

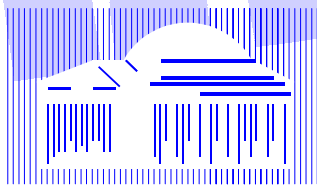
Criminal Crisis Response Initiative Project

***Policymaker and Citizen
Action Guide***

Office for Victims of Crime

OVC

*Advocating for the Fair
Treatment of Crime Victims*



**JEFFERSON
INSTITUTE**

for Justice Studies

Criminal Crisis Response Initiative Project

Policymaker and Citizen Action Guide

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Criminal Crisis Response Initiative Project

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PREFACE

Recognizing the devastating impact that serious crime inflicted on victims in the early 1970's, various community-based victim assistance programs and projects emerged. These programs had little or no resources and depended primarily on the hard work done by local community volunteers. Their efforts marked the beginning of the victims' rights movement (OVC Bulletin, 1998, page 1).

Many of these volunteers, who were former victims themselves, became motivated by the devastation they had endured as a result of the lack of response and support from the criminal justice system. They were activists against spousal abuse, child physical and sexual abuse, elderly abuse, rape, and other forms of abuse or neglect. Through painful disclosure of their suffering, they increased the awareness of the effects of victimization and improved compensation for and sensitivity toward crime victims by the criminal justice system and the community-at-large.

Crime victims' voices have carried across the nation. The victims' rights movement developed to become directly responsible for the achievements of such milestones as the *1982 President's Task Force on Victims of Crime*; *Victims of Crime Act of 1984*; and establishment of the *Office for Victims of Crime* in 1984. Collectively, this nation has made significant strides in identifying and meeting the physical, financial, and psychological needs of crime victims and their families.

Though the movement has grown into a dedicated full-fledged advocacy and service field, a lot remains to be done. This project, the Criminal Crisis Response Initiative (CCRI), works with communities to facilitate the development of a community-specific long-range plan focused on preparing the victim service providers to collaboratively and effectively function as a component in the Incident Command System (ICS) in the event of an act of criminal mass victimization (CMV).

CCRI PROJECT OVERVIEW

The Criminal **Crisis Response** Initiative (CCRI) is a community-based program that enhances the delivery of services to multiple **victims** of a **criminal mass crisis** (CMC). The unique features of CCRI are that it is: a community-based, multidisciplinary approach specifically tailored to the needs, resources, and priorities of individual communities. It is developed out of a comprehensive community/agency self-assessment and planning process. By formalizing and institutionalizing cooperative and collaborative working relationships among agencies, organization, disciplines, professional personnel, and the community, it greatly enhances services to crime victims and reduces the trauma associated with their interaction with the criminal justice system.

Intended for citizens and policymakers, this guide contains six sections to explain the CCRI project and to offer suggestions for citizens and policymakers to focus their efforts toward successful implementation of this initiative in their community. To introduce the issues involved with delivery of services, in section two, a statement of identified problems explains the daunting task care providers face in the event of a criminal **mass crisis**. Section three provides an overview of the CCRI project and its approach, detailing its method for undertaking such an enormous task. The benefits the community will receive through implementation of this initiative are discussed in section four. Section five describes the critical factors for implementation of the CCRI. Important steps found in section six explain how citizens and policymakers can empower and support the CCRI process. And finally, provided in the Appendix is a glossary of terms that have been highlighted throughout this guide for clarification.

STATEMENT OF THE PROBLEM

The impact of a CMC on a community poses complex problems for the delivery of services to **victims**. Some of the problems stem from the scope of the victimization that overwhelms the existing service delivery mechanisms. Others are due to the fragmentation of service delivery that exists on a day-to-day basis and is magnified exponentially in an event involving **criminal mass victimization** (CMV). Based on information gathered through JIJS and OVC focus group meetings, findings in the literature, and review of selected existing **victim service** programs, these problems have been highlighted and have become the focus of the CCRI project. The CCRI was developed to facilitate communities through a process that helps them in reducing the overall impact of the CMV on their community by allowing them to devise a unified system of response tailored to their specific needs, resources, and priorities.

