

If It Works in Miami...A Model Approach for Resolving the Impact of Crime

Victims Services Center in Miami helps victims of crime resolve the impact of their traumatic experiences in order to assist them in establishing or reestablishing a functional and happier quality of life. This is primarily accomplished by providing cutting edge treatment for trauma. Long before trauma-specific and trauma-informed were federal buzzwords, VSC was providing both types of services to all types of victims of crime. The individual treatment centers on integrating traumatic memory. But all services – from groups, to advocacy to taking a referral – have always been provided by trauma-informed staff, students or volunteers, who are trained in the data necessary to create safety for traumatized human beings before interaction with them.

In 1995, the State Attorney's Office in Miami asked me to provide this service after a community task force had identified that the mental health needs of all crime victims were not being met. I was specifically asked to provide the service because of my expertise in the subject of Traumatology. Eight years and over three thousand five hundred clients later, Victim Services Center (VSC) is a mainstay in Miami with over 150 referral sources at any given time and an average of 200 active clients. Unfortunately we also maintain a waiting list of anywhere between 50-125 clients, depending on the time of year. When we are changing interns between semesters, our waiting list reaches the higher number.

VSC has treated clients of every nationality and crime type in over eight years of service. As an overview, approximately 50% of our clients are Hispanic, 28% are African American, and 18% are Caucasian. The make-up of the remaining percentage

includes many different nationalities. Twenty-five percent of our clients only speak Spanish. Approximately 60% of our clients are from another country. Thirty percent have Medicaid and 50% have no insurance coverage at all. Over 30% of our clients are children. 50% of our clients are domestic violence victims and 10% have been witnesses to domestic violence. Eleven percent of our clients are sexual assault victims – either from current or past experiences. However, at least 10% of our domestic violence victims report sexual assault and abuse at intake, as we utilize a detailed domestic violence survey that targets abusive behaviors. Eight percent of our clients are family members of homicide victims. Drug Dependency Court or a drug rehab center refers Fourteen percent of our clients. Most of the former addicts are women that have a history of prostitution.

Clinical Approach

VSC's innovative approach to helping victims of crime revolves around a discipline that specifically delineates how to create a safe space for someone who has been traumatized. Traumatic Incident Reduction is one approach in the discipline called Metapsychology, developed by Frank Gerbode, M.D. (1989). A critical component of the discipline entails defining and creating safety – as feeling safe is a necessary prerequisite to accessing painful material. While the agency utilizes other than Gerbode's techniques, all interactions with victims of crime are characterized by the absence of clinician judgment, or evaluation of the client's actions, memories, values and beliefs, no interpretation of the client's data, and maintaining full presence for a client's experience – some of the critical components defined by Gerbode in creating safety. However, it is noteworthy that the traumatology literature mentions the creation

of safety and defines some of the components that are fully delineated in Gerbode's material. Books Trauma and Recovery by Judith Herman (1997) and Waking the Tiger by Peter Levine (1997) address the creation of safety. In the Florida Attorney General's Advanced Victim Advocate training, there is a write up entitled "Blocks to Therapeutic Communication" that summarizes some of the important rules taught in the Metapsychology courses for years.

The main approach utilized at VSC is called Traumatic Incident Reduction (TIR), which has a growing body of research to support its effectiveness in integrating traumatic memory. In the presence of a clinician who can create safety, a victim of crime enters the same or similar state she was in during the traumatic event, thus allowing her to access the memory she could not otherwise access. This can only be done at the point when a client is capable of maintaining a conscious presence while experiencing the distress of the traumatic memory. However, when someone is able to maintain this dual state, the results can be very dramatic. Our own client completion data, which was evaluated in the fall of 2002, found that clients experienced elimination or a significant reduction of symptoms associated with traumatic stress in an average of 18 hours of treatment. The measurements that we utilize include the Impact of Events Scale Revised, the Beck Depression Inventory, the Clinical Anxiety Scale, the General Expectancy of Success, and the Trauma Recovery Scale. (As part of responsible practice, we've pre and post tested our clients since our doors opened.) In another study, (Valentine, 2001), clients who were asked how they would describe TIR to a friend, indicated feeling empowered as their number one answer.

