



**Crime Victims Advocacy Council**

3101 Paces Mill Rd. Atlanta, GA 30339; 770.333.9254

## **NEWSLETTER**

**March 27, 2018**

Volume III, 2

Dear Friends,

I want to take this opportunity to welcome Ms Brooks Hunnicutt as Executive Director and Victim Advocate of CVAC, as well as Ms. Candace Sims as Helpline Responder. We are lucky to have them as they come with experience in helping crime victims over many years. Brooks has conducted support groups for various victims of crime for many years and has a Master's degree in Counseling and was a certified LPC and addictions counselor. Ms. Sims has been involved in conducting grief support groups for Parents of Murdered Children (POMC) and is a grief coach. She is in training to be a hospice grief counselor.

I would encourage each of you to come to the support groups at Vinings UMC on Tuesday evening or First Baptist church in Decatur on Thursday evenings for two reasons: 1) You may receive help by helping someone else or by hearing how someone else is coping with their grief, and 2) Talking it out and talking it through can minimize the intensity the homicide event has over your life and help you assimilate the experience in such a way as you can cope with it.

Our support groups do not conduct therapy or counseling and are peer-involved victim's education groups. For example, you will learn how to request financial compensation from the sentencing judge after a criminal conviction (restitution and community service); compensation from the Victims Compensation fund (up to \$25,000, if eligible); and learn how to evaluate if you have a civil case for a civil tort action.

Call 770-333-9254 for more information.

*Bruce*

Rev. Dr. Bruce Cook,  
CVAC Founder  
[www.cvaconline.org](http://www.cvaconline.org)

## PLEASE NOTE:

We are **NOT** holding an annual memorial service this year at First United Baptist Church, 308 Clairemont Ave., Decatur, GA, on Sunday, April 8, 2018, from 5-8:00 PM. The loss of a loved one to a homicide or DUI accident is a terrible tragedy, and CVAC hopes you will join us in honoring your loved one with a written memorial tribute that with your permission we will post on our website and Facebook. **Please call 770-333-9254, email, (askcvac@cvaconline.org) or mail in your loved one's name and a brief memorial tribute (less than 100 words) to us so we can print the name and tribute no later than March 30, 2018.** We hope that by honoring your loved one this way it will be a healing event for you. CVAC believes in restorative healing and writing about your loved one is a way to cope with loss.

CVAC offers support groups on Tuesday evenings from 7:30-9PM at 3101 Paces Mill Rd., Atlanta, GA 30339 for crime victims to discuss their problems and arrive at solutions together. If you are interested, please call us for an appointment and directions. CVAC can assist you in spiritual healing and filling out victim compensation claims, victim impact statements, and requests for victim notification. The Cobb County DA VWAP Office is co-sponsoring the event.

CVAC has memorial walls of those murdered in Metro Atlanta from 1991 to 2017 they will be on display in our CVAC office, 3101 Paces Mill Rd. Atlanta, GA 30339, (address above) during National Crime Victim's Rights Week on Sunday afternoon from 3 to 5pm on April 8, 2018, and your loved one's name will probably be on one of the walls. You are welcome to visit and place a flower at the foot of the wall. Rev. Cook and others will be there for a special time to spend with you. **It is a time to stand united as crime survivors who have experienced an evil murder in our family.** I hope you will pay tribute to your loved one during this special week when all crime victims across the country will be doing so.

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## Supportive Counseling and Advocacy

**PART I:** [This paper is drawn from Chapter Three of Marlene A. Young, *Victim Assistance: Frontiers and Fundamentals*, a publication of the National Organization for Victim Assistance. Permission to reprint this paper is granted so long as its source is properly attributed.] © 2001 National Organization for Victim Assistance.

While most victim service providers do not provide mental health therapy, those who deal with victims in crisis must also be prepared to provide long-term supportive counseling and advocacy. It has become more and more apparent over the last decade that while the majority of victims and survivors cope quite well with a little assistance at the time of the crisis, some require additional counseling support for several reasons.

First, when victims are involved with the criminal justice system, there is often a need for continuing counseling during the criminal justice process. Not only do post-arraignment activities and pretrial issues become a source of annoyance and concern, the trial itself may trigger stress reactions and after the trial is over, victims may again be placed in trauma by the verdict, by the sentence, or by the way the sentence is administered.

Second, if there is no arrest, victims may need some continuing support over the years because of the perceived failure of the criminal justice system to do its work. Recently, a woman whose parents had been

shot and killed in Canada while she was living in California confided that she found herself shaking with anger when she thought about the fact that no assailant was ever identified or arrested. The murders had taken place close to twenty years earlier.

Third, there may be events that occur during victims' lives that trigger additional crises reactions on a continuing basis or discretely many years after the crime. The anniversary date of the crime may be an annual distressing event for some victims. They may need to talk to a counselor only once each year, but that is on-going emotional support. Others may find that they are doing okay until another disaster befalls them or another event such as a marriage, a divorce, the birth of a child, or the death of a loved one causes them to re-live the original crime.

