work through the trauma during the interview.

Lecture Scenario: The officer is a detective following up on a sexual assault offense. The officer must interview the victim of acquaintance/“date rape” sexual assault. The follow up interview is at the sexual assault victim’s residence. The victim is fairly calm and able to communicate with the officer during the interview.

- Discuss the significance of sensitivity in this scenario.
- Discuss the significance of professionalism in this scenario.
- Introduce students to the concept of trauma-informed investigations.

20.5. Discuss the potential for secondary victimization by the criminal justice system and how to avoid it.

Long-term stress or crisis reactions may be exacerbated or mitigated by the actions of others. When such reactions are sensed to be negative, whether or not they were intentional, the actions of others are called the “secondary assault” and the feelings are often described as a “secondary injury”. Sources of the “secondary victimization” may include:

- The criminal justice system
- The media
- Family, friends, or acquaintances
- Clergy
- Hospital and emergency-room personnel
- Health and mental health professionals
- Social service workers
- Victim service workers
- Schools or educators

Instructor Note: If possible, arrange for a presentation by a victim(s) of both positive response by law enforcement and the criminal justice system and of the negative response of secondary victimization.

Consider the potential economic impact to victims:

- Medical care
- Lost earnings
- Property loss/damage

20.6. Conduct an appropriate death notification.

Recommended Procedures for Notification of Death:

- Notification should occur as soon as the deceased identity has been established.
- Get all the medical information possible about the person(s) to be informed of the death.
- Go. Don't call!
- At least one person should be in uniform.
- Talk about your feelings with your partner.
- If a child answers the door, request to speak to their parents.
- Present your credentials and ask to come in.
- Sit down. Don't be stiff and formal.
- Convey the information simply and directly.
- Ask parents or spouse if they want to tell the children or if they want you to tell them.
- Don't discount feelings -- theirs or yours.
- Be prepared if the bereaved goes into shock.
- Empathize with the survivors in their grief.
- Answer questions honestly.
- Provide information without jeopardizing a criminal investigation.
- Offer to make calls.
- Survivors should be informed that it might be necessary for them to identify the deceased.
- Explain why an autopsy is necessary and how to obtain a copy of the report.
- Tell hospital personnel what information the family has been given.
- Survivors should be informed that law enforcement officials might need to question them at a later time.
- Don't leave the survivor(s) alone!
- Stay with the survivor(s) if they wish and help with decisions.
- Provide the survivor(s) with the officer's names and telephone numbers.
- The law enforcement officers should contact appropriate agencies in other jurisdictions to notify additional surviving family members.
- Preserve and label the package containing the deceased's clothing and personal effects.
- Allow hospitals adequate time to prepare the body for identification.
- Provide survivors with sufficient time with the deceased.
- Talk to the media only if the family has given permission.
- Give the survivor(s) an information sheet with pertinent information.
- Next day -- call!
- Let the survivors know you care.

Lecture Scenario: The student officer responds to the scene of a homicide and must make a death notification. Have the student notify the deceased victim's relative.

- Identify the information necessary to make an appropriate death notification.
- Discuss characteristics an officer may embrace while interacting with both adults and children during a death notification.

Source: Resource for training or death notification 214-744-MADD

Unit Goal: Recognize statutory responsibilities relating to victims' rights.

20.7. Identify the legal basis of law enforcement's responsibilities to victims' rights.

- Crime victims' rights - CCP 56A.051

20.8. Identify crime victim liaisons and their duties.

Applicable codes:

- Victim Assistance Coordinator - CCP 56A.201
- Presence of advocate or representative during forensic medical examination - CCP 56A.351

20.9. Summarize legal requirement for providing victims written notice.

Applicable codes:

- Definitions - CCP 56A.001 and CCP 56B.003
- Notice of release of family violence offenders - CCP 42.21
- Notification of Rights - CCP 56A.401

20.10. Explain rights granted to victims of crime.

Applicable codes:

- Rights of Crime Victims - Texas Constitution Article 1, Section 30
- General Rights - CCP 56A.051
- Victim's rights - FC 57.002
- Victim's right to privacy - CCP 56A.101
- Compensation - CCP 56B.007
- Confidentiality of Identifying Information of Sex Offense Victims - CCP 58

20.11. Identify four (4) outcomes of effective assistance to victims.

- Strengthen faith and confidence in the justice system.
- Improved relationship and partnerships between law enforcement and the community.
- Increased knowledge of what works in order to improve public safety and reduce disparities within the justice system.
- Comprehensive justice system improvements and protections based upon science-informed policy and practice development.