The Impact of Victimization

An act of CMV affects a large number of people, as witnessed by the bombing of the Alfred P. Murrah Building and the Littleton High School shootings. The range of victimizations is very complex and is not easily determined at the onset of a CMC. Victims of a CMC fall into the categories commonly identified as **primary victims** and **secondary victims**. These victims are affected in varying degrees, not related to each other; some secondary victims may not cope as well as some primary victims. The manner in which they are affected may depend on their experiences, support mechanisms, their age, their predisposition to developing psychological consequences, even their economic status, and/or the treatment they have received since the incident.

Failure to identify secondary victims is not uncommon. The difficulty in identifying these victims is the result of their not being physically injured in the event, their physical location in relation to the event, and the time frame in which they show signs of impact. Research on the effects of a traumatic event has shown that each person reacts to an event based on a number of factors including: past experiences, coping skills, and available support mechanisms. Ability to cope and access to support providers make a difference in recovery after an incident. Pre-existing conditions and a lack of support mechanisms are typically characteristic of people with special needs, the elderly, and young children. Those with difficulty coping show this through disrupted sleeping patterns and abnormal functioning due to dreams and flashbacks. Even with continued research, we are still just learning to understand how trauma affects children.

Because we are constantly learning about factors that influence the impact of victimization, the identification of victims in the aftermath of an event is an ongoing and formidable task. Since some victims experience

symptoms beyond the event — for example, on the event’s anniversary date, or at the time of their retirement from an occupation as a first responder — it has been found difficult to provide continuous attention to those affected. Also, any traumatic event may trigger a relapse in previously victimized individuals. As a result, recovery may take a long period of time.

Not only is it difficult to identify victims, it is not easy to prevent from revictimizing them in the process of serving them. In the event of a CMV, few communities have the resources needed to handle the system overload that occurs with the primary victims, much less the secondary victims. This system overload normally results in a rapid depletion of limited resources; victims being bounced from one agency to another; and a slowing in the delivery of services. Victims are left angry, frustrated, dismayed, and distrustful of the system. Often the time after a CMC is spent with the local service providers stumbling over new procedures and processes. Lessons learned from the recent occurrences of CMVs have focused our attention to the proactive approaches and have stressed the need for this project to be implemented.

In reality, true victim recognition and identification may never be fully achieved. However, steps can be taken to lessen the impact by providing flexible, continuing, multidisciplinary, and collaborative service to identify and help victims. Lessons learned from past experiences help in identifying victims and providing comprehensive care. These improvements to identification of victims ultimately increase the integrity of victim services overall.

Fragmented Service Delivery Systems

The continued work to improve the systemic response to victims has greatly increased the resources available; however, the development of this area has highlighted issues and problems in coordination and communication. In many jurisdictions, the current system and process for addressing the needs of victims of a criminal act are fragmented because delivery mechanisms for **victim services** include a wide range of public and private agencies, organizations, and disciplines. They include a mix of law enforcement, prosecution, courts, emergency services, clergy, social services, schools, nonprofit agencies, mental health agencies, and medical providers.

Each organization has its own unique role and offers its own perspectives to the problems facing the victims and their needs. Fragmentation occurs because these agencies often operate within their own federal, state and/or local mandates, and have little knowledge about the available services or mandates of other agencies. When agency goals and service priorities are not communicated with other agencies, a lack of continuity or

consistency in service delivery results. The greatest impact of this fragmentation is felt by victims with multiple service needs that will most often require their interaction with multiple service providers. These service providers do not have the communication mechanisms in place that allow information exchange to occur. As a result, victims are bounced from one agency to another, without any agency having a clear or total picture of the needs or the most effective solutions to the victims' problems. What the public perceives as ineffectiveness on the part of an agency, therefore, may actually be the result of an uncoordinated, fragmented service delivery system. These issues are magnified exponentially when the community is not prepared and has to deal with multiple victims resulting from a CMC.

