
Counseling Victims of Crime Within a Law Enforcement Setting: An Innovative Victim Service Delivery Model

Carol H. Gipson, PhD, LPC/MHSP
(carol.gipson@nashville.gov)

Carol Gipson is Counseling Supervisor for the Domestic Violence Division of the Metropolitan Nashville Police Department. She holds a doctorate in Counseling Psychology from Tennessee State University and has over ten years of experience working with victims of domestic violence.

Heidi R. Bennett, MA, LPC/MHSP
(heidi.bennett@nashville.gov)

Heidi Bennett is the senior Crisis Counselor with the Domestic Violence Division having worked for the police department since 1992. She holds a Masters Degree in Counseling from Oakland University in Rochester, Michigan. She has assisted victims of crime for over twelve years.

Metropolitan Nashville Police Department
Domestic Violence Division/Counseling Section
(615) 880-3000

Introduction

We live in a violent world. Among the types of violence in our society - war, genocide – there is significant interpersonal violence. One type of interpersonal violence is family violence, often in the form of spouse abuse. Psychologists define domestic abuse as any behavior intended to control and subjugate another human being through the use of fear, humiliation, and verbal or physical assaults. It is the systematic persecution of one partner by another (Forward & Torres, 2002). Tennessee state law (TCA 39-13-111; Anderson, et al, 1997) has a broader definition. It includes those who are/were:

- Dating, Involved in sexual relationship
- Engaged, Married, Separated, Divorced
- Related to one another in any way
- Living together in the same household

History

Domestic violence is as old as recorded history, legally and socially acceptable into modern times. By the 18th century, the “Rule of Thumb” was accepted as law in English. That is, a man could beat his wife with a stick that was no bigger around than his thumb. American colonial law adopted this guideline. Wife beating was legal in the US until Maryland made it a crime in 1883. There were no domestic violence shelters until 1964 when “Haven House” opened in San Gabriel Valley, California. Even into the era of civil rights advocacy, one 1970s Harris poll found 1 in 5 Americans – including women – still approved of man hitting wife under certain circumstances.

Incidence

Over 90% of victims of domestic assault are female. It is estimated that one in every three women will experience some form of family violence in their lifetime. Intimate partner violence is the leading cause of injury to American women ages 15 to 44 years, and accounts for a large percentage of emergency room visits. More women leave the work force due to domestic violence than those who leave to raise their children. Fifty percent of the homeless women and children in America are fleeing family violence. One in three pregnant women are beaten by their partners. It is

the leading cause of birth defects in the United States. And, one third of men who beat their wives also abuse their children.

Why don't women leave?

One hundred years ago, divorced women were criticized for abandoning sacred family obligations. Today people ask why battered women won't leave. Victims who stay are viewed as masochistic. An all too common comment is, "She must like it!" This is classic victim blaming. The more logical question is, "Why is a man violent toward his own family?" In fact, 75% of victims do leave. They are subsequently stalked, harassed, and assaulted by former partners. Most victims of domestic homicide are murdered as they are trying to leave.

Parallel Development in Two Fields

In the field of mental health today many more counselors are leaving graduate programs. With deinstitutionalization over past few decades, there are many more clients seeking services. Managed health care now defines what services may be provided and controls the provision of services. There is growing diversification in interventions among practitioners, with many different areas of specialization (APA Online, 2005). One of these is

in the area of crisis counseling for victims of crime.

Urban law enforcement has also experienced transitions in philosophy. Neighborhood beat cops out on the street, became patrol officers in squad cars with radios and then computers. As law enforcement became aware that officers had lost direct touch with citizens, the philosophy of community policing developed. In this way police have reconnected with the community through partnerships and collaborations.

The philosophy of community policing, as applied to victims of crime, has led to police – mental health partnerships in providing assistance. The work style and goals of officers and counselors are very different, however, they can complement one another. The work of officers is primarily left-brain. They must be logical, practical, and sequential in their thinking. Their presentation is businesslike. Goals are to gather information, arrest, write reports, and close the incident. Counselors, on the other hand, tend to work on the right side of the brain. Their thinking is abstract, emotional, and creative. They are trained to be genuine and compassionate. Goals are to provide assistance, support, and encouragement. Their approach is oriented toward problem solving and follow up. While differences exist between the work of officers and counselors, together they can provide more

comprehensive services to the community.

