This document is archival in nature and is intended for those who wish to consult archival documents made available from the collection of Public Safety Canada.

Some of these documents are available in only one official language. Translation, to be provided by Public Safety Canada, is available upon request.
PAPERS PRESENTED AT THE CONFERENCE *:

VICTIM ASSISTANCE: CANADA AND THE UNITED STATES

PRESENTATIONS A LA CONFERENCE *:

L'AIDE AUX VICTIMES: CANADA ET ETATS-UNIS

OCTOBER 1981

TORONTO, ONTARIO

* Limited to those papers submitted to the Conference organizers for further distribution by the Research Division, Ministry of the Solicitor General of Canada.

* Incluant uniquement les articles reçus par les organisateurs de la Conférence pour fins de distribution par la Division de la Recherche du Ministère du Solliciteur général du Canada.
TABLE OF CONTENTS

I. GENERAL OVERVIEW

1. Opening Address by the Honourable Bob Kaplan, Solicitor General of Canada
3. Remarks by the Honourable Gordon Walker, Provincial Secretary for Justice and Minister of Consumer and Commercial Relations.
4. Address by the Honourable Robert F. Diegleman.

II. RESEARCH


III. VICTIMIZATION OF THE ELDERLY

8. "Victimization of the Elderly", Phyllis Olson.

IV. FAMILIES OF HOMICIDE VICTIMS

V. GENERAL VICTIM/WITNESS ASSISTANCE PROGRAMS


VI. VICTIM COMPENSATION/RESTITUTION


VII. FAMILY VIOLENCE

17. "Promoting Coordination Among Family Violence Service Providers", Linda Silverman King.
19. "Violence in the Family: Is there more than one Victim?" G.L. Kuchel and Shirley J. Kuhle.
"VICTIMS"

NOTES FOR AN ADDRESS BY
JOHN K. CLAYTON, M.D., F.R.C.P.(C)
PSYCHIATRIC CONSULTANT
MENTAL HEALTH DIVISION
NATIONAL HEALTH AND WELFARE

PRESENTATION MADE TO THE SEVENTH ANNUAL CONFERENCE OF
THE NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE,
FIRST CONFERENCE OF CANADIANS INVOLVED IN VICTIM ASSISTANCE,
TORONTO, ONTARIO, OCTOBER 14 - 17, 1981.
VICTIMS

THE COMMON GOAL BRINGING US TO THIS CONFERENCE TODAY, WHATEVER OUR JOB, IS TO HELP VICTIMS. FOR SOME OF US OUR WORK WITH VICTIMS IS VOLUNTARY WORK WITH LONG HOURS COMMITTED. FOR OTHERS IT IS WORK WITHIN VARIOUS PROFESSIONAL ROLES IN LAW ENFORCEMENT, AGENCIES, CLINICS OR COURTS.

ASSISTANCE TO VICTIMS

THE VICTIM MAY INITIALLY APPEAR CALM, OR DAZED, OR FRENZIED, OR DEEPLY HURT, OR TERRIBLY ANGRY. WE WOULD EXPECT RAGE TOWARD THE SOURCE OF VIOLENCE. BUT AS WE KNOW THIS MAY NOT BE PRESENT AT FIRST. THE PERSON MAY FEEL RAGE BUT DIRECTED SOMEWHERE ELSE; TOWARDS THE AMBULANCE ATTENDANTS, THE EMERGENCY DEPARTMENT STAFF, THE POLICE, OR THE SELF.

IN THE IMMEDIATE AFTERMATH OF VIOLENT STRESS, REACTIONS ARE NOT ALWAYS EASILY UNDERSTANDABLE OR LOGICAL. PAINFULLY, GUILT AND SELF BLAME MAY BE THE INITIAL OVERWHELMING FEELING.

WE NEED TO KNOW MORE ABOUT THE HUMAN RESPONSE TO STRESS. IN THE WORDS OF MORTON BARD (QUOTED FROM A MONOGRAPH ENTITLED, VICTIM/WITNESS PROGRAMS, HUMAN SERVICES OF THE 80s)

"THE VICTIM MOVES THROUGH STAGES OF IMPACT, RECOIL AND REORGANIZATION" AND THE STRESS IS GREATEST WHEN IT IS SUDDEN, UNPREDICTABLE, ARBITRARY".

FORTUNATELY MUCH MORE IS KNOWN TODAY ABOUT HUMAN RESPONSE TO VIOLENCE AND ABOUT HELPING THAN EVER BEFORE.
THE VICTIMS OF VIOLENCE INCLUDE BATTERED BABIES AND CHILDREN, ABUSED ADOLESCENTS, ABUSED WIVES, THE AGED PERSON ROBBED AND BEATEN, THE SEXUALLY ASSAULTED PERSON, VICTIMS OF VIOLENCE ON THE HIGHWAY (THEIR SHATTERING PERHAPS MADE WORSE BY PARAPLEGIA, AMPUTATION OR BRAIN DAMAGE), THE VICTIMS OF WAR, OF CONCENTRATION CAMPS, OF NATURAL DISASTERS.

THIS MORNING I WANT TO PROVIDE EXAMPLES OF THE KNOWLEDGE AVAILABLE, A BRIEF GLIMPSE OF WHAT IS KNOWN AND UNKNOWN. TO DO THIS I WILL QUOTE FROM A FEW OF THE COUNTLESS BOOKS, STUDIES, AND PAPERS AVAILABLE, GIVE A FEW REFERENCES.

IS THERE A COMMON RESPONSE TO VIOLENT STRESS? YES THERE IS MUCH IN COMMON IN THE HUMAN RESPONSES OF VICTIMS. IN SEPTEMBER OF THIS YEAR IN WINNIPEG, PROFESSOR MARDI HOROWITZ, A PSYCHOANALYST GAVE THE EDWIN LIPINSKI MEMORIAL LECTURE TO THE CANADIAN PSYCHIATRIC ASSOCIATION. THE TITLE: THE STRESS RESPONSE SYNDROME, (SOON TO BE PUBLISHED IN THE CANADIAN JOURNAL OF PSYCHIATRY). HE SUMMARIZED A LIFE-TIME OF HIS OWN EXPERIENCE AS AN ANALYST, USING BRIEF PSYCHOTHERAPY, IN ASSISTING AND UNDERSTANDING THE HUMAN RESPONSE TO VIOLENT STRESS. HE EMPHASIZED THAT CENTRAL IN THE HUMAN RESPONSE ARE THESE SYMPTOMS: INTRUSIVE THOUGHTS, IMAGES, FEELINGS. WHAT IS MEANT BY "INTRUSIVE"? IN THIS ROOM RIGHT NOW WE ALL HAVE INTRUSIVE THOUGHTS. WE MAY BE TRYING TO CONCENTRATE BUT OUR INNER STREAM OF THOUGHT IS BROKEN BY OTHER THOUGHTS, MEMORIES, FEELINGS, ASSOCIATIONS. BUT FOR THE PERSON SUFFERING FROM SEVERE RECENT STRESS THE INTRUSIVE QUALITY IS INTENSE AND THE PERSON FIGHTS THE INTRUSIONS. THERE MAY BE IMAGES OF THE EVENT, FLASHBACKS, SUDDEN SURGES OF INTENSE RAGE, GUILT, OR FEAR, OR PICTURES OF THE SELF AS IT WAS BEFORE.
But for a while there may also be a period of denial and numbing lasting weeks or months. It is as if the mind cannot grasp and face all of the implications of the event at once and denies them, but still the horror and implications must be felt, one bit at a time: flashbacks, nightmares, intrusive thoughts and feelings. He said that

* 100% of people fear a repetition of the event
* Most feel moments or long periods of intense sadness
* 80% feel moments or long periods of rage, but as I mentioned earlier it is not always directed at the source of the stress.