Experience with similar community-based, multi-agency programs has demonstrated that a successful initiative requires the community to go through a comprehensive self-assessment and planning process. The design, development, and implementation of this comprehensive self-assessment and planning process are the focus of this project.

CCRI PROGRAM APPROACH

The CCRI multidisciplinary approach makes no assumptions about what program is best for a community. In fact, it forces individual communities to tailor the CCRI program to meet their own local needs, resources and priorities. By encouraging the grassroots ownership and frontline personnel involvement and commitment at all levels, the continuation, growth, and expansion of the community's CCRI project are strengthened.

The CCRI approach also gives communities the early-on opportunity to identify potential obstacles to program implementation. If not identified and addressed, or, if identified and ignored, these obstacles, which could have been dealt with relatively easy early in the process, will become entrenched and can grow into insurmountable problems. The pitfalls caused by obstacles quickly cause the collaborative and its members to lose momentum and become discouraged, which results in the inability of the collaborative to sustain itself. For these reasons, each community needs to work through a self-assessment and planning process that identifies and alleviates as many obstacles as possible. Only then should communities receive the practical application-based **training** and technical assistance that will establish the actual Crisis Response Teams.

The CCRI Self-Assessment and Planning process consists of three phases, which include: Phase I - Self-Assessment; Phase II - On-Site Assessment; and Phase III - Collaborative Develop of a Long-Range Work/Implementation Plan.

Phase I - Self-Assessment

The community/agency self-assessment allows agencies to look at their community, identify agencies and resources that should be involved in CCRI, and identify the strengths/weaknesses of past collaborative efforts. It also identifies obstacles in the community that may hinder the effectiveness of the program and suggests possible remedies.

Phase II - On-Site Assessment

An on-site visit is conducted by JIJS to validate the self assessment, familiarize the community with CCRI, and determine the community's readiness to move forward. Another benefit of this visit is that it enables the JIJS project staff to become more familiar with the community and more effective in facilitating Phase III.

In situations where the site needs to perform additional work, JIJS would offer a suggested work plan to address issues that would negatively impact the site's ability to establish a CCRI. Depending on the issues that the site needs to address, the workgroup may be provided with limited technical assistance from JIJS or

other sources. Upon completion of the suggested work plan, the community would be ready to move onto Phase III.

Phase III - Collaborative Develop of a Long-Range Work/ Implementation Plan

Phase III involves JIJS sponsoring and facilitating a one-week on-site work session for the agencies and disciplines involved, and the development of a site-specific, long-range plan for the design, development and implementation of a community-based criminal crisis response initiative.

The plan will provide the community with a “road map” on:

- H How they need to organize
- H What agencies and disciplines will be involved
- H What practical application-based training and technical assistance will be needed to actually conduct crisis response
- H How they identify and fill gaps in service delivery
- H What policies, procedures, and protocols will be needed for implementation and how they will be developed
- H How current agency and site resources can and will need to be reallocated to meet anticipated needs
- H How they will assess and evaluate their criminal crisis response initiative to ensure that it remains responsive to the current and future needs of their service area
- H How they will identify and address new and emerging trends in domestic terrorism and other areas of service delivery

THE BENEFITS

Experience with comparable community-based multidisciplinary programs has demonstrated that, in addition to addressing a specific concern, there are other far-reaching benefits that result from participation in this process.

Better Delivery of Day-to-Day Victim Services

All aspects of the CCRI, namely, the self-assessment and planning process, plan implementation, and multidisciplinary training require victim service agencies to work together and cooperate on many issues. This interaction benefits communities by enhancing the day-to-day operations of agencies and providing better delivery of services.

Enhanced Communication Among Victim Service Providers

Communication includes the ability to share and access “case-relevant” and “case-appropriate” information between **victim service providers**. It is the key to a community’s successful response to an act of CMV. Although information sharing should be mandated by internal agency directives and inter-agency agreements, experience has shown that sharing among agencies is affected by the level of trust between them and the personnel. This is true for both internal and external agency communication. Units within agencies and agencies as a whole need to be confident that information shared will be used appropriately and protected. As units and agencies work together in the CCRI program, they learn how to share information without compromising either the victim or the agency. Furthermore as agencies work together in the CCRI Self-Assessment and Planning process and its implementation, they become more knowledgeable about the value of information collected by other agencies and how it can be used to improve their own effectiveness.

