

Maintaining Victim Engagement: Considerations for Working with Specialized Populations

The information in this brief applies to cold case sexual assaults as well as current case sexual assaults. Mentions of sexual assault apply to both types of sexual assault cases.

This National Sexual Assault Kit Initiative Training and Technical Assistance (SAKI TTA) resource provides guidance for jurisdictions developing victim engagement policies to ensure support for specialized populations within their communities. Designing a trauma-informed victim notification and engagement protocol requires a multidisciplinary approach that integrates expertise from all disciplines to create a victim-centered process. A multidisciplinary team (MDT) serves as the overseeing body for creating protocols, policies, and best practices; an MDT also oversees protocol implementation.¹

Jurisdictions and MDTs will need protocols and procedures to reengage survivors into the criminal justice process as they work to resolve cold case sexual assaults. A victim's first impression of this reengagement starts with the notification process. Victim engagement protocols should provide local agencies and practitioners with key strategies and guidance for interacting with victims; creating proper documentation; making referrals; and employing a trauma-informed, victim-centered approach. SAKI TTA offers resources to assist jurisdictions with developing tailored guidance and protocols for their communities. These resources can be found in the SAKI Toolkit² and SAKI Virtual Academy.³

During the protocol development, MDTs should identify available assistance, resources, and support services in their communities to best support each victim in their unique circumstances. The victim notification team may have information about a survivor's personal life, livelihood, family, and/or immediate concerns. Therefore, protocols should provide specific guidance about how to best serve specialized populations, and notification teams should be ready to adapt as they identify additional needs a victim might have. Additional considerations and protections should be employed on a case-by-case basis when interacting with a victim who has severe mental or physical

impairment. Statewide and multijurisdictional MDTs should identify the predominant specialized populations within local jurisdictions and provide protocol guidance specific to those populations. Developing strategies for providing tailored support for specialized populations is especially important because these populations may experience an increased risk of retraumatization and/or polyvictimization.

Polyvictimization occurs when an individual experiences multiple forms of violence during childhood and/or adulthood; examples include physical abuse, sexual abuse, emotional abuse, neglect, and/or community violence. To avoid leading to long-term trauma with lasting effects, victims should seek support services for help with polyvictimization. Therefore, protocols should outline the process to provide all victims—including those in specialized populations—with appropriate, individualized support services to address their trauma and safety. The following are possible considerations MDTs can take when integrating guidance for specialized populations within their victim notification protocol.

Victim advocates have specialized training and experience with connecting victims in specialized populations to appropriate support services that can explain victim rights. Victim advocates maintain their credentials in these areas by participating in ongoing professional training on current best practices.

Homeless

A victim's living situation can present challenges if a victim has been identified as homeless or transient, or is facing eviction or living in unsafe conditions; the situation may be especially challenging if there is a lack of community resources. A victim advocate can connect these individuals with resources to address their immediate needs, particularly housing. Failing to address these needs may present barriers to reengaging the victim later in the process.

A best practice during victim notification involves giving victims a resource bag or folder with information about available services. Anyone who facilitates notifications

¹A working group and/or sexual assault response team (SART) may also serve as the overseeing body.

²Additional Victim Notification resources are available in the SAKI Toolkit at http://bit.ly/SAKI_Toolkit.

³Developing a Victim Notification Protocol available in the SAKI Virtual Academy <https://academy.sakitta.org/>.

should be familiar with community resources—including shelters, safe-houses, and residential treatment facilities—for homeless individuals.

If a notification team locates and notifies a victim who lives in a homeless shelter or transitional housing, the team should establish good rapport to maintain contact with them after the initial connection. To sustain communication and reduce the risk of losing contact with the victim, the notification team should obtain additional contact information, or another means of finding the victim (e.g., name and location of people they may be staying with).

Non-native English Speaker

Language barriers can often present challenges during notification, investigation, and prosecution. To assist with these challenges, protocols should outline processes for providing interpreting services to individuals who have limited English proficiency; the processes should include information about certified translators/interpreters in the community. Family members should not be asked to serve as interpreters; only independent, professional interpreters should provide this service. When developing the protocol, identify which resources will be provided to the victim during the engagement and continued legal process so that these resources can be made available in the victim's native language.

Underserved

MDTs should be culturally competent and be able to support populations of economic disparities, including underserved populations of varying racial backgrounds. Cultural competency is the ability to interact effectively with people of different cultures and understand not only their needs but also the appropriate support services required to meet those needs.