Victim Services

All 50 states have now enacted victims' rights laws and victim compensation funding. Victim assistance programs are being implemented in a variety of ways (Roberts & Kurst-Swanger, 2002). Small police departments simply partner and collaborate with agencies in their area. Some departments designate a staff person(s) to follow up with victims, providing referrals (Marans, et al., 1995). Larger departments have organized entire divisions to handle services for victims of crime. Early on the Metropolitan Nashville Police Department recognized the need for crisis counseling and formed counseling sections within the investigative divisions that dealt with victims.

Helping Victims in Tennessee

The average batterer spends less than two hours in jail. A 1991 study showed that less than 1% of men arrested for domestic assault served any time at all. Despite increased awareness and services available, domestic assaults remained steady over the last decade. In Tennessee there are 95 counties with only 47 battered women's shelters. Nashville has four. With

less than one hundred beds in all, 60% of victims are turned away for lack of space.

History of Counseling Services

As early as 1970 a counseling component existed within the Youth Services Division, which investigates child abuse. Counselors intervene with adolescents and parents where misdemeanor citations have been issued for offenses, such as curfew violation and shoplifting, with referrals for remedial counseling. In 1975 the Victim Intervention Program (VIP) was started through the advocacy of a graduate nursing student from Vanderbilt University. As an intern with the department, she contacted Mayor Fulton about the need for crisis intervention with victims. He agreed and the program began providing advocacy and counseling services, primarily for rape and homicide. The program grew. Police officers began to speak informally with department crisis counselors about their own problems. And, by 1986 a counseling center for officers, the Police Advocacy Support Services (PASS), was organized. This section also provides Critical Incident Stress Debriefings for officer-involved shootings. The same year a Peer Supporters group was organized. This program trains officers to provide practical assistance and counsel their fellow officers. In

1994 counselors transferred from VIP to form a counseling section within the newly created Domestic Violence Division. They offer assistance in domestic disturbances. All of the counseling components within the department were reorganized in 1996 under the Behavioral Health Services Division, headed by a licensed psychologist. Included is the Police Chaplain. He oversees a group 25 volunteer pastors who assist with death notifications.

Domestic Violence Division

In 1994, through the efforts of advocates in the community, Nashville organized a new Domestic Violence Division in the Investigative Services Bureau. It was one of the first and considered a model for departments nationwide (See Gipson, 2004). Other police departments followed suit. By 2000 it was reportedly the largest of its kind with a staff of over 35. Also unique was the in-house counseling section (Roehl, 1997). As the investigative center for all domestic disturbances, the division receives police reports from throughout the entire city. A copy of every report designated a “domestic disturbance” is forwarded to division. The average is over 1500 incidents per month. The division is also open to the public Monday through Friday. Sworn officers and civilians work side-by-side in

assisting victims. The staff consists of a Captain, Lieutenant, Sergeants, approximately twenty detectives, and ten civilians.

Domestic Violence Counseling

The counseling section began soon after the Domestic Violence Division opened in 1994. At first there was one counselor who transferred from another section in the department. Additional counselors were added with funding, e.g. federal grants. The section now consists of a supervisor and three full time counselors. One is a bilingual counselor who assists the Hispanic community. Training is also provided for interns from area universities. The Counseling Section offers a wide variety of services for victims of domestic violence and the community at large.

Referrals come in the form of police reports, phone calls, walk-in clients, detectives, emergency call-outs, and outside agencies. Symptoms that counselors typically see run the gamut from palpitations, sweating, trembling, and shortness of breath, to tearfulness, guilt, helplessness, feeling numb, flash backs and nightmares. Common diagnoses include: Acute Stress, Anxiety and Panic Disorder, Mood Disorders, Substance Abuse/Dependence, and/or Posttraumatic Stress Disorder. Counseling services offered include: crisis intervention, trauma debriefing, domestic

violence education, short-term individual therapy, groups, grief counseling, and consultation.