Three staff clinicians and the Training Director at VSC are trained in Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 1995), and I must add, that their work would pass a fidelity test for this approach. EMDR has been a very effective tool for many of our clients. However, it does not necessarily integrate traumatic memory and it is more difficult to execute than TIR. As we need to rely on interns for a great deal of delivery of our services, and since TIR is easier to teach and practice, it continues to be our primary method for providing relief from traumatic events.

As I had years of experience in treating domestic violence before beginning the agency, I was familiar with the phenomena of trauma bonding, and in fact had made the subject a point of research during my graduate education. Trauma bonding describes one of the major reasons why victims remain in or go back to abusive relationships. It explains why victims won't prosecute in many cases. While the role of oxytocin in the biological trauma response explains the physical reason victims bond to their abusers, there are also psychological components, that, when addressed, also help in providing relief of these resistive bonds. I had already written a protocol to address the components of a trauma bond (Descilo, 2000). During the course of the last eight years, I've had the opportunity to verify the effectiveness of the protocol, as well as revise it. For an excellent resource about trauma bonds, I suggest the book Betrayal Bonds by Patrick Carnes, 1997.

The quality of the agency's services has been acknowledged, not only by the ever-increasing number of referrals that we receive, but also by different types of clients that are now referred to us. The agency receives federal funding to assist victims of modern day slavery find relief from the impact of their experiences. It is through this

grant that a chiropractor has been brought into our office. (While she does receive payment for treating our trafficking victims, she is treating our other crime victims free of charge.) The trafficking victim grant also provides for payment for massage treatment. Besides those whose most current experience has been a victimization, VSC also treats mandated clients from Drug Dependency Court (DDC) – these clients mainly consist of mothers who have lost and are trying to regain custody of their children. All of those referred to VSC have been victims of physical and/or sexual violence. Judge Jeri Cohen, who created DDC, states that she is able to see the changes in the women who have been through our program and that the women report that VSC's treatment was the most valuable intervention that they had ever received for their mental health. As the link between trauma and juvenile delinquency has received validation, VSC applied for and receives Department of Juvenile Justice funds to relieve trauma on at-risk youth. VSC has been awarded this funding for the third year.

Use of Volunteers

Volunteers are crucial to the agency's functioning, as there has only been nine to eleven staff at VSC for years. University interns are trained to provide clinical interventions. There are usually about a dozen interns assisting in the delivery of services. The agency's Mobil Advocacy Program trains college students and qualified volunteers to provide advocacy to all crime victims – from on-site assistance, to calling victims from police reports, to our newest collaboration of providing advocates to domestic violence victims seeking injunctions of protection from the court.

Group Models

The groups that we have developed for our clients are highly relevant and engaging. No less than 15 participants attend the Domestic Violence psychoeducational groups at any given time. The four groups cover the basics of domestic violence, the psychobiology of trauma (understanding one's behavior), the impact of domestic violence on children and trauma bonding. There is a court support group that assists clients in navigating the legal system. The child empowerment groups assist children in identifying and utilizing their inner strengths. And on Saturdays, children also participate in yoga and therapeutic dance classes.

The Role of Complementary Practices

In many cases, clients are not ready to engage in TIR, as the trauma is still too overwhelming to face. In other cases, even after the traumatic memory has been resolved for the client, she still feels the impact in some part of her body. For these clients, engaging in some form of practice that addresses the stuck energies in the body created by the impact of the trauma has proven effective. Through a grant by the American Massage Therapy Foundation, VSC has a regular massage clinic, providing four massage therapy sessions to select clients. Once a week, through collaboration with a chiropractor that provides Network Spinal Analysis, acupuncture and craniosacral treatment, crime victims are provided with free treatment in each modality.

As I am always searching for means and methods of reducing stress, different components are added to the program on a regular basis. I was introduced to rhythmic breathing in 2000 through Network Spinal Analysis. This led me to pursue different modalities of breath work. For about three years, clients have been taught to 'belly

breathe' in their first session as a means of regulating affect. Belly breathing essentially entails teaching clients to breathe deeply so that their lower abdomen expands as they inhale. They are taught to inhale and hold their breath, each to a count of four and exhale to a count of six, first only inhaling and exhaling through the nose and then inhaling through the nose and exhaling through the mouth. In a tape series by Christiane Northrup and Mona Lisa Schultz, Dr. Northrup indicated that deep breathing through the nose activated the vagus nerve. The vagus nerve is a parasympathetic nerve that supplies structures in multiple sites in the body (Bergman, Afifi, Miyauchi, 2002.)

