



Office for Victims of Crime

# OVC Fact Sheet

*Advocating for the Fair*

*Treatment of Crime Victims*

## Initiatives for Improving the Mental Health of Traumatized Crime Victims

### Background

For most victims of crime, the psychological wounds endure long after the physical wounds have healed. Victims of crime may suffer intense fear, shock, and terror in the course of their victimization, followed by feelings such as anger, anxiety, depression, social isolation, and helplessness. These responses may be triggered in other victims who have witnessed the injury or death of a family member or friend. Survivors of prolonged, repeated victimization, such as abused children and battered women, may develop severe mental health problems. While not all crime victims need or will even benefit from mental health services to deal with the psychological and emotional aftermath of victimization, there are many crime victims who need specialized mental health services to help them begin and continue the healing process. Traditional mental health providers include psychiatrists, psychologists, clinical social workers, clinical mental health counselors, and marriage and family therapists. For many victims, the support, understanding, and counseling provided by groups such as pastoral counselors from the clergy or traditional healers from Native American cultures are extremely beneficial.

The 1982 President's Task Force on Victims of Crime challenged the mental health community to lead the way in developing and providing treatment programs for victims and their families and to develop training for mental health practitioners that gives them the understanding and skills to sensitively and effectively treat crime victims. Although most victim advocates and other professionals within the criminal justice system are not mental health practitioners, the services and support that

they provide to victims are vital to their psychological recovery. However, the needs of crime victims frequently extend beyond the capabilities of the victim advocacy community, and professional mental health counseling is needed. Recognizing signs of psychological trauma, interacting sensitively and effectively with victims suffering from psychological and emotional distress, and making appropriate, timely referrals to mental health providers are critically important skills for victim assistance providers.

### OVC Funding Support of Mental Health Services

OVC recognizes that victim assistance providers need to have the knowledge and skills to respond sensitively and effectively to crime victims, and that mental health services should be available to victims who need this assistance. OVC also supports strong collaboration between victim assistance providers and mental health practitioners. OVC administers the Crime Victims Fund, which was established by the Victims of Crime Act of 1984 (VOCA) to support services to crime victims throughout the country. Each year, OVC distributes substantial VOCA formula grant funding to State victim assistance and compensation programs to ensure that lifeline services for victims, including crisis counseling and specialized mental health assistance, are available and accessible. OVC also directly administers VOCA discretionary grant funding to support innovative, national scope training and technical assistance initiatives that will expand and improve services to crime victims, including specialized training on the mental health assistance needs of crime victims for both victim advocates and licensed mental health providers.

## Victim Compensation Programs

All 50 States, the District of Columbia, and the Virgin Islands have established crime victim compensation programs, and all will reimburse victims of violent crime for mental health counseling that is related to their victimization. The States have broadly defined violent crime to include offenses such as rape, robbery, assault, child abuse, sexual molestation, domestic violence, and drunk driving. Forty-five States will compensate survivors of homicide victims for costs related to mental health counseling, if the victim was not engaged in criminal activity that contributed to the death. The eligibility requirements and maximum awards vary from State to State, but in all States compensation is paid only when other financial resources, such as private insurance or offender restitution, do not cover the loss. During Fiscal Year (FY) 1997, State compensation programs reimbursed victims almost \$43 million for mental health related expenses. This compensation can be an invaluable resource for those victims who do not have health insurance or when their health insurance does not include coverage for mental health benefits.

A list of the limits for mental health counseling benefits for each State is in the box to the right. The extent of coverage is subject to change and is determined by State, not Federal, statute. Specific questions on eligibility and benefits should be directed to the staff at the State agency that administers the crime victims compensation program in that State. The National Association of Crime Victim Compensation Boards has developed a directory of State compensation programs, which lists the State agency that administers the victim compensation program in each State along with a description of compensable expenses covered by the State. This directory can be accessed on the OVC Web site under the section Help for Victims.

## Victim Assistance

All States and Territories receive an annual VOCA victim assistance grant to supplement the State funding available to support victim assistance agencies. Each State then awards VOCA funds to local community-based organizations to provide services directly to crime victims. In 1997, VOCA assistance funding supported almost 2,800 organizations throughout the nation, many of which provide mental health services such as crisis lines or counseling as part of their continuum of services for crime victims. A listing of every organization in each State that received VOCA funding in 1997 is available on the OVC website under the subsection, Help for Victims.