Improved Understanding of Available Services and Resources

Participation in the CCRI reduces misunderstandings or misconceptions about resources and capabilities of other agencies, organizations, and disciplines. The result is that agencies identify ways to work collaboratively with each other.

More Effective Use of Limited Resources

The participants also gain a more comprehensive understanding of each other’s resources and capabilities. It enables them to improve coordination among their services and, sometimes, it allows for the development of specialization in services.

Agencies that traditionally do not provide **direct services** to victims, such as law enforcement, also benefit because they are better able to make more appropriate **referrals**. As a result, the likelihood of victims being referred to agencies that are inappropriate is reduced and so, too, is their trauma.

Identify and Develop Common Goals and Objectives

Beginning with the CCRI Planning Workgroup and continuing through the implementation of the CCRI, agencies and organizations will identify common goals and objectives. The collaborative voice of agencies speaking with common goals is more powerful than a single agency and becomes an effective mechanism for making legislative changes, reallocating resources, and informing the public.

Responsiveness to the Community

The CCRI is based on a long-range strategic planning process that enables a community's CCRI Implementation Team to remain focused on their mission statement while making mid-course changes in their goals and tasks. These mid-course changes are necessary based on changes in the community such as demographics and risk factors. This capability is critical in that it ensures that the CCRI grows and changes with the community.

CRITICAL FACTORS FOR IMPLEMENTATION

Based on a review of the pertinent literature, program experience, review of existing victim service programs and interviews with the practitioners, JIJS has identified a list of factors critical to the successful implementation of the CCRI. These factors are:

- Agency involvement and commitment
- Community support
- Self-assessment and planning
- Coordination and **collaboration** of services
- Integration into **Incident Command System**
- Program ownership
- Training
- **Education**

Agency Involvement and Commitment

Since all agencies involved in a community's response to CMC have contact with the victims, they should be participants in this process. Even if they are not a **direct victim service provider**, they will be responsible for making victim referrals. Therefore, to make effective referrals they must have knowledge and understanding of the services and capabilities of the direct victim service providers.

The commitment to involvement in this process must be genuine and begin with the policy support of each agency's upper-level management. Initially, agency Chief Executive Officers (CEOs) must designate an appropriate agency representative to participate in the CCRI Planning Workgroup. The CCRI Planning Workgroup is responsible for gathering the information needed to complete the agency and community self-assessment (Phase I), and work with JIJS in coordinating and conducting the on-site assessment (Phase II). Additionally, the CEO must be willing to assign agencies additional personnel to participate in the one-week community plan development work session facilitated by JIJS (Phase III). Finally, the CEO must designate an appropriate agency representative and alternate to become an active member of the CCRI Implementation Team. This team is responsible for implementing the community's long-range plan developed in Phase III.

Commitment to the process may require CEO's to examine the interface between the CCRI Implementation Plan and existing agency policies and procedures. Some changes may be necessary to enable the agency to function more effectively in this new multidisciplinary environment.

Without commitment of the agency CEOs and designation of agency resources an agency cannot effectively function as a participant of the CCRI. Failure of agencies or organizations to participate decreases the ability of the other agencies/organizations to implement and sustain the CCRI in their community.

Community Support

The community's commitment to support this process must be genuine. Support of this process by the citizens and policymakers must be recognized and stated as a priority to the participating agency's upper-level management. Without this commitment by the community, the agency CEOs will not normally make the CCRI a priority for their agency.

Self-Assessment and Planning

Self-assessment and planning is the most critical factor for establishing and sustaining a community-based multidisciplinary program. Self-assessment requires agencies to examine themselves and the community-at-large. It identifies strengths and weaknesses in resources, communication, and the ability and willingness of the various entities to work together. The agencies look at their overall personnel and fiscal resources and their track record relating to communication and collaboration with public and private agencies and organizations in a true multidisciplinary team approach.