We are also offering clients the opportunity to learn the techniques taught in the Art of Living Course, which is described below.

Hiring Practices

Another value that makes us unique is that we hire 'talent and temperament' as opposed to a 'higher' degree and years of experience. Since our clinical practice is so different than what is currently taught in universities, anyone wishing to work with us will need to 'unlearn' many habits associated with traditional treatment, and learn the components of creating safety that are described above. Temperament is an important factor as it is critical that the work environment remains light-hearted and fairly playful. We deal with the pain created by the worst aspects of human nature. And we are unbelievably overloaded with clients. We cannot afford to hire or sustain employees that are unable to fully engage in creating the overall safety and pleasant working environment that exists in the agency.

On a regular basis, clients come early for sessions and just hang out. And on a regular basis, they tell us it's because our agency space feels so safe – like being at home – many times at a home that they have never experienced before.

Court Evaluations

Another niche that has found us is that of providing traumatic stress evaluations for court. We have provided these reports on a regular basis for many years for domestic violence victims seeking citizenship without the cooperation of an abusive husband. In recent years, our reports have been in demand by immigration attorneys, seeking asylum for political refugees. I was called on to evaluate a young Haitian man who had been detained at the local facility for over eight months, after initially being granted asylum. We are in the process of looking for funding for the deluge of requests for evaluations that have followed his release and extensive media coverage. While it is old news to me that stress can be a very damaging force, it is still news to most of the world. Part of the current effort is providing the media covering the plight of the refugees with the data as to the impact of on-going, overwhelming stress on the spirit, mind and body.

Staff Care

As we deal with human suffering, it is critical that all staff is mindful of their own mental, physical and spiritual health. The well being of the staff at the agency is as important to my partner Shirley Hawkesworth and me as is the well being of the clients. Self-care is a must at the agency and is in fact written into staff contracts. A stressed out Traumatologist is simply not an oxymoron that will exist in our agency. There is also

my view that if someone isn't taking care of oneself, family and employees, taking care of others isn't being done from a place of authenticity. To support staff-self care, various programs are made available. Staff is able to participate in massage therapy and chiropractic treatment at work. While this is done on their own time, it is made very convenient, as there is no need to travel for appointments. All staff has been trained in the Art of Living course developed by Sri Sri Ravi Shankar, an East Indian humanitarian who has standardized his training and collected research that strongly supports the efficacy of his work. Visit our website, www.vscmiami.org and click the "Relax Miami" icon to view a movie that summarizes the research done on Shankar's work. The 22-hour course teaches both knowledge points that assists participants in looking at their own ideas and life views that create stress and teaches daily and weekly breath routines that are extremely effective in relaxing the body, facilitating health and creating a sense of well being. Every week, on agency time, staff gathers to practice either the Art of Living breath routine, or Transformational Breathing as developed by Judith Kravitz. The agency employs trainers in both modalities. We are in the process of engaging community partners in our model of stress relief under the heading of 'Relax Miami'. So far, our agency, in collaboration with the Art of Living Foundation, has provided free stress reduction classes in multiple agencies around Miami, to over 600 employees.

Our staff of 11 also works on a flexible schedule, as some staff are parents and some are students. Even though we are open from Monday through Thursday from 9 AM to 9 PM and on Fridays and Saturdays from 9 AM to 5 PM, we've always been able to accommodate the scheduling needs of both our staff and our clients.

Only two employees are not trained on the clinical interventions utilized at the agency. Each staff member was required to address any past trauma as part of his or her training. If any employee experiences a distressing event, his or her peer partner will provide the sessions necessary for relief.