Crisis Intervention

Research supports early intervention for trauma to mitigate the development of more serious pathology. Success in counseling, regardless of approach, has been shown to depend on the relationship between counselor and client. This bond is stronger when intervention takes place at the time of crisis when victims are most vulnerable and open to assistance. Crisis counselors are trained in trauma debriefing techniques and may conduct Critical Incident Stress Debriefings (CISD). CISD allows for immediate exploration of the trauma at cognitive and emotional levels. The Counseling Section is actively involved in collaboration with the Trauma Debriefing Team for Children (TDTC). Nashville was selected as a site for this program, first developed at Yale University. One counselor is a member of the multidisciplinary team and traveled to New Haven for training. Through expanded funding the TDTC now provides a children's specialist as liaison to the program. She is a trained art therapist who works exclusively with children who have witnessed violence.

Domestic Violence Education

Victims receive information on shelters, support groups, and other community services. They are educated on the dynamics of abusive relationships and participate in an individual safety plan. Through donations, the division is able to provide free 911 cell phones to victims who need them. Limited court support is also provided, with information on legal options and referrals for legal assistance. Victims receive information on the Victims of Crime Compensation Fund.

Short-term Individual Therapy

Confidential counseling is available free of charge to any non-offending family member. The Counseling Section offers brief therapy, typically 12 – 24 sessions/weeks. Crisis counselors utilize best practices for intervention with victims of domestic violence. Survivor Therapy (Walker, 1994) is one model that combines trauma therapy with a feminist approach. Referrals may be made to appropriate follow-up services (e.g. domestic violence support groups). More long-term issues are referred to community mental health centers or private practitioners.

Grief Counseling

Victims, forced to abandon hope for the relationship, are educated on the

stages of grief and loss – denial, anger, bargaining, depression, and

acceptance. They are supported in tasks of accepting loss, experiencing pain, adjusting to life without their partner, withdrawing emotional energy from the relationship, and learning about healthy relationships.

Counseling with Children/Adolescents

Many of the children referred to the Counseling Section exhibit behavioral problems, e.g. aggression, phobias, insomnia, low self-esteem, or poor academic performance. Children who have witnessed violence may develop low levels of empathy for others, juvenile delinquency, and/or criminal behavior. In young clients, symptoms that may resemble Attention Deficit Hyperactivity Disorder (ADHD) are also consistent with Posttraumatic Stress Disorder (PTSD). The counseling section works with children, their parents, family, and school. Support groups for children, conducted through collaboration between children's agencies, are offered.

Counseling the Elderly

As the “baby boomer” population ages, cases involving elderly are on the increase. In Nashville, this trend is reflected in the number of reports received on elder abuse. Ninety percent of crimes against the elderly are committed by family members. Follow-up and counseling services are

offered. Referrals are often made to Adult Protective Services or the Victory Over Crime program at the Senior Citizens Center.

More information and counseling resources are available on the division web site at:

<http://www.police.nashville.org/bureaus/investigative/domestic/>

Bibliography

Anderson, E. R., Clodfelter, J. A., Walkup, J. K., Jones, S. S., & Reid, L. (1997). *Tennessee Code Annotated*, Vol. 7, Titles 38-39. p. 41.

APA Online. (2005). *Interesting Careers in Psychology*. Available at: http://www.apa.org/science/nonacad_careers.html.

Forward, S., & Torres, J. (2002). *Men Who Hate Women and the Women Who Love Them: When Loving Hurts And You Don't Know Why*. New York: Bantam House.

Gipson, C. H. (2004). *History of the Domestic Violence Division of the Metropolitan Nashville Police Department: A decade of service to victims of family violence*. Unpublished manuscript. Available at:

<http://www.police.nashville.org/bureaus/investigative/domestic/>

Marans, S., Adnopo, J., Berkman, M., Esserman, D., MacDonald, D., Nagler, S., Randall, R., Schaefer, M., & Wearing, M. (1995). *The Police-Mental Health Partnership: A Community-Based Response to Urban Violence*. New Haven: Yale University Press.

Roberts, A. R., & Kurst-Swanger, K. (2002). Police responses to battered women: Past, present, and future. In A. R. Roberts (Ed.), *Handbook of Domestic Violence Intervention Strategies: Policies, Programs, and Legal Remedies*. London: Oxford University Press.

Roehl, J. A. (1997). *Police use of domestic violence information systems*. U. S. Department of Justice, National Institute of Justice, Seattle, WA. NCJ Number 182435. Available at: http://www.ncjrs.org/rr/coll_3/26.html

Walker, L. E. (1994). *Abused Women and Survivor Therapy: A Practical Guide for the Psychotherapist*. Washington DC: American Psychological Association.