And as you know whether the victim is an abused child, a victim of rape, or someone who has lost a partner through death, 70% feel guilt and even, illogical as it may be, feel responsibility for the event.

Denial is a healthy response. We cannot tolerate intolerable pain and for awhile must shut it out. The human healing process takes time. Healing requires a whole re-organization. All of us in this room know this from the losses and stresses in our own lives. We have all been victims to some degree. But for the victims of extreme violence healing can be much more painful and protracted.

The violent stress may shatter the self concept, the myth that within the person is a unity of being, a true self in control, and with the shattering of the self concept earlier conflicts over identity and QLd inter-personal conflicts are awakened and inflamed. Healing may require that they too be resolved again.

If the intrusive experience are extreme they can have an hallucinatory quality and the victim months or even...
YEARS LATER MAY FEAR INSANITY BECAUSE OF THE INABILITY TO CONTROL THESE EXPERIENCES, WHEN IT IS NOT INSANITY AT ALL.

MARDI HOROWITZ WENT ON TO SUMMARIZE THE STEPS TO BE UNDERSTOOD BY THE THERAPIST IN HELPING PEOPLE WITH THEIR OWN HEALING PROCESSES (FROM THE FIRST INTERVIEW OF LISTENING, CLARIFYING AND DEFINING GOALS - THROUGH TO THE FINAL INTERVIEW WHEN THE PERSON, STRENGTHENED MUST GO ON WITH THE HEALING PROCESS (FOR MONTHS OR EVEN YEARS) WITHOUT THE ANALYST'S HELP.

TO HELP IS TO ASSIST IN THE NORMAL HEALING PROCESS. THE FIRST NECESSITY IS TO BE THERE, WITH COMPASSION. IN THE WORDS OF ONE AUTHOR "FOLLOWING A PURPOSEFUL AND VIOLENT ASSAULT - THE FIRST ANTIDOTE MUST BE THE PURPOSEFUL COMPASSIONATE ACT OF CARE-GIVER."

AND TO HELP WE MUST UNDERSTAND AS MUCH AS POSSIBLE ABOUT WHAT IS HAPPENING TO AND WITHIN THE VICTIM.

SOME COMMON PATTERNS IN THE HUMAN RESPONSE TO STRESS HAVE BEEN NOTED. MUCH IS ALSO KNOWN ABOUT SPECIFIC GROUPS OF VICTIMS. LET ME GIVE YOU SOME EXAMPLES.

THE FIRST IS FROM A BOOK "PATTERNS OF FAMILY VIOLENCE" BY MARGARET ELBOW (REPRINTS FROM FSA/NEW YORK) THIS BOOK FOCUSES ON DIFFERENT PATTERNS OF FAMILY CONFLICT. HERE ARE SOME OF THE CHAPTER TITLES: THE BATTERED CHILD, VIOLENT MARRIAGES, WORKING WITH PARENTS IN CHILD ABUSE CASES, THE ABUSED WIFE, ELDERLY VICTIMS OF FAMILY VIOLENCE. I WILL PROVIDE JUST TWO QUICK GLIMPSES INTO THIS BOOK. THE FIRST CONCERNS THE YOUNG CHILD AS A VICTIM OF SIBLING ATTACK WHICH

... /5
DESCRIBES HOW "A YOUNGER CHILD MAY BE A FAMILY'S SACRIFICIAL LAMB, BEARING THE BRUNT OF CONSIDERABLE PHYSICAL PUNISHMENT AND DEFLECTING ABUSE FROM OTHER FAMILY MEMBERS."

Not only parents but older siblings may be involved in repeated attacks on the younger child. One case described is a young child brought to hospital. He was quiet, withdrawn, preoccupied for hours, but reacted with terror to the presence of an eight year old brother who had tried to drown him in the bath.

Assistance here would clearly mean assisting the whole family. Too often the victim if a child, may need less help than the sibling who has attacked or the family as a whole.

In this chapter she describes ways in which an older sibling's attacks are allowed to go on unreported and even unrecognized by the parents. Faced by such intense hostility within one child the parents may unconsciously deny it even to themselves, may see the assault as accidental or a "bit of normal horse-play gone wrong." It is as if the recognition of such a high degree of hostility is impossible, intolerable. It would disrupt or paralyse the family completely. In other families the parents may be so frightened by the overt and uncontrolled aggression of a problem child that their mode is to placate, to make allowances, to forstall temper outbursts and attacks. Such parents are unable to see the resulting damage to the younger child or they may shrug it off: "Joey is tough. He can take it" or "We warned Joey to stay away from his brother because he was in a bad mood."

A second quick glimpse: this time the "ELDERLY VICTIM OF FAMILY VIOLENCE." A series of cases are reported. Here are their common characteristics. Usually the victim is a woman, 65 years or older, functionally dependant on other...
FAMILY MEMBERS. TYPICALLY THERE IS A HISTORY OF ALCOHOLISM - EITHER IN THE VICTIM OR THE CARE-GIVER. AND WITH THE VIOLENCE THERE IS OFTEN NEGLECT AS WELL: THE "ACCIDENTAL" WITHHOLDING OF FOOD, WATER, CLOTHING, SHELTER. IN THIS CHAPTER IS THE PLEA FOR MORE ACTIVE INTERVENTION WITHIN THE HOME ITSELF BY ALL PUBLIC SERVICES INVOLVED.

OFTEN WE TEND TO THINK OF HELP IN THE CONTEXT OF WHERE WE WORK. FOR ME IT MIGHT BE HOSPITAL, CLINIC OR OFFICE, FOR SOMEONE ELSE AGENCY, OR CRISIS CENTER, FOR SOME THE COURT AND THE JUSTICE SYSTEM. THIS LAST EXAMPLE SUGGESTED THAT FOR MANY VICTIMS ONE MUST INTERVENE WITHIN THE HOME IF ONE IS TO UNDERSTAND WHAT IS HAPPENING AND TO ASSIST. FOR THE BATTERED SCHOOL AGED CHILD THE SCHOOL MAY BE THE LOGICAL PLACE. THERE THE TEACHERS AND NURSES ARE THE FRONT LINE. I NOW QUOTE FROM A BOOK "THE MALTREATMENT OF THE SCHOOL AGED CHILD" VOLPE ET AL OF THE UNIVERSITY OF TORONTO, LEXINGTON BOOKS.