Client Impact

We have pre and post tested those clients who've completed our full program for the last eight years. We were able to collect data from 117 completed files and that data was evaluated for us last fall. The demographics for the client charts that were evaluated are as follows:

Female: 84%

Ages: 17-22 = 10% 23-35 = 32% 36-50 = 44% 51-75 = 15%

Race: Asian – 3% African American – 13% Caucasian – 22% Hispanic – 62%

Crime Type: Domestic Violence – 62% Sexual Assault – 24% Various – 11%

Family Members of Homicide Victims – 9%

HIV Risk: 14%

Currently on psychotropic medications: 16%

Past Addiction: 37%

Previous therapeutic treatment: 44%

History as a victim: 80%

Other Trauma: 38%

Average treatment time: 18 hours

The hypotheses tested and the results of the analysis are as follows:

Results:

Using Repeated Measures Analysis of Variance, Hypotheses 1 and 2 were supported. That is, from Time 1 to Time three, participants showed consistent and significant improvements in traumatic stress symptoms (Intrusive, Avoidance, Hyperarousal), depression, and anxiety. Further, significant increases were demonstrated for the General Expectancy of Success measure. These significant results occurred from one Time to the next for all measures except for the GES, where significant differences were only observed from Time 1 to Time 2 and from Time 1 to Time 3. This demonstrates that to see a marked improvement in GES scores, the GES need only be administered at baseline and Time 2.

Hypothesis 3 found moderate support and was assessed using correlational analysis. First, difference scores were computed subtracting Time 1 scores from Time 3 scores for each of the 4 variables (Intrusive, Avoidance, Hyperarousal, Trauma Recovery Scale). The expected negative relationship between TRS and Intrusive ($r = -.596$, $p < .01$) as well as between TRS and Hyperarousal ($r = -.654$, $p < .01$) were supported. The expected negative relationship between TRS and Avoidance, however, was not significant ($r = -.179$, $p > .05$). Therefore, there is a correlation between a reduction in 2 of the 3 Trauma Stress Indicators and an increase in TRS scores.

In Hypothesis 4, it was expected that clients with a reported history of trauma and victimization required more hours of service. Reported trauma history was used in linear regression analysis as the predictor for the number of hours of service (the dependent variable). The analyses showed that there was no significant relationship between history of victimization and number of hours of service.

Hypothesis 5, that those who reported earlier victimization were more likely to be current victims of domestic violence, was not supported by the data. History of victimization was a dichotomized variable and the crime variable was recoded such that those who reported being current victims of domestic violence received a designation of "1" and all other reported crimes were designated "0"; thus, crime also became a dichotomized variable. Chi-square analysis showed no significant difference, where those who did and did not report a history of victimization were equally likely to become victims of domestic violence.

Client Statements

Approximately five years ago we began the practice of asking our clients: Since starting services here, have you noticed any changes? If so, what are they? Here are a few client statements from our recent completions.

Since coming to this wonderful center, starting from the secretary who is very courteous and caring and makes you feel at home, to the four (group) sessions I

attended, directed by a gentleman who is also caring by the name of Willie, I have found relief. I came here with severe depression, and very low self-esteem. I saw cases much worse than mine getting better - from there I knew I would get better, too. After I left better, I met Nora, also a wonderful person, who awoke my spirit and made me feel alive again. Most of all she made me feel comfortable enough to tell her all about what brought me here, and allowed me to open up to her. I leave here happy now with my self-esteem higher than ever and a completely new person. My only regret was not to have found you sooner. May God bless every single one of you.

Translated from Spanish - Former victim of domestic violence - after about 20 hours of individual treatment and the four mandatory domestic violence psychoeducational groups.

Yes, after my experience I thought that I would never get over the fact that my son was murdered. But I did and I also got rid of some other things that were deep down inside of me. Now I feel like I am the better person that I used to be.

Father whose child was murdered by his mother

I feel much lighter and less stressed. I also feel that I have somewhere to go in the future if I need further help. Your methods helped me get a lot of things out of my system and helped me move on.

Former victim of home invasion/assault/robbery

Conclusion

Victim Services Center in Miami has evolved into a program that is highly effective and worthy of replication nation-wide. Resolving the impact of trauma and trauma bonding, should be the primary focus of any organization that intends to fully assist victims of crime. While advocacy is a critical component in assisting victims of crime, fully helping individuals regain their strength and footing completes the picture of full victim assistance. Because the agency has operated from a person-centered view and has evolved in a multi-cultural city, the model is worthy of replication in other areas.

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