## Mental Health Counseling Benefits

AL	50 sessions (no more than \$6,250 total)
AK	\$25,000
AR	12 months from date of first treatment
AZ	6 months or \$2,500, whichever comes first
CA	\$10,000 for direct victims, and per relative in homicides; \$3,000 other secondary
CO	Limits set by districts; generally \$1,500-\$3,000, with some at \$10,000
CT	\$15,000; \$25,000 in homicides
DE	\$25,000
DC	\$25,000
FL	3 years or \$2,500 for adults; \$10,000 for minors
GA	\$2,500
HI	\$5,000 for direct victims only
ID	\$2,500 for direct victims; \$500 per family member to maximum of \$1,500 per family
IL	\$25,000
IN	\$1,500 for direct victims; \$1,000 per family
IA	\$3,000 (\$10,500 psychiatric); \$3,000 per family member in homicides, \$1,000 per family member in nonhomicides, limit of \$6,000 per crime
KS	\$3,500; \$1,000 in homicides; \$10,000 inpatient; may be extended to \$25,000
KY	\$25,000
LA	26 sessions or 6 months, with maximum \$5,000 direct victims, \$2,000 indirect victims
ME	\$7,500
MD	\$2,000
MA	\$25,000
MI	26 sessions
MN	\$5,000 for victims, spouses, minor children, and parents in homicides; 10-session limit for siblings and adult children in homicides
MS	\$2,500
MO	\$2,500
MT	\$2,000 or 12 consecutive months: may be extended to \$25,000
NB	\$2,000
NV	\$3,500; additional \$5,000 in extreme situations
NH	\$2,000
NJ	50 sessions for adults, 100 sessions for children
NM	\$20,000; authorized only in 30-session increments
NY	No limit
NC	1 year for adults; 2 years for children 10 and under
ND	\$25,000
OH	\$50,000
OK	\$3,000 for direct victims (may be extended in extreme cases; \$500 per person, \$1,000 per family in homicides)
OR	\$20,000 for direct victims and family in homicides; \$10,000 for children in domestic violence
PA	\$35,000
RI	\$25,000
SC	180 days or 20 sessions, whichever is greater
SD	18 months; \$1,800 or 18 sessions for family members in homicides; 6 sessions for parents of juvenile victims; may be extended to \$10,000
TN	\$12,000
TX	\$3,000 outpatient; 30 days inpatient
UT	\$2,500 direct victims, \$1,000 indirect victims (may be waived to maximum of \$25,000)
VT	\$10,000; must be approved in \$1,000 increments
VA	\$15,000 for direct victims; \$1,000 for family in homicides
VI	10 sessions
WA	\$150,000; treatment must be reviewed and approved every 90 days
WV	\$25,000 for direct victims; \$35,000 in homicides
WS	\$40,000
WY	\$10,000

Note: Some States may consider inpatient care under higher medical maximums rather than the limits set above.

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## **VOCA Discretionary Grant Programs**

Using the VOCA discretionary funding, OVC supports several national scope training and technical assistance projects that focus on enhancing the response of various practitioners to the mental health needs of crime victims.

### **Building Skills for Sexual Assault Responders**

*Sexual Assault Resource Services*

This project will develop a comprehensive training and technical assistance package for sexual assault victim advocates and counselors to improve their skills and abilities to serve sexual assault victims. A major focus will be the promotion of personal recovery and healing of victims. The grantee will conduct pilot testing in Minnesota in August 1998 and in Colorado in September 1998. During the second phase of the project, the grantee will modify the curriculum based on feedback from the pilot testing and will conduct a series of regional training workshops for sexual assault responders.

### **Traumatic Grief: The Synergism of Trauma and Grief**

*Anti-Violence Partnership of Philadelphia (AVP)*

This project will develop an empirically tested model of traumatic grief that captures the unique experience of victims of violent crime, and more specifically, of survivors of homicide victims. AVP will develop a multi-disciplinary training curriculum designed to foster more consistency in services for victims of violent crime and to give practitioners the specialized knowledge and skills needed to work effectively with crime victims.

### **A Multimedia Approach to Reduce Distress and Court Attrition Among Physically Injured Crime Victims**

*National Crime Victims Research and Treatment Center (NCVC), Medical University of South Carolina*

The NCVC is developing a brief intervention program for injured, hospitalized crime victims, consisting of a two-part video and accompanying brochure. The materials will focus on educating victims about the criminal justice process and reducing their psychological distress. To support sensitive, effective use of these products in hospital settings across the nation, the grantee will develop supplemental training materials for medical personnel. NCVC will also follow victims after their discharge, to track the effectiveness of the program in reducing the psychological trauma of victims and increasing their participation in the criminal justice process.