HERE A STRONG PLEA IS MADE FOR PUBLIC EDUCATION ABOUT THE PROBLEMS OF CHILD ABUSE AND FOR EDUCATION OF THE PRIMARY HEALTH CARE WORKERS SO THAT ABUSE CAN BE RECOGNIZED. THE BOOK ITSELF BECOMES AN INSTRUMENT FOR SUCH EDUCATION. ONE OF THE CHAPTERS DESCRIBES THE NEGLECTED AND ABUSED CHILD IN SCHOOL:

"THE EXTREMES OF BEHAVIOUR, HOARDING OR STEALING FOOD; UNEXPLAINED INJURIES WHICH REGULARLY APPEAR AFTER THE CHILD HAS BEEN ABSENT FROM SCHOOL; A PATTERN OF POOR HYGIENE, INAPPROPRIATE DRESS, FATIGUE, OR UNATTENDED MEDICAL PROBLEMS; BIZARRE, SOPHISTICATED OR UNUSUAL SEXUAL BEHAVIOUR OR KNOWLEDGE."

"THE SCHOOL AGED CHILD ALSO SHOWS A HIGHER INCIDENCE OF BURNS THAN YOUNGER CHILDREN. ABUSED ADOLESCENTS MAY DISPLAY BAR-ROOM BRAWL SIGNS - BRUISES, BLACK EYES, SPLIT LIPS, SCRATCHES."

.../7
But what I want to mention particularly is the author's description of "The Major (Delayed) Stress Response syndrome" often seen in children and adolescents after they have been removed from the war-like dangers, injuries and fears of their battering. A syndrome sometimes delayed as long as one year.

Most interesting is the author's comparison of the child's delayed response to the delayed and often marked reactions of the Vietnam war veteran.

"In the case of the soldier he was exposed to a climate of fear of the known and unknown, of unexpected violence and danger. His main purpose for that time was to survive.

"This is much like the abused child. Both child and soldier used coping mechanisms for war. "Passive-resistance", denial, and numbing. Like the abused child the soldier believed he would be fine once he escaped the situation."

"For the first few months the Vet coped will (using the same coping mechanisms) but as danger was no longer present and these mechanisms relaxed the Delayed Stress Reaction took over."

"The abused child also experiences a slow relaxing of his war-like coping mechanisms. Symptoms of this syndrome include:

- Severe depression and anxiety
- Guilt feelings
- Persistent abdominal complaints
- Nightmares
- Rage reactions
- Frustration at not being able to make any sense out of the past and not being able to talk about it.
- Secondary effects of self-destructive and anti-social behaviour."
But most significant for you and I in our discussion of Assistance to Victims is the following finding and the recommendations flowing from it:

"The Vietnam veteran has difficulty in being successfully helped by individual therapy sessions. The same is true of abused older children. It takes another Vet to understand a Vet. The same is true of the abused child. Another abused child can best understand the abused child."

Thus among the recommendations are:

- Start RAP sessions for abused children similar to those for the Vets
- Set up Drop in Centres for abused children in the school system, in a church, and so on.
- Start a Hot Line for abused children - someone to talk to after abuse and when they need relief from combat.
- Organize a network of teachers and nurses to help and support the abused child.


Chapter titles range from:

- Silent Victims of Incest to Child Abuse
- Victims of Rape
- War Combat Stress
- The Dying Child - A Family Crisis
- Divorce
Here you will find some most useful information and ways to improve effectiveness. As a nurse Dr. Burgess also emphasizes the potential of the nurses' role both with the family as a whole and the person treated, both in the hospital and in the community.

Let me quote now from an earlier paper by Dr. Burgess in which she reports a study of the Attitudes Toward 146 Rape Victims. While the study demonstrated that more victims found the attitudes of police and hospital staff positive rather than negative, it also demonstrated the need for all of us to be most consciously accountable to the victim we assist.

"Accountability is especially important in a crisis situation. Rape is experienced as a life-threatening situation and it triggers an acute stress reaction which requires a long term reorganization process. As a crisis it makes the victims hypersensitive to the attitudes of those people to whom they turn for help. One theme emerged again and again: clients want explanations from professionals about role expectations and about procedures that are to be done."

In that study the most helpful contacts following the rape were the Counsellors who defined and re-defined their own role and possible service to the victims as well as explaining what others would do and what they might ask and expect.

This is a theme which will recur in this conference. Quoting from a CCSD publication "Crime victims are often frustrated and disillusioned by the lack of dignity, compassion and information they receive."
IT IS ALSO A THEME REPEATED IN ANOTHER RECENT AND EXTENSIVE CANADIAN STUDY: "SERVICES TO VICTIMS AND WITNESSES OF CRIME IN CANADA" BY GEOFF NORQUAY AND RICHARD WEILER.

"SERVICES THAT ASSIST VICTIMS AND WITNESSES TO PARTICIPATE EFFECTIVELY IN THE CRIMINAL JUSTICE SYSTEM (ARE)... THE WEAKEST LINK... IN RURAL AND ISOLATED AREAS POLICE OFTEN PLAY AN IMPORTANT ROLE IN PROVIDING TRANSPORTATION TO COURT AND IN EXPLAINING COURT PROCEDURES... BUT FEW COURT BUILDINGS HAVE RECEPTION CENTRES TO DIRECT VICTIMS AND WITNESSES AND FEW PROVIDE WAITING AREAS SEPARATE FROM THOSE THAT MAY BE USED BY THE ACCUSED AND HIS OR HER FAMILY AND FRIENDS."

IF THAT READS LIKE BAD NEWS READ THE REPORT CAREFULLY, THERE IS MUCH GOOD NEWS IN IT AS WELL. BUT SUCH PARAGRAPHS DO ILLUSTRATE SOME OF THE OBSTACLES VICTIMS FACE IN CANADA AND THE THINGS WHICH MAKE MATTERS WORSE.


MY NEXT REFERENCE IS A NATIONAL INSTITUTE FOR MENTAL HEALTH PUBLICATION RAPE AND OLDER WOMEN - A GUIDE TO PREVENTION AND PROTECTION.
"It is a tragedy that a 76 years old woman could be subjected to sexual violence. Yet many older women who live in urban complexes are victimized by crime. Their vulnerability heightens their anxiety, often forcing them to withdraw from friends and families and the surrounding neighborhoods where they should be secure. Sexual assault is a community problem. Until we join together through increased awareness and positive action, we cannot hope to prevent the occurrence of sexual assault of any age group."