Culturally competent victim advocates who have a diverse background can provide a commonality with victims and may put them at ease. Understanding the history and dynamics of impoverished communities and other underserved populations, and having knowledge of appropriate community resources can enhance interactions with victims. Underserved victims may benefit from learning about available resources such as the following:

- ◆ County benefits
- ◆ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ◆ Supplemental Nutrition Assistance Program (SNAP)

- ◆ Unemployment assistance
- ◆ Housing/shelter referrals
- ◆ Medicaid
- ◆ Victims of Crime Compensation

It is recommended that victim advocates participate in ongoing training in cultural competency to keep their skills and knowledge current and to influence this practice amongst members of the MDT.

Prostitution

During a cold case sexual assault review, a victim may have been identified as a prostitute at the time of the sexual assault. MDTs should understand that prostitutes are common victims of sexual assault; perpetrators often target prostitutes because perpetrators may believe that prostitutes lack credibility with law enforcement and therefore may be less likely to report an assault.

Polyvictimization is oftentimes linked to prostitution; as a result, these victims may have been addicted to drugs or alcohol and/or may have had a mental health illness, which increases their vulnerability of further victimization. When developing the protocol, MDTs should acknowledge that the notification process may trigger memories that the victim has suppressed or no longer wants to address for any number of reasons. In these situations, it is critical that notification teams approach the notification as an opportunity to build rapport with the victim and to allow the victim to feel more comfortable discussing their recollections of the assault more openly. A victim's experiences in prostitution should not play into how the notification team interacts with the victim.

Minors

Youth initially may be hesitant to disclose information about a sexual assault to law enforcement; however, the notification team can break down those barriers by communicating at the victim's comfort level. Oftentimes, more than one meeting is required to build trust and rapport with youth. Minors who are victims of sexual assault may respond by acting out (e.g., skipping school, running away from home, and engaging in other negative behaviors). As a result, the minor victim may have been previously involved with law enforcement. Depending on those previous interactions, the victim may not feel comfortable engaging with law enforcement alone. Victim advocates can help overcome these barriers by offering support and liaising between the victim and law enforcement.

Notification teams must evaluate the safety of where to conduct the notification, especially if the crime occurred at the victim's home. Ensuring the victim's safety and wellbeing is paramount. Additionally, notification teams should carefully consider any decisions that are made during the notification process as they may be influenced by outside factors. This is particularly true for minors as they may be more vulnerable to familial pressures and may have fewer options for food and shelter outside of their home when compared to adult victims.

For example, family members may coerce the victim not to engage with the criminal justice system for a variety of reasons, including the impacts on the family if a relative was the perpetrator. The victim may feel alone in the process because they do not have their family's support and believe they have nowhere to turn to for help, including a safe place to stay. The victim may have also engaged initially, but the investigation phase was disrupted and/or was never pursued after the reporting phase due to their parent or guardian's lack of engagement in the investigation or lack of support for the victim.

When developing a protocol, MDTs should also consider the challenge that the passage of time poses after a minor victim's assault. The victim may have difficulty recalling the details of the assault. Depending on when the assault occurred and the victim's level of trauma, their recollection and memories may be different than what was originally reported. The notification team should work to validate what the victim remembers, which will help to reduce the victim's anxiety and keep the victim engaged.

It is also important to consider that adults who were sexually assaulted as children may be triggered to respond in a manner that takes them back to the age when they were assaulted. Being cognizant of the victim's psychological demeanor is critical to keeping them in the present moment and reducing retraumatization.

Elderly

The elderly population can be vulnerable based on their health conditions and/or mental health concerns; additionally, elderly victims may have guardians who are designated to make decisions in their best interest. Protocols should provide guidance about using a slow pace when conducting a victim notification and gauging the elderly victim's physical and emotional condition. If the

notification must be provided to a guardian (e.g., mental health specialist or family member), ensure that the victim is as engaged as possible and informed equally to empower them throughout the progress of their case. There may be occasions in which making special accommodations is necessary to communicate with this population; for example, an interpreter may be needed if the victim has a hearing disability or transportation services may be needed if the victim is unable to transport themselves.

Mental Health Issues

Victims' mental health challenges add complexity to the notification process. Prior to notification, the notification team should consider how a victim's mental stability (both during and after notification) may be affected and address any issues that may arise. Victim advocates can provide crisis intervention and/or make appropriate referrals to mental health providers or counseling services.

Notification teams should continually assess whether the victim fully understands the information shared about the investigation or the process in general. If concern exists about the victim's comprehension, then rephrase or reframe the information to support the victim. Using a nonjudgmental and calm demeanor when speaking with victims who have mental health concerns can minimize their anxiety and may increase their engagement in the process. The notification team should also pay attention to the victim's body language to evaluate if the victim needs a break or is showing visible signs of a traumatic response.

Conclusion

Developing victim engagement protocols that support specialized populations will ensure that all victims within a community receive the assistance they need. Victim notification and continued engagement should be grounded in victim-centered practices that serve to empower victims as participants in the process; these practices should also provide victims the opportunity to have an active role in holding their offender accountable and continuing their healing process.

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