

Understanding Mental Health Services for Victims of Crime

The practicality of mental health services for victims of crime is sometimes questioned--especially during the investigation and prosecution phases of their cases. The questions that arise in response to the use of mental health services during the investigations and subsequent prosecutions are related to discovery obligations and perceptions about how mental health services will affect the victims' memories and perceptions about the crime. OVA has created this fact sheet to provide information on the myths and realities of mental health services for victims of crime and provides names and descriptions of the widely used mental health services, as well as a listing of the providers, their degree requirements and licenses.

Signs, Symptoms, and Mental Health Interventions

Crimes can have a devastating effect on victims and their families, and they may need help coping with the impact of victimization. Emotional and behavioural reactions to crime victimization are normal and to be expected. For most, stabilization will occur within 90 days of the victimization. However, some individuals may lack the coping skills and post-trauma resilience for an unassisted return to pre-trauma functioning. These individuals may be at risk for developing mental health disorders; therefore, a comprehensive evaluation by a qualified mental health professional may be warranted. FBI personnel should not evaluate or diagnose victims' mental health concerns; however, it is helpful for them to know what to look for in order to make referrals and connect victims to the appropriate resources. Referrals for mental health services may be needed in the immediate aftermath and throughout the investigation and prosecution. Signs and symptoms to look out for include, but are not limited to the following:

Physical

Eating disturbances (more/less than usual)
 Sleep disturbances (more/less than usual)
 Sexual dysfunction
 Low energy
 Chronic, unexplained pain
 Gastrointestinal distress

Emotional

Depression, despair
 Anxiety
 Panic attacks
 Fearfulness
 Feeling out of control
 Irritability, Anger
 Emotional numbness
 Hypersensitivity
 Withdrawal from routine and relationships

Cognitive

Memory lapses
 Difficulty making decisions
 Decreased concentration
 Feeling distracted
 Guilt/Blaming

Myths and Realities

Myth	If a victim utilizes mental health services during an investigation, she/he will be less cooperative during the investigation.
Reality	Utilization of mental health services assists victims and their family members with recovery and building resilience after victimization (Williamson, Dutch, & Clawson, 2008). They help victims to improve functioning and their quality of life through symptom reduction and cognitive restructuring. A reduction in trauma-related symptoms helps the victim to feel better both physically and mentally, and to regain a sense of equilibrium after victimization. The cognitive restructuring assists the victim with reframing the meaning associated with the victimization and can allow for a greater awareness and understanding of the circumstances involving the trauma event(s).
Myth	The information concerning mental health services for victims is discoverable and it may negatively impact the case.
Reality	A victim's use of mental health services is discoverable information; however, the substantive details of counseling sessions are confidential, and licensed mental health practitioners routinely protect this information for ethical and legal reasons. A court order would be needed to compel a mental health practitioner to discuss a victim's session material beyond number and dates of sessions attended. Case agents and prosecutors should be made aware of the victim's referral and use of mental health services to plan for case and court-related inquiries.
Myth	Mental health counseling changes the victim's demeanor for the court case.
Reality	There is a belief that a testifying victim/witness is more convincing if her/his behaviors are associated with the victimization (i.e. distraught, crying). Rob Potter and Neil Brewer researched the question of how others perceive victim/witness behaviors, and the accuracy of testimony. They found that observers tend to assume that the level of confidence and the accuracy of the testimony are strongly correlated. Therefore, a victim/witness' confidence during an interview or testimony is an important predictor of credibility (Potter & Brewer, 1999). Early crisis intervention and mental health counseling has been shown to mitigate the effects of trauma exposure for crime victims and lessen the occurrence and length of psychological symptoms associated with crime victimization (Williamson, Dutch, Clawson, 2008). A mentally healthy victim is a more credible witness.

Descriptions of Mental Health Services

<i>Service Name</i>	<i>Description of Mental Health Services</i>
Psychological First Aid	Reduces presenting symptoms such as anxiety through listening and reassurance. Can consist of a one-time intervention by a para-professional or licensed mental health practitioner.
Crisis Intervention	Focuses on one to four goals for symptom reduction that are chosen by the victim. Assists the victim in building a short-term framework for understanding the experience and assessing related risks versus gains. Conducted by a para-professional or licensed mental health practitioner and can include non-traditional interventions such as tribal healers and peer support groups.
Stress Inoculation Training	Combines psycho-education with anxiety management techniques such as relaxation training, breathing training, and “thought stopping” to treat trauma symptoms. Conducted by a licensed mental health practitioner.
Cognitive Therapy	Challenges dysfunctional thoughts related to victimization based on irrational or illogical assumptions. Conducted by a licensed mental health practitioner.
Cognitive Behavioral Therapy	Uses cognitive approaches with behavioral interventions to develop strategies and techniques to treat trauma symptoms. Conducted by a licensed mental health practitioner.
Exposure Therapy	Uses confrontation of thoughts or actual situations to reduce anxiety and fears associated with victimization. Conducted by a licensed mental health practitioner.

Mental Health Professionals, Degrees and Licenses

Mental Health Professional Type	Degree	Common Licenses
Psychiatrist	Medical Doctor (MD)	Psychiatrist
Clinical Psychologist	Doctor of Philosophy (PhD) Doctor of Psychology (PsyD)	Psychologist
Counselor/Psychotherapist (Doctorate)	PhD, Doctor of Education (EdD)/ Doctor of Marriage and Family Therapy (DMFT)	Licensed Marriage and Family Therapist (LMFT) Licensed Professional Counselor (LCP)
Counselor/Psychotherapist (Master’s Level)	Master of Arts (MA) Master Science (MS) Master of Counseling (MC)	LMFT, LPC, Licensed Psychology Assistant (LPA), Licensed Mental Health Counselor (LMHC)
Clinical Social Worker	Master of Social Work (MSW) Doctor of Social Work (DSW) PhD	Licensed Certified Social Worker (LCSW/LICSW), Licensed Certified Social Worker-Clinical (LCSW-C),
Behavioral Analyst	PhD/EdD/MS/Master of Education (MEd/MA)	Licensed Behavioral Analyst (LBA) Licensed Behavioral Specialist (LBS)

Herman, J. L. (2003). The mental health of crime victims: Impact of legal intervention. *Journal of Traumatic Stress*, 16, 2, pp.159-166.

Potter, R. and Brewer, N. (1999). Perceptions of witness behavior-accuracy relationships held by police, lawyers and mock-jurors. *Psychiatry, Psychology, and Law*, 6, 1, 97-103.

Williamson, E., Dutch, N. W., and Clawson, H. J. (2008). Evidence-based mental health treatment for victims of human trafficking. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Service.