This book is about community programs aimed at prevention:

"A goal of rape avoidance and protection programs must be to maximize the older woman's independence. Emphasis should be place on how to do things rather than what to do. For example it is better to suggest 'whenever possible, walk with others,' rather than 'do not walk alone.' Older women should be encouraged to give up only those activities which are clearly unsafe.

For example, if an older woman routinely leaves her living unit and walks across a wooded park alone to visit a friend she makes her apartment more vulnerable to burglary by leaving at the same time each day and makes herself more vulnerable to rape by poor travel patterns. She should not be encouraged to give up the visit but to take a safer route and go at different times.

Some quotations from the many pages for the elderly on protecting yourself:
"In your living unit don't advertise living alone. Use initials on mailbox, in phone book, add a dummy name. If alone and the door bell rings call out 'I'll get it John' as though someone were with you. Make your home look occupied. Use timers and a porch light. Play the radio.

"In a building avoid deserted areas, stairways, laundry, trash and storage areas."

"This may sound silly but if accosted yell FIRE not HELP. It will attract attention quickly.

Thus far I have given some examples of what is known, let me now emphasize the importance of some of what is not known and what must be learned.

Another book Fragile Families - Troubled Children The Aftermath of Infant Trauma, by Elizabeth Elmer, University of Pittsburg Press.

This book reports a detailed study of the long range outcome of child abuse. The good news in the book is the human being's ability to heal, to emerge intact. We need to know much more about PROTECTIVE FACTORS in the response to violent stress which enable some victims to heal and emerge intact.

The first is a group of clearly battered babies (12 months or less) with evidence of repeated blows, burns, fractures or ingestions of poisonous substances. They were studied with their families when the study began in 1964 and assessed again after approximately ten years. It is a ten year study of three group of babies.
FINDINGS WERE COMPARED WITH A SECOND GROUP: A GROUP OF INFANTS ADMITTED TO THE SAME HOSPITAL BECAUSE OF A SINGLE ACCIDENT PRIOR TO AGE ONE. THE SAME LONG TERM FOLLOW-UP WAS DONE.

THE THIRD GROUP WAS "MATCHED" TO THE ABUSED INFANTS IN TERMS OF AGE, SEX, RACE AND SOCIO-ECONOMIC STATUS BUT THESE INFANTS HAD FIRST BEEN SEEN IN THE HOSPITAL OR CLINIC FOR OTHER ILLNESSES.

STARTLING WAS THEIR FINDING THAT THE ABUSE ITSELF WAS NOT A PREDICTOR OF WHAT THE INDIVIDUAL CHILD WAS TEN YEARS LATER IN TERMS OF:

- PHYSICAL DEVELOPMENT
- HEALTH
- THE DEVELOPMENT OF LANGUAGE
- INTELLECTUAL ACHIEVEMENT
- EMOTIONAL AND BEHAVIOURAL PATTERNS.

TRUE, THERE WERE MANY DAMAGED CHILDREN OR CHILDREN WITH VERY SERIOUS PROBLEMS BUT THEY WERE FOUND WITHIN ALL THREE GROUPS. AND IN ALL THREE WERE SOME VERY WELL CHILDREN INDEED AND WE DO NOT YET UNDERSTAND THE PROTECTIVE FACTORS.

FOR THOSE OF YOU WHO LIKE STATISTICS AND GRAPHS AND ARE STUDENTS OF SCIENTIFIC METHODOLOGY I RECOMMEND THE BOOK AS A WHOLE. BUT FOR ALL OF US THE CONCLUSIONS ARE SIGNIFICANT.

THEY FOUND: THE MOST IMPORTANT FACTOR DETERMINING MARKED PERSONALITY PROBLEMS, LEARNING DISORDERS, EMOTIONAL PROBLEMS AND OTHER LASTING DAMAGE WAS NOT THE VIOLENCE BUT POVERTY.

"THOSE PARENTS WITHOUT FAMILY OR A NETWORK OF COMMUNITY SUPPORT ARE PARTICULARLY FRAGILE."
"Abusive families do not abuse continuously."

"We see abuse as one point on a continuum of child care practices ranging from exceptionally good through adequate to exceptionally poor."

"The child care practices of most families cross the entire social spectrum fluctuate around adequate...at times good...at times just good enough...and occasionally poor enough to result in illness, injury or abuse."

They were also struck by two other determinants of abuse. These they describe as certain widely accepted and culturally accepted beliefs. First they found: Parents may believe that the baby is a thinking scheming individual who could stop crying if he so desired, eat neatly, become toilet trained and sleep all night." There was ignorance of normal development and unrealistic expectations of parents toward children."

Second was the accepted belief in punishment.

"A large proportion of clinic mothers use corporal punishment to teach babies...who is boss."

"When asked what they would do if the baby hit, bit or spit at the mother, most women in both groups indignantly replied of course they would hit back to teach the baby he must not do that."

The authors became convinced that such widespread beliefs cry out for a mass media educational campaign. These are common beliefs that must and can be challenged and corrected.
OTHER CONCLUSIONS: Undue emphasis on reporting diverts attention from the real and pervasive social problems. Reporting did little to assist but gave a facade of doing so.

The most fragile families lacked any network of community support. They often lacked other family, were isolated from neighbours, had recurrent stresses.

They gave top priority in assisting fragile families to programs which build community supports. By community supports they include such things as drop off nurseries, home-aides, parent child centers where parents can help one another if need be or simply relax and chat, health visitors to assist new parents from birth through the preschool years. Community support is one important protective factor.

My final comment concerns community supports. We are all maintained through a network of community supports. For most of us this is family, friends, job, income, groups, beliefs, usefulness and much more.

When violent stress disrupts not only daily living but the person's whole integration the community supports are much more essential for life and for healing. Too often they become scattered or absent. When support is nil the helping agencies, centers, social services, health care facilities and police all become more important.

Almost twenty years ago as a psychiatrist at Queen Street Mental Health Center I presented a case at a teaching conference. I thought I did a marvelous job. The patient had improved and was about to be discharged.
An astute public health nurse very gently and kindly suggested that it was virtually criminal negligence for the hospital to focus only on the patient, a mother of five, and not know the children or the pain within the home, or not involve and plan with the nurse who was already dealing with the very disturbed children in the school, and for us not to involve others whose support and help in the community was needed by the family. She was right. We had suffered from tunnel vision. Why do all of us have such tunnel vision?

In summary:

To assist victims we must first know as much as possible about the stress; about the human responses to stress, about others who can assist and support or be recruited. Only with knowledge can we assist in the person's own healing processes. This knowledge comes from each case, from the victim. We must listen long. It comes from the work and study of countless others. And it comes from colleagues on the scene, in other roles where their perspective may be different. Together we can assist.
REMARKS BY

THE HONOURABLE GORD WALKER, Q.C.