Assessing a community's strengths and weaknesses in these areas can best be done by the agencies themselves. For this reason, JIJS has developed and will provide the communities with a self-assessment tool to guide the CCRI Workgroup through the process of gathering the needed agency and community information. This information is then forwarded to JIJS where it will synthesize it into a confidential community profile.

Although all communities may address common issues, no two communities are the same. They are as unique as human beings, with their own needs, resources, issues, and priorities, which are greatly influenced by their demographics, cultural and ethnic diversity, and their experiences. It is also important to realize that every community is fluid and constantly changing. For example, a community that has experienced the nonfamily or stranger abduction of a child will become much more attuned to educating their citizens and being prepared in the future. With this, a very noticeable shift in public and private agency/organization priorities takes place with the education of the community and professionals on this issue becoming a top priority.

Because of this individuality, what has worked very successfully in one community will most likely fail miserably in another community. Experience has demonstrated that “template,” “model,” or “blueprint” program approaches do not work, and, because a community is reluctant to try again after failure, models can do more harm than good. Therefore, program planning must be an ongoing process.

Failure to recognize the fluid nature of planning and use a “systematic management approach” (Figure 1, page 15) insure that plans will quickly become outdated and ineffective. This situation can be avoided if the process begins with a solid foundation (community self-assessment) and a long-range strategic plan. A long-range strategic plan provides the community with a “road map” of where they intend to go and how they intend to get there. The plan is developed by representatives of the involved agencies that come together for a one-week planning and work session that is hosted and facilitated by JIJS. This work session culminates with the agency representatives presenting their recommended plan of action to the agency CEOs for review, comment and approval.

Coordination and Collaboration of Victim Services

Acts of CMV such as the Oklahoma City bombing, Columbine High School and other similar incidents have demonstrated that communities must be prepared to deal with victim service issues in the **immediate, short-term** and **long-term phases** of a CMC. A community faced with the overwhelming task of dealing with an act of CMV needs all available victim service resources that can be provided. Victim service providers must be prepared to sustain a drastically increased workload for a prolonged period of time. This can only be accomplished if the victim service providers coordinate and collaborate on the delivery of services. Only in this way can agencies/organizations insure that appropriate protocols for sharing of “case relevant” and “case appropriate” information across agency boundaries are developed and implemented. Protocols identify which agency is best qualified, capable and responsible for the delivery of a specific service, and how they will refocus and share existing resources to meet the needs of the community.

To avoid the fragmentation and unnecessary duplication of services to victims and wasted use of limited resources requires that the various agencies, organizations and disciplines be actively involved in preplanning and preparation for an act of CMV in their community.

Integration Into the Incident Command System

The Incident Command System (ICS) is a model system used by public safety agencies (law enforcement, fire and rescue, and other emergency response agencies) for the command, control, coordination and

management of agencies and/or units during the response to an emergency incident. Developed in the 1970s, it has become a standard management approach for incidents of CMV.

Until recently, victim services have not been recognized as an integral part of the ICS structure. If it was part of the ICS structure, it was a sub-component of one of the agencies. Once a community has established the CCRI it should be incorporated into the ICS structure as a major component on the same level with others. This will enable the collaborative of the victim service provider agencies/organizations to deliver the wide array of victim services needed in a CMC.

Program Ownership

For a community's CCRI program to be accepted and institutionalized as a way of doing business, the agency personnel at all levels must feel that this is their program, and that it is unique to their community. Successful programs must create a "grassroots" ownership. This is accomplished by ensuring that all appropriate agencies and disciplines are identified and involved in the beginning of the process; developing a program that reflects the input and priorities of all persons involved in providing services or making referrals; and ensuring that the implementation plan is developed by the individuals that are responsible for the hands-on implementation.

In the event of a CMC, the public is the direct recipient of services coordinated through the CCRI. For this reason, the community must feel ownership of the program and have confidence in its value. Therefore, it is crucial that the public is continuously informed about the program's progress and accomplishments.