Finally, some victims simply take longer to begin to cope with their victimization and to reconstruct a new life. This fact carries no judgmental connotations of "good" or "bad;" it is a reflection of the reality that every person develops a unique pathway—and timeline—for healing.

Victim service providers have also recognized that good victim counseling involves good victim advocacy. While the functions of a counselor may be perceived as providing emotional reassurance for a victim, victims continue to report that such reassurance is of negligible benefit if their practical needs go unmet. No matter how well-meaning a counselor is in saying, "You're safe now," this has little meaning to a victim if she is still living in the same apartment where she was burglarized and raped, and she can't afford to move or to put locks on the doors and windows. Even if she does change the locks, she now knows she is not truly safe in the world. The perception of her world has changed, and she has learned—sadly—that bars and locks do not necessarily keep out intruders.

Some victims may find it relatively easy to navigate the halls of justice to get compensation to which they are entitled; to have a voice in the criminal justice system; to work with creditors to pay overdue bills in the aftermath of a robbery; to work with employers to get time off to be a witness in a court case; or even simply to find out where their courtroom is located.

Most, however, view the process as having to "fight the system"—a system that seeks to preserve the status quo—and grow weary of the battles that must be won in order to be treated with dignity and compassion. An advocate serves a needed role in encouraging victims to be advocates for themselves, but, in addition, provides them with another voice when they become too weary to speak.

Due to the importance of the roles of victim counselors and victim advocates, this chapter will outline the basic skills and knowledge that counselors and advocates need in order to do their jobs well.

**I. Supportive Counseling:** Supportive counseling often takes place after the initial crisis reaction has subsided and the victim perceives a need for additional emotional support. The counseling may be provided by mental health specialists, but often is performed by trained lay victim counselors.

- A. Supportive counseling should be "trauma specific". This means that the counseling should only address the crime that happened and any consequences or issues that arise in the aftermath of that crime. Keeping the counseling relationship focused on the crime helps ensure that the victim—with support—confronts the crisis reaction he or she experienced and begins the process of reconstructing their life. Focused counseling lessens the opportunity for longterm denial and repression to keep the healing process from progressing.

As noted below, this is not to say that pre-existing life problems will be ignored. Rather, once the trauma-specific support has been initiated, the counselor will be better able to assist the victim to resolve other problems in a descending order of priority. For example, a domestic violence victim

should be provided emotional support to help cope with the current violent incident(s). Then, when the immediate crisis situation has been alleviated somewhat, the counselor can begin to explore with the victim other concerns she may have. Some of those—such as the nature of the violence in the relationship—will be issues the victim counselor may feel comfortable confronting. Others, such as issues of substance abuse, mental or emotional illness, financial counseling and others, may be better resolved by referring the victim to other qualified specialists.

1. Other pre-existing problems such as marital issues, alcoholism, drug abuse, employment problems and the like should not be addressed except as they relate to this trauma. If there is a need for counseling or help in those areas, the victim/survivor should be referred to an additional counselor for assistance.
2. An exception to the trauma-specific nature of counseling intervention is when there are other traumas in the individual's life that may have an impact on their response and coping abilities in dealing with the current trauma.
  - a. Example of how the current tragedy triggers strong reactions and memories of a previous tragedy: a woman who had recently survived a murderous rampage by a gunman could only talk about the death of her child ten years earlier. She needed to address her child's death before she could address the trauma of the mass murder. In this situation, counseling related to the prior trauma was entirely appropriate as a prelude to counseling on the recent trauma.
  - b. Example of how the previous trauma may not seem related to the victim's current response or coping abilities: an elderly man is robbed in broad daylight at knife-point. In the counseling sessions, his conversation focuses primarily on the day he received his draft notice prior to entering the military service during wartime. His feelings of powerlessness at being drafted may be similar to his feelings of powerlessness at being robbed, although the two events are completely dissimilar. The role of the counselor is to let the victim/survivor define the issues. Any discrete trauma in the past may be re-visited in response to a current discrete trauma.

B. Supportive counseling should seek to reassure victims of their ability to function.

1. It is important to reassure victims/survivors that they are not crazy and that their trauma is not unusual. On the other hand, the use of the phrase "it is a normal reaction to an abnormal situation" may trigger an angry response in individual victims or survivors who see their reactions as unique. Use of that phrase is helpful when publishing materials or talking to the media and the target is a mass audience. For individual victims/survivors, it is helpful to reassure them that their reactions are not uncommon but they are also unique to them.
2. Victims should be reassured that trauma itself may be painful but it is not unusual; hence, others may have suffered similar reactions in the aftermath of tragedy.

C. The supportive counselor seeks to establish herself (a majority of such counselors are women) as a "silent" partner to victims as they work to reconstruct a new life.

1. The counselor is involved primarily as a listener and a "brain-stormer". The counselor may outline, develop and suggest options in response to the victims' questions but the counselor is not the decision-maker.