PROVINCIAL SECRETARY FOR JUSTICE

AND

MINISTER OF CONSUMER & COMMERCIAL RELATIONS

TO THE

CONFERENCE ON VICTIM ASSISTANCE

CANADA AND THE UNITED STATES

Wednesday, October 14, 1981
7:30 p.m.
Downtown Holiday Inn
Toronto
ON BEHALF OF PREMIER DAVIS AND THE GOVERNMENT OF ONTARIO, I WOULD LIKE TO WELCOME OUR FELLOW CANADIANS AND AMERICAN VISITORS TO OUR PROVINCIAL CAPITAL.

I WOULD ALSO LIKE TO COMMEND THE SPONSORING ORGANIZATIONS FOR THEIR FORESIGHT IN PUTTING ON THIS CONVENTION. IT MUST SURELY BE THE MOST IMPRESSIVE CONGREGATION OF EXPERTISE EVER ASSEMBLED ON VICTIM ASSISTANCE.

THE TWINNING OF THE FIRST CANADIAN VICTIM ASSISTANCE CONFERENCE WITH THE SEVENTH U.S. CONVENTION UNDERSCORES SOMETHING VERY IMPORTANT: WHILE OUR CRIMINAL JUSTICE SYSTEMS DIFFER IN MANY RESPECTS, THE PLIGHT OF CRIME'S VICTIMS KNOWS NO JURISDICTIONAL BOUNDARIES.

WE LIKE TO THINK THAT ONTARIO IS ONE OF THE SAFEST PLACES TO LIVE ON THIS CONTINENT. YET, UNFORTUNATELY, EVERY YEAR TENS OF THOUSANDS OF ONTARIANS ARE THE VICTIMS OF CRIME. THE PHYSICAL PAIN, EMOTIONAL TRAUMA AND FINANCIAL SUFFERING THEY ENDURE IS NO LESS HERE THAN IT IS IN ANY OTHER PROVINCE OR STATE.
WE HAVE A COMMON PROBLEM. WE ALSO HAVE MANY COMMON AND PROVEN SOLUTIONS. CONSEQUENTLY, I THINK WE HAVE REACHED THE STAGE WHERE THERE'S NO NEED FOR MORE STUDY OF VICTIM NEEDS. YOU KNOW WHAT THOSE NEEDS ARE. YOU ALL KNOW, TOO, THAT MANY PROJECTS AND PROGRAMS HAVE BEEN SUCCESSFULLY DEVELOPED IN MANY AREAS. WHAT WE NEED IS ACTION. THIS CONFERENCE IS AN IDEAL OPPORTUNITY FOR ALL OF US TO EXCHANGE SUCCESS STORIES AND GET ON WITH THE JOB OF HELPING VICTIMS IN OUR OWN JURISDICTIONS.

HOWEVER, I DO NOT UNDERESTIMATE THE IMMENSITY OF THAT TASK. WE HAVE A LONG, LONG WAY TO GO BEFORE WE CAN SAY WITH MUCH PRIDE THAT ALL THE VICTIMS OF CRIME GET A FAIR DEAL FROM THE CRIMINAL JUSTICE SYSTEM.

I HAVE PERSONALLY BEEN INTERESTED IN THE PROBLEMS OF VICTIMS FOR MANY YEARS, GOING BACK TO MY DAYS AS A PRACTISING LAWYER. I SAW FIRST HAND HOW EVEN THE MOST PETTY INCIDENT CAN DEVASTATE SELF DIGNITY. A BRICK THROWN THROUGH A WINDOW BY A PRANKSTER CAN STRIKE LINGERING FEAR IN THE HEARTS OF AN ELDERLY COUPLE.

I HAVE ALSO FELT THE DEEP ANGUISH OF PEOPLE WHO HAVE SUFFERED AT THE HANDS OF ROBBERS, MUGGERS, RAPISTS, VANDALS, WIFE AND CHILD BEATERS, DEFRAUDERS, CON ARTISTS, AND THE REST OF THAT LOT.
AS A LAWYER, IT FRUSTRATED ME THAT OUR OTHERWISE FINE JUSTICE SYSTEM SEEMED SO INCAPABLE OF DEALING WITH THE NEEDS OF VICTIMS OR RESPONDING SENSITIVELY TO THE TREPIDATIONS OF WITNESSES.

IT NEEDS TO BE SAID -- WHETHER WE LIKE TO ADMIT IT OR NOT -- THAT OUR CRIMINAL JUSTICE SYSTEM HAS TRADITIONALLY FAILED THE VICTIMS OF CRIME. IT'S BAD ENOUGH FOR AN INNOCENT PERSON TO BE THE UNSUSPECTING VICTIM OF A CRIMINAL. BUT TOO OFTEN THE SENSE OF VICTIMIZATION IS PROLONGED AND INTENSIFIED BY THE WAY THE PERSON IS DEALT WITH -- OR IGNORED BY -- THE JUSTICE PROCESS. NO WONDER MANY VICTIMS BECOME BITTER AND RESENTFUL, PARTICULARLY WHEN THEY HAVE PAID TAXES TO MAINTAIN A JUSTICE SYSTEM WHICH THEY HAD RESPECTED AS PART OF THEIR HERITAGE.

THAT HAS JUST GOT TO CHANGE.

AS A POLITICIAN, I AM COMMITTED TO HELPING TO BRING ABOUT THAT CHANGE.

TWO YEARS AGO I INTRODUCED THE CONCEPT OF VICTIM RIGHTS AT A FEDERAL/PROVINCIAL CONFERENCE OF JUSTICE MINISTERS. I WAS HEARTENED BY THE REACTION OF MY COLLEAGUES FROM OTHER PROVINCES, AS WELL AS THE FEDERAL GOVERNMENT. I AM PLEASED THAT MY COLLEAGUE, THE PRESENT SOLICITOR GENERAL OF CANADA, HAS ALSO BECOME A KEEN ADVOCATE OF VICTIM RIGHTS.
THE SIMPLE FACT IS THAT IT WILL TAKE POLITICAL SUPPORT TO TRANSFORM THE TOTAL JUSTICE SYSTEM INTO A MORE COMPASSIONATE PROCESS THAT ACKNOWLEDGES, RATHER THAN IgNORES, THE NEEDS OF VICTIMS.

I THINK THAT IN CANADA WE NOW HAVE THE POLITICAL WILL TO PROVIDE THAT SUPPORT AT THE FEDERAL AND PROVINCIAL LEVELS.

FOR OUR PART, ONTARIO HAS GONE FORWARD WITH MANY PROGRAMS THAT DEMONSTRATE WE ARE PREPARED TO CRUSADE FOR VICTIM RIGHTS. ONTARIO HAS INTRODUCED, OR FINANCIALLY SUPPORTED, PROJECTS SUCH AS RESTITUTION...VICTIM/OFFENDER RECONCILIATION....COMMUNITY SERVICE ORDERS...COUNSELLING SERVICES....RAPE CRISIS CENTRES....THE LONG ESTABLISHED CRIMINAL INJURIES COMPENSATION BOARD....AND MANY, MANY OTHER PROGRAMS.