JJIS's approach to the self-assessment and planning process for establishing the CCRI program in a community builds this type of ownership. Once a community establishes a CCRI Planning Workgroup to conduct the community self-assessment, JJIS project staff works closely with them to identify all potential players within the community and to involve them in the process. Equally important, JJIS project staff facilitates the involvement of each agencies' frontline personnel in the Phase III one-week planning development session.

Training

A critical requirement for any successful program is training. Personnel must be provided the skills-based training that will equip them to do the tasks they are being asked to do. Personnel to be trained for the

implementation of the CCRI will focus in two major areas. One group is the agency personnel that will be assigned to the CCRI Implementation Team. The other group encompasses all other agency personnel.

Agency personnel assigned as agency representatives to the CCRI Implementation Team will need training in team problem solving, cooperatively working in a multidisciplinary environment, design and development of interagency protocols as well as the actual skill-based training that will enable them to work as part of a Crisis Response Team.

As they are approved and adopted for implementation by the CEOs, the other agency personnel will need to be provided with ongoing in-service training on the policies, procedures and protocols that are developed and/or updated by the CCRI Implementation Team, and training on making appropriate referrals to the victims service providers. It is anticipated that this training will be designed and presented through a multidisciplinary effort of the CCRI Implementation Team.

Additionally, the actual multidisciplinary Crisis Response Teams will be made up of other agency personnel. This will require that these individuals be provided with specific skills-based training on crisis intervention. It is anticipated that the resources for this training will come from the state and federal agencies.

Training resources (internal and external) needed will vary from community to community based on their needs and existing resources. Determining the training needs of the community will be one aspect of the responsibility of the CCRI Implementation Team.

Education

Educating the community about issues related to preventing and dealing with acts of CMV can strengthen the confidence and trust in the agencies/organizations that are responsible for the system's response to a CMC. This function of education will be the collaborative responsibility of the CCRI agencies/organizations.