2. If or when the counselor takes on a decision-making role with regard to key decisions, the counselor transcends the role of counselor and becomes a rescuer. She or he may then cause the victim to become dependent rather than independent. For example, a victim may be invited to write a Victim Impact Statement for the court, outlining how his or her life was affected by the criminal event. Writing such a statement can be extremely painful. To “spare” the victim additional pain, the counselor may undertake to draft the statement for the victim. A more useful strategy would be for the counselor to provide guidance and support for the victim while he or she does the actual work.
  3. This collaborative relationship means the counselor must avoid becoming ego-involved when developing options victims might undertake. The trauma is not the counselor’s trauma, it is the victim’s.
- D. Supportive counseling seeks to help the victim establish a unique pathway to reconstruction or healing.
1. Every victim/survivor will find his or her own way in reconstructing a new life. Just as the trauma is experienced in a common but unique fashion, so must the reconstruction process be unique but common.
  2. Counselors should be non-judgmental, supportive and open in their response to decisions.
  3. There are pathways that would generally be considered negative as victims/survivors try to reconstruct a future—substance abuse, suicide, destruction of relationships, etc. Counselors should be prepared to deal with ethical issues and to refer survivors for appropriate mental health counseling or psychotherapy when necessary.
- E. One tool of the supportive counselor is education.
1. Written or oral materials that describe the crisis reaction in the aftermath of trauma and the long-term stress reactions that are not uncommon can be valuable. Information on coping strategies for dealing with both crisis and long-term stress reactions is also useful. Positive strategies, such as cultivating a support system of family and friends, relaxation exercises, or physical exercise should be stressed. Negative strategies, such as substance abuse, excessive sleep, or excessive activity, should be outlined so that choices may be made to avoid them.
  2. Victims need practical education on their options in the aftermath of crime. Timing of practical information is important. In immediate crisis counseling, such information may be ignored or forgotten. After a few days and through supportive counseling, most information will be welcomed and the receipt of it will be useful in the reconstruction process. While much of the information listed below may be provided, in part, by a crisis intervenor, the supportive counselor should also be prepared to provide continuing education on these subjects.
    - a. Legal implications of the crime should be explored. Some crimes may result in a criminal justice response. However, by far, most cases will not be investigated, prosecuted and disposed of in the criminal justice system. In some crimes, there may be an option for civil litigation. In any case, the survivors or victims will want to know what to expect.
    - b. Physical injury victims need education on how to deal with the medical system. What is the nature of informed consent? What are the sources of long-term financial help? Victims with physical injuries may qualify for victim compensation to help them with medical bills and other costs.

- c. Victims may need information on disaster relief programs when appropriate.
  - d. Education concerning what to expect from the media, especially in disasters or sensational cases, is important.
3. For the survivors of homicide victims, education on death and dying and grief and loss is essential.
- a. Fears concerning death, the dynamics of grief, and the nature of loss are all issues of great importance as the survivor struggles to go on.
  - b. Practical issues facing survivors are equally important should a death be involved. These may include: education about funerals, memorial services, autopsies, cremation, and internment.
4. Counselors can help victims or survivors master such information by:

Providing them with articles on crisis, long-term stress, coping strategies, bereavement, and similar matters.

- a. Encouraging them to write journals or stories about their experiences.
  - b. Suggesting that they may like to record their thoughts or their reactions on audio-tape and to listen to themselves later.
  - c. Providing them with or referring them to audio-tapes or video-tapes on crisis, death, crime or disaster.
5. Self-assessment education is also useful. For some victims, it is an interesting distraction to use tests to rate their coping abilities. Most of these so-called tests, often found in popular magazines, mean little, but are a tool for introspection. Such tests include the following.
- a. "Stress tests" that appear in popular magazines. Surveys or other types of questionnaires about the state of marital relationships, exercise potential, job satisfaction and the like help victims/survivors to think introspectively about their concerns.
    - i. "How Do I Trust Thee", John K. Rempel and John G. Holmes, *Psychology Today*, February, 1986, pp. 28-34. Contains a "Trust Scale" to test the relationship with your partner.
    - ii. "What's Your Body Image", Questionnaire in *Psychology Today*, December, 1989, pp. 58-61.
    - iii. "The Diet Readiness Test", included in "When and How to Diet," Kelly D. Brownell, *Psychology Today*, June, 1989, pp. 40-46.
    - iv. "What Are Your Values and Goals," Questionnaire, *Psychology Today*, May, 1989, pp. 46-48.
  - c. Goal-setting challenges such as physical fitness exams, or problem-solving quizzes.
    - i. Example: Give the victim/survivor a scenario relating to a trauma similar to the one suffered. Ask him or her to define the most critical issues facing individuals in that scenario. After they are defined, ask him or her to develop a strategy of action to deal

with such issues, including a time-line for completing action tasks. She or he can report back on a regular basis the efforts made to accomplish the tasks and the problems confronted in reaching the goals.

- ii. Example: Encourage the victim/survivor to keep a calendar of attainable goals and rewards relating to tasks needed to be done to maintain normal life functioning.

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**Part II of this Article will be in the next CVAC Newsletter.**