IN SEVERAL CASES, WE HAVE BORROWED GENEROUSLY FROM THE PIONEERING EXPERIENCES OF AMERICAN JURISDICTIONS, WHICH HAVE BEEN ATTEMPTING TO RESOLVE THE NEEDS OF VICTIMS FOR MANY MORE YEARS THAN WE HAVE.

BUT WE ALSO HOPE THAT SOME OF OUR PROJECTS WILL BE OF INTEREST TO THE STATES AND OTHER PROVINCES. WE HAVE, FOR INSTANCE, AN EXCELLENT CRISIS INTERVENTION MODEL IN LONDON, ONTARIO, INVOLVING PROFESSIONALS, VOLUNTEERS AND THE POLICE DEPARTMENT.
This service, originally established in 1972, has produced substantial benefits in helping the victims of crime.... in defusing family disputes that might culminate in violence.... in making more efficient use of police resources.... in creating a community ethic or responsibility for helping its own citizens in distress.

More recently, we initiated a victim assistance project that has attracted enquiries from other Canadian and American jurisdictions. That project is the sexual assault evidence kit. It is used by doctors in hospitals to collect detailed forensic evidence during the medical examination of women who have been sexually assaulted.

The existence of this kit has created many benefits. Police officers are becoming more sensitive to the trauma of rape victims. So are hospitals. Women are receiving better care because we have a formal procedure for collecting evidence that also enhances treatment. The Crown is better able to obtain convictions as it has tangible evidence for presenting its case. And the victims themselves appear to be more self-assured that the debasement they have experienced will be taken seriously.

However, while we are pleased with the progress we are making in many areas of victim help, I stress again that we have a long, long way to go before we can confidently claim our criminal justice system totally accepts the victim's plight.
IT MIGHT SURPRISE YOU TO KNOW THAT IN CANADA WE SPEND SEVERAL TIMES AS MUCH TAX MONEY ON LEGAL AID FOR THE DEFENCE OF ACCUSED PEOPLE THAN WE SPEND ON PROVIDING COMPENSATION TO VICTIMS.

ANY POLITICIAN WHO DARES TO HINT THAT LEGAL AID COSTS SHOULD BE REDUCED OR STABILIZED WILL ENCOUNTER THE OUTRAGE OF ALL SORTS OF GROUPS INVOLVED IN CIVIL LIBERTIES, SOCIAL SERVICES AND LEGAL ADVOCACY.

YET WHERE ARE THE VOICES OF OUTRAGE TO SPEAK OUT ON BEHALF OF THE VICTIMS OF CRIME?

I DO NOT BELIEVE THAT JUSTICE CAN BE DONE UNTIL THE TOTAL PROCESS HAS TENDED TO THE NEEDS OF THE VICTIM.

WHO SHOULD TEND TO THOSE NEEDS? HOW? AND AT WHAT COST?

QUITE CLEARLY, RESPONSIBILITY RESTS WITH EVERY SECTOR IN THE JUSTICE SYSTEM, AS WELL AS THE COMMUNITY AT LARGE.

OUR EXPERIMENTS WITH VARIOUS VICTIM ASSISTANCE PROGRAMS SHOW THAT THERE IS A GREAT WILLINGNESS TO PARTICIPATE AMONG ALL THE PLAYERS. THE POLICE, FOR INSTANCE, ARE HIGHLY CO-OPERATIVE IN ESTABLISHING PRACTICAL PROGRAMS. THEY, MORE THAN ANY OTHERS, ARE THE FIRST WITNESSES TO THE ANGUISH AND PAIN OF VICTIMS.
WE ARE PLEASED TO NOTE THAT MORE POLICE FORCES ARE GIVING ATTENTION TO THE BENEFITS OF TRAINING OFFICERS IN HANDLING THE NEEDS OF CRIME VICTIMS.

WE ARE SEEING POSITIVE CHANGES IN THE SENTENCES BEING HANDED DOWN BY MANY JUDGES. INCREASINGLY, THE BENCH IS PREPARED TO CONSIDER SENTENCES THAT REQUIRE THE CRIMINAL TO COMPENSATE, FULLY OR PARTIALLY, HIS VICTIM.

WE ARE SEEING SUBSTANTIAL CHANGES IN THE CORRECTIONAL PROCESS. IN FACT, IN ONTARIO OUR CORRECTIONAL PEOPLE HAVE BEEN IN THE VANGUARD OF VICTIM JUSTICE. THEY HAVE INITIATED MANY SUCCESSFUL PROJECTS. AND THEY HAVE FOUND THAT MAKING THE OFFENDER FACE HIS RESPONSIBILITIES TO THE VICTIM CAN HAVE POTENT REMEDIAL BENEFITS.

PERHAPS MOST IMPORTANT, WE HAVE FOUND THAT PRIVATE/community AGENCIES ARE EAGER PARTICIPANTS IN TRAINING VOLUNTEERS TO DELIVER VARIOUS ASSISTANCE PROGRAMS TO VICTIMS.

BY WORKING WITH THE POLICE AND CORRECTIONS, QUALIFIED VOLUNTEERS HAVE ALLEVIATED COST BURDENS TO THE TAXPAYER, IMPROVED THE EFFICACY OF THE JUSTICE SYSTEM, AND HUMANIZED THE PROCESS. THEIR KEEN PARTICIPATION HAS FREED THE POLICE TO FOCUS ON ENFORCEMENT AND INVESTIGATIVE WORK, AND HAS ALLEVIATED STRAINS ON THE CORRECTIONAL SYSTEM.
IN ONTARIO WE ARE NOW AT THE POINT WHERE WE ARE CONSIDERING THE CONSOLIDATION OF OUR VARIOUS VICTIM ASSISTANCE PROGRAMS TO MAKE THEM EVEN MORE COST EFFICIENT AND TO EXPAND THEIR AVAILABILITY THROUGHOUT THE PROVINCE. IN UNDERTAKING CONSOLIDATION AND EXTENSION, WE ARE MORE THAN WILLING TO WORK WITH OUR SISTER PROVINCES AND THE FEDERAL GOVERNMENT TO ENSURE THAT VICTIM RIGHTS ASSUME ASCENDANCY AS A LEGITIMATE EXPECTATION OF ALL CANADIANS.

BUT WE ARE STILL A LONG WAY FROM DOING AS SOLID A JOB AS WE WANT AND AS THE VICTIMS OF CRIME DESERVE. WE ARE NOT SATISFIED, FOR EXAMPLE, THAT WE ARE DOING ENOUGH TO HELP THE VERY OLD, OR THE VERY YOUNG, BOTH OF WHOM HAVE SPECIAL PROBLEMS IN THE AFTERMATH OF CRIME.

NOR ARE WE DOING ENOUGH IN TERMS OF CRISIS INTERVENTION AND ASSISTANCE FOR THE VICTIMS OF FAMILY VIOLENCE. THIS, PERHAPS, IS THE MOST TABOO TOPIC OF ALL. FOR TOO LONG WE HAVE TOLERATED A DOUBLE STANDARD WHERE CRIMES BEHIND CLOSED DOORS ARE SOMEHOW NOT AS SERIOUS A PUBLIC CONCERN AS CRIME ON THE STREETS. THE LOSERS ARE THE VICTIMS. THEY ARE INNUMERABLE AND THEY ARE OUR FRIENDS AND RELATIVES AND NEIGHBOURS. THEY, TOO, DESERVE MORE FROM US THAN WE HAVE BEEN PREPARED TO GIVE IN THE PAST.

I HOPE THAT THIS CONFERENCE WILL PROVIDE US WITH SOME PRACTICAL INSIGHTS AND SOLUTIONS TO THESE CONTENTIOUS ISSUES.
NOW, ANOTHER ISSUE THAT WE IN GOVERNMENTS MUST ADDRESS IS THIS: WHAT WILL ALL OF THIS COST?

I KNOW IT'S DISTASTEFUL TO TALK ABOUT HUMAN SUFFERING AND INDIVIDUAL LOSS IN FISCAL TERMS.

AS ONE GOVERNMENT REPRESENTATIVE, I CAN BE QUITE EXPLICIT ON THIS POINT:

WHEREVER POSSIBLE, THE OFFENDER -- NOT THE TAXPAYER -- SHOULD BE OBLIGED TO COMPENSATE HIS VICTIM.

TO ME, THIS IS A FUNDAMENTAL PRINCIPLE OF JUSTICE, RATHER THAN OF FINANCE.

FRANKLY, I'M NOT EVEN TOTALLY COMFORTABLE WITH THE NOTION THAT OUR CRIMINAL INJURIES COMPENSATION BOARD SHOULD BE TAX FINANCED.

I WOULD MUCH PREFER THAT ALL VICTIM COMPENSATION IS PAID FOR BY THE PERPETRATORS OF CRIME.

I WOULD LIKE TO SEE AN AMENDMENT TO CANADA'S CRIMINAL CODE THAT WOULD REQUIRE ALL CONVICTED PEOPLE TO MAKE A NOMINAL PAYMENT TO A VICTIM ASSISTANCE FUND, IRRESPECTIVE OF THE OFFENCE AND IRRESPECTIVE OF WHATEVER SENTENCE THE JUDGE MIGHT HAND DOWN.
IN ONTARIO ALONE, A NOMINAL CHARGE OF ONLY $10 PER CONVICTION WOULD RAISE MORE THAN $6 MILLION ANNUALLY. THAT'S ABOUT THREE TIMES THE TOTAL AWARDS MADE EACH YEAR BY OUR CRIMINAL INJURIES COMPENSATION BOARD.

I REALIZE THAT SUCH A UNIVERSAL AND NON-DISCRIMINATORY APPROACH HAS BEEN TAKEN BY SUCH STATES AS CONNECTICUT, MARYLAND AND PENNSYLVANIA. MANY OTHER STATES HAVE SIMILAR CONCEPTS AND I UNDERSTAND THAT FLORIDA, VIRGINIA, DELAWARE AND TENNESSEE ARE AMONG THOSE WHICH ARE ABLE TO SUPPORT THEIR ENTIRE VICTIM COMPENSATION EFFORT FROM FUNDS GENERATED BY SPECIAL FINES OR SURCHARGES ON CONVICTED OFFENDERS.

I INTEND TO RAISE THIS TOPIC AT THE PENDING FEDERAL/PROVINCIAL CONFERENCE OF JUSTICE MINISTERS FOR I THINK A VICTIM ASSISTANCE FUND PAID FOR BY CONVICTED OFFENDERS HAS A GREAT DEAL TO COMMEND IT.

FINALLY, I WOULD LIKE TO COMMENT THAT THIS CONFERENCE SYMBOLIZES TO ME THAT WE HAVE REACHED A TIME FOR STRONGER ACTION ON VICTIM JUSTICE. I HOPE A LEGACY OF YOUR DELIBERATIONS WILL BE THE CREATION OF SERVICES FOR VICTIMS THAT ARE AT LEAST AS GOOD AS THOSE CURRENTLY RECEIVED BY THEIR ABUSERS.

A COMMITMENT TO VICTIM RIGHTS WILL STRENGTHEN PUBLIC CONFIDENCE IN OUR CONCEPTS OF JUSTICE. IT WILL ENCOURAGE WITNESSES TO CRIME TO COME FORWARD AND PARTICIPATE IN THE PROCESS.
IT WILL PLACE GREATER RESPONSIBILITY FOR CRIMINAL BEHAVIOUR WHERE IT RIGHTLY BELONGS -- ON THE CRIMINAL. AND, FOR VICTIMS, IT WILL FOSTER THE FAIR TREATMENT THEY DESERVE, BUT HAVE BEEN DENIED FOR TOO LONG.

THANK YOU VERY MUCH FOR INVITING ME TO YOUR OPENING SESSION. I WISH YOU GREAT SUCCESS DURING THE NEXT FEW DAYS HERE IN TORONTO.
ADDRESS BY THE HONORABLE ROBERT F. DIEGELMAN
ACTING DIRECTOR, OFFICE OF JUSTICE ASSISTANCE,
RESEARCH, AND STATISTICS
BEFORE THE SEVENTH ANNUAL CONFERENCE OF THE
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE
THURSDAY, OCTOBER 15, TORONTO, CANADA
Thank you for the honor of addressing your annual conference. I am exceedingly pleased to be here with you. It gives me the opportunity to tell you how important I believe the contribution of the National Organization for Victim Assistance is to the improvement of our national spirit. In the six years of NOVA's existence, your organization has made many major contributions. Most significant of them all, however, is the sense of hope and community compassion that NOVA has restored to the criminal justice system.

Our society has begun once again to remember its obligations toward the people it has failed to adequately protect. The U.S. Constitution declares the maintenance of domestic tranquility to be one of government's primary goals. Thus, each crime victim has a justifiable grievance against his or her community and its Federal, state, or local officials.

Given the nature of humankind, it is certain that no form of government is currently able to end all criminality. Even the most totalitarian and absolutist societies suffer from ordinary street crimes, thievery, rape, mayhem, murder, and so on. But what does distinguish good government from bad is the assistance the former extends to the men, women, and children who through no fault of their own have become the victims of lawlessness.
It is instructive to recall that many ancient criminal codes placed a great emphasis on helping victims. In earlier times the behavior of each person was the responsibility of the kin group, tribe or village to which the person belonged. If a man robbed someone, the offender or his kinfolk were expected to repay the victim. Early codes established with great precision how much each victim was owed under a given set of circumstances.

While no serious-minded person suggests that we return to the archaic criminal justice customs of antiquity, it behooves us to reaffirm our obligations to those who suffer loss or injury by those whom society has failed to control.

To be sure, until two decades ago the Federal Government did not formally acknowledge any responsibility for domestic security apart from those matters that were clearly within Federal jurisdiction. Today, however, modest amounts of aid, research findings, statistical data, and technical expertise are available to the state and local governments that ask for such assistance. We have come to recognize that the various parts of our great American society have grown so interdependent that the various levels of government must cooperate.
It was within that framework that President Ronald Reagan proclaimed Victim Rights Week last April 8 and Attorney General William French Smith two days later named a Task Force on Violent Crime.

The President noted in his proclamation that "the protection of our citizens" is the "primary purpose of our penal laws" and that a lack of concern for victims compounds the failure of government to stop crime.

Although the matter was glossed over in the national news media, the Task Force's final report in August contained four recommendations that specifically concern victims. They are important enough to repeat here. They are:

- The Attorney General should take a leadership role in ensuring that the victims of crime are accorded proper status by the criminal justice system.

- He should establish and promulgate within the Department of Justice, or support the enactment of legislation to establish, Federal Standards for the Fair Treatment of Victims of Serious Crime.

- He should study the principal that would allow for suits against appropriate Federal agencies for any gross negligence involved in allowing early release or a failure to supervise obviously dangerous persons or for a failure to warn expected victims of such dangerous persons.
He should order that a relatively inexpensive study be conducted of the various crime victim compensation programs and their results.

Late last month President Reagan, in his speech to the International Association of Chiefs of Police, announced that he will soon appoint "a Task Force on the Victims of Crime to evaluate the numerous proposals now springing up regarding victims and witnesses." He went on to say: "We will support legislation that will permit judges to order offenders to make restitution to their victims. The victims of crime have needed a voice for a long, long time--this Administration means to provide it."

I would be remiss were I not to note the President's remarks in the same speech about organizations such as NOVA. The control of crime, he said, is very much a function of a given community's social control, adding: "In order to return to this sense of self-imposed discipline, this concept of basic civility--we need to strengthen those private social institutions that nurture them.

"Our recent emphasis on volunteerism--the mobilization of private groups to deal with our social ills--is designed to foster this spirit of individual generosity and our sense of communal values."
What the Administration is saying, in other words, is that we will be looking to organizations such as NOVA to help more than ever before. This Administration has told the American people quite clearly that spending more Federal tax dollars cannot be the answer to the needs of local communities. Moreover, better solutions to old problems are frequently not so much a matter of money as they are of more imagination—doing old things in new ways.

In the United States the government and the people are one. They are not adversaries, as they are in some parts of the world. In America, they are partners. The truth is, the people and their volunteer organizations have obligations for the welfare of their communities at least as great as those of the official bodies of government.

You all know that the Federal criminal justice state block grant program has ended. Hence, the need for your contributions has increased. You will have to take the results of what we were able to accomplish in the last 12 years and apply them in your communities with all the vigor and steadfastness of purpose that you can muster.

The Federal Government will provide you with what leadership and limited resources remain available. But you and people and organizations like you everywhere are going to have to motivate your fellow citizens to help those who have been afflicted by crime. Certainly there is more than enough left to do despite our recent accomplishments.
Last April the Bureau of Justice Statistics announced that 30 per cent of all American households had been affected by crime last year. That's more than 24 million families and homes!

And 6 percent of all households were affected by violent crime—rape, robbery, or assault.

Moreover, the Bureau's National Crime Survey says that in 1979 more than 6 million people were beaten, raped, or robbed. That included almost 1.8 million aggravated assault victims, more than 1.1 million robbery victims, and about 192,000 rape victims.

This is a society in trouble. Clearly our concern for the victims of crime is well placed.

But government, simply because of the nature of things, is all too often just not able to cope. Crime victims and potential criminal court witnesses are not being adequately served.
Numerous states, cities, and towns are without programs to handle the traumas of physical injury, financial loss, or the necessity of being a criminal court trial witness.

A criminal assault can result in anything from minor scratches to crippling paralysis or death.

Medical costs must often be met by the victim. Even if he or she is covered by medical insurance, typically there are additional related medical expenses and sometimes a loss in pay for missed work days.

The problems of a victim or a witness are increased by the many difficulties that arise when they have to enter the criminal justice system.

Court delay, postponements, and inadequate case preparation contribute to the distress and despair of people involuntarily caught up in the process.

Most victims and witnesses receive no information about the progress of the criminal investigation or prosecution.

Seldom is victim advice sought about bail, plea bargaining, or sentencing.

Rarely are victims or witnesses informed about legal procedures.

Frequently they are faced with repeated court appearances stretching over months or years.
Our concern about these deficiencies grew during the course of the Federal program to promote and support state and local criminal justice system improvements.

The more we learned about the needs in the local communities the more we were convinced that a Federal victim-witness program was an imperative requirement.

We believed that such an approach was consistent with our statutory mandate to "encourage the undertaking (by state and local agencies) of innovative projects of recognized importance and effectiveness."

We believed that it was our obligation to help local communities precisely identify the services they ought to be rendering and then assist them as they established the delivery mechanisms.

Thus, during the past decade more than $50 million in Law Enforcement Assistance Administration funds were spent on victim and witness assistance.

I couldn't begin to adequately describe the entire program at a dinner speech. So let me just mention child abuse and let it serve as an illustration.

The absence of adequate existing help for children was constantly brought to our attention during the early years of the program. In the mid-1970's LEAA established its Family Violence program, which funded rape crisis centers, spouse abuse shelters, and child protection units.
As a result of this leadership there are now more than 150 projects in communities across the nation whose personnel are trained and equipped to help young victims of child abuse or sexual assault. Typical of these are the Sexual Assault Center in the Harborview Medical Center in Seattle and the Child Protection Center's Special Unit in Children's Hospital National Medical Center in Washington, D.C.

Both programs provide medical care, crisis intervention, and counseling for the victims and their families. Both believe strongly in prosecuting child molesters. Both have found ways in which to make the legal system less threatening to the young victims. Both have succeeded in getting their community's attention and awareness about this serious type of victimization.

The Harborview Center serves Seattle's Child Victim-Witness Project, which has been particularly successful in getting the cooperation of criminal justice and social service agencies that had in the past been isolated and had worked at cross purposes.

The project's pediatricians and social workers give medical care and counseling to child victims and their families. However, they explicitly exclude offenders, believing that child abuse is not a result of family dysfunction but arises from the offender's own problems. Hence the project firmly encourages the criminal prosecution of offenders. It has worked with the Seattle criminal
justice system to establish better ways of handling child sexual abuse cases. There are now special units within the Children's Protective Services and prosecutor's officers. The same district attorney handles a case from beginning to end. Convictions have greatly