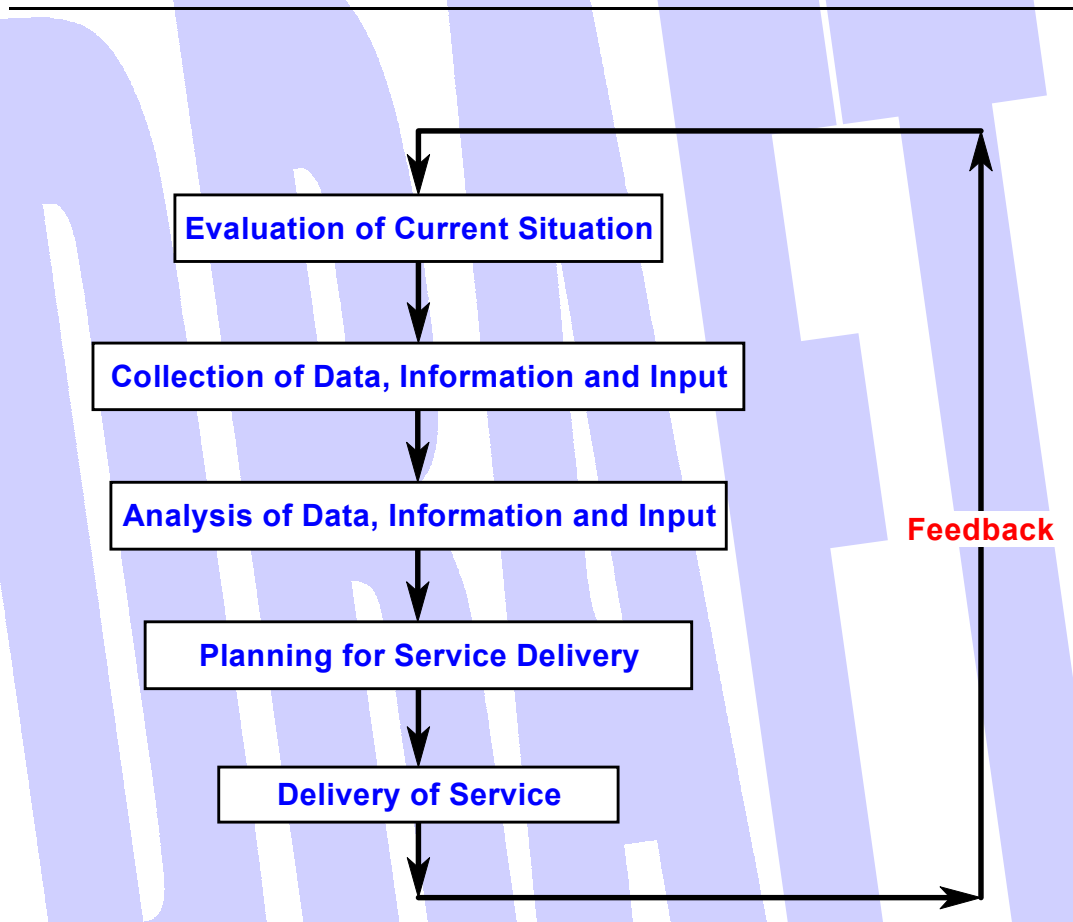


Figure 1: Systematic Management Approach

ROLE OF THE COMMUNITY

Actions for Policymakers

- ***Learn about the issue of criminal victimization***

This can be accomplished by meeting with the community-based victim service provider agencies and organizations to learn about the level of crime victimization from their perspective. The policymaker should become thoroughly familiar with local initiatives and the concerns of these professionals.

The policymakers should also meet with the operational side (i.e., police, fire and rescue) of the CMC response to gain an understanding of their perspectives on crime victimization. They also should find out from these professionals how they define their role in handling crime victims. Just as important, the policymaker should find out what the identified risk factors are for their community and what plans are in place for dealing with an event of CMV.

- ***Openly state support for the establishment of the CCRI to their constituents and the agency CEOs***

If, after review of the materials and information, the policymaker believes that the CCRI would benefit the community, they should express this to the CEOs. They should ask the CEOs what they can do to assist in the establishment of this initiative.

- ***Support the establishment of effective policies, laws and/or local ordinances related to the CCRI***

In many instances, the establishment of the CCRI will create the need for agency CEOs to modify existing agency policies and procedures that may require the support of local policymakers. The same may be true in the area of laws and/or local ordinances. If, after explanation, the policymaker believes these changes are necessary, they can be very effective in helping the citizens understand and support these changes as well.

- ***Support preparedness drills and exercises***

The community needs to understand that the only way the victim service providers and operational agencies can truly test their ability to respond to a CMC is to practice. Policymakers can play an active role in these exercises and by supporting them in the media.

- ***Attend and participate in the community education/awareness activities of the CCRI Implementation Team***

A function of the CCRI Implementation Team will be the education and awareness of the community-at-large. Experience has demonstrated that when these activities are attended and supported by the local policymakers they are more effective. The presence or participation of the policymaker adds credibility to the presenters for the community. It is also a good morale booster for the agency personnel presenting the information.

Actions for Citizens

- ***Learn about the issue of criminal victimization***

It is the responsibility of each citizen in the community to understand the overall issue of crime victimization and the local issues and risk factors that affect their environment. Knowledge about criminal victimization can be gained from attending education and awareness programs presented by law enforcement, fire and rescue, and victim service providers. All of these agencies have printed materials that can be picked up through a visit to the agency/organization or by calling them to request such information be mailed.

- ***Learn about and support the victim service provider agencies in the community***

Most citizens have no idea of what their local resources are until they need them in a time of crisis. Citizens should take the initiative and learn about these resources before they find themselves in need. One of the best ways to become involved is to volunteer to one or more of these agencies/organizations, especially the nonprofits. Nonprofits specializing in crime victim services are one of the most needy and underfunded participants in the CCRI, and rely very heavily on contributions and volunteers.

- ***Express support for the establishment of the CCRI***

If, after review of these materials and gaining an understanding of criminal victimization, a citizen believes that the CCRI is a needed and worthwhile initiative for the community, they should express this to their local policymakers. This approach then enables the policymaker to relay this concern and desire to the agency CEOs.