### **Victims of Mentally Ill Offenders**

*Ehrenkranz School of Social Work, New York University (NYU)*

This project addresses the issues of under served victims

of mentally ill offenders who frequently do not receive the basic rights and services that are afforded other crime victims. The issues that will be addressed include a determination of the specific rights and range of services afforded to victims of mentally ill offenders, identification of problems and barriers, recommendations for needed changes, and development of guidelines for more equitable and consistent treatment in these areas. NYU will draft a national-scope assessment report, conduct three focus groups in New York City, Washington, DC, and Chicago, and produce an indepth report that will serve as an action plan for OVC and the field, and that will be published as an OVC bulletin.

## **Available Resources**

Resources may be ordered from the OVC Resource Center at 1-800-627-6872, using the inventory number, beginning with NCJ, listed at the end of each description below.

### **Meeting the Mental Health Needs of Crime Victims (Videotape)**

*National Crime Victims Research Center (NCVC), Medical University of South Carolina*

This video presents a blend of clinical and practical mental health expertise that addresses the major types of short- and long-term crime-related psychological trauma of victims, the factors that are related to victims' healing and recovery, and how the criminal justice system can address the needs of traumatized crime victims. NCJ167235.

### **Victim Empowerment: Bridging the Systems – Health and Victim Service Providers**

*Pennsylvania Coalition Against Rape (PCAR)*

PCAR's curriculum focuses on ways to foster cooperation and collaboration between victim services and mental health providers, as well as developing the ability of both groups to help victims through victim-centered, victim-empowering responses. NCJ161862. (May also be downloaded from the OVC Web site under the section Information Resources.)

### **Working with Grieving Children (Videotape)**

*National Organization for Victim Assistance*

This 27-minute videotape discusses the effects on children of a loved one's violent death. It contains interviews with children who have lost a loved one through violence and offers explanations on coping with loss. NCJ165927.

**Working with Grieving Children After Violent Death:  
A Guidebook for Victim Assistance Professionals**

*National Organization for Victim Assistance*

This guidebook is a companion piece to the "Working with Grieving Children" video and serves as a quick reference to victim assistance professionals in their work with children, parents, schoolteachers and counselors, clergy members, and others as they address the needs of grieving children. NCJ165814.

**After the Robbery: Crisis to Resolution (Videotape)**

In tracing robbery from crisis to resolution, this videotape is designed to help bank robbery victims cope with the emotional trauma of victimization and to inform them about the criminal justice process. NCJ162842.

**OVC Training and Technical Assistance Center**

*Office for Victims of Crime (OVC)*

In an effort to expand and continue the activities begun under OVC's Trainers Bureau, OVC has established the OVC Training and Technical Assistance Center (TTAC). The Training Center serves as a centralized access point for information about OVC's training and technical assistance resources. The TTAC activities will include:

- Continue the work of OVC's Trainers Bureau by providing expert consultants, who specialize in crime victim-related areas, to support training events of Federal, State, Tribal, and local agencies and special emphasis organizations that are involved in activities related to crime victims.
- Provide intensive on-site technical assistance to meet specific programmatic and administrative requirements of agencies offering services to crime victims.

Provide rapid response to requesting communities (and Federal, State, Tribal, and local agencies responding to communities) affected by a major crisis involving multiple victims through the Community Crisis Response program.

- Organize, arrange, and facilitate national conferences, regional workshops, and meetings with diverse constituent groups, including State VOCA administrators and OVC discretionary grantees.
- Plan focus groups that develop action plans to respond to major emerging issues.
- Support Regional Coordination Initiative activities.
- Develop publications and other materials, such as brochures, briefing materials, and information packets on crime victim-related issues. This activity may include the adaptation and modification of existing materials to make them suitable for various user groups.
- Promote information sharing and networking opportunities for administrators and leaders of similar agencies in an effort to improve response to crime victims.

**For Further Information**

More information about the Office for Victims of Crime is available through the following sources:

- OVC ..... 202-307-5983
- OVC Web Site ..... <http://www.ojp.usdoj.gov/ovc/>
- OVC Resource Center ..... 800-627-6872
- OVC Resource Center Web Site ..... <http://www.ncjrs.org>

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