- ***Volunteer to assist in preparedness exercises and drills***

The most effective way for the operational response agencies and the victim service provider agencies to determine their readiness is to carry out preparedness drills and exercises. In this area, citizens can be of great assistance. Citizens need to understand that carrying out these drills takes resources and may cause some inconvenience in normal travel routes. If this occurs, they need to be supportive and appreciate that these agencies and organizations are working to protect and provide services to them. In these exercises, the agencies and organizations will need individuals to participate as mock victims, citizens should be willing to donate their time to fulfill this necessary role.

- ***Become proactive***

Preventing an act of CMV in a community is the responsibility of the entire community, not just the agencies, organizations, and disciplines that will respond. Citizens need to become more observant of their surroundings for possible dangerous situations. They must be willing to become involved by picking up the phone and making law enforcement aware of suspicious situations. Parents and grandparents need to talk with their children and grandchildren about what they should do in the event of an emergency, for instance, how will they contact each other. A key phrase that should be remembered is that the safety of a community is everyone's responsibility.

GLOSSARY OF TERMS

Collaboration: Collaboration is the ongoing effort and commitment of agencies to develop and implement policies, procedures and protocols that insure a sharing of information and resources.

Criminal Mass Victimization (CMV): The victimization of a large number of people as the result of a criminal act, as opposed to natural causes.

Criminal Mass Crisis (CMC): A **man-made disaster** as the result of a criminal act, as opposed to **natural disasters**, that results in the victimization (direct and indirect) of a number of innocent bystanders.

Crisis Response: A response that encompasses the responses and initiatives that occur in the aftermath of a criminal incident in three stages.

Direct Victim Services: Personal contact with individuals and referral service including emergency services, counseling, personal advocacy and support services, claims assistance, court-related services, post-sentencing services, and systemwide services. Crisis interventions and critical incident stress debriefings also service victims.

Direct Victim: A person injured or killed, or a person that has witnessed a traumatic event.

Direct Service Providers: Administer hands-on, face-to-face assistance to victims including doctors, emergency medical personnel, mental health professionals, school psychiatrists, clergy, and other victim or social services such as court staff.

Education: Education is awareness, knowledge and understanding of a particular topic.

Immediate Phase Response: Emergency workers, also called "first responders," are activated to the scene and victims are identified and assisted. Security, investigations of the crime, and other efforts are initiated in this phase.

Incident Command System (ICS): A model system used by public safety agencies (law enforcement, fire and rescue, and other emergency response agencies) for the command, control, coordination, and management of agencies and/or units during the response to an emergency incident. Developed in the 1970s, it has become a standard management approach for incidents of CMV.

Long-term Phase: The aftermath of a crisis that includes mental health concerns that is the longest of the three phases.

Man-made Disaster: A catastrophic event caused by humans.

Mass Crisis: A massive event that affects a number of people; one that may result from the actual scope of the event or its drain on resources.

Natural Disaster: A naturally-occurring catastrophic event such as a hurricane, tornado, earthquake, mudslide, and flood.

Primary Victim: The victim that is the specific person who was targeted by a person or group.

Referral Victim Services: Services that have limited contact with victims that refer to direct victim services that have limited contact with victims outside brief interviews, telephone conversations and mailings.

Secondary Victim: A person who is a family member or one with close relationship to the **direct victims**. It can also be one with an occupation that requires direct contact with victims or those who have difficulty coping with the aftermath of an incident.

Short-term Phase: Typically following the immediate phase, it includes death notifications, cleanup efforts, prosecutorial initiatives and similar responses, etc., depending on the type of crime committed.

Training: Training provides individuals with the skills they need to prepare efficiently and effectively for situation without having prior actual experience. Drills, exercises, and planning sessions are typically characteristic of training.

Victim: A person who has suffered injury or harm, classified by two types, direct and indirect.

Victim Services: Services to victims that aid their physical, financial and/or psychological needs and are provided directly or by referral.

Victim Service Providers: Agencies or organizations that provide the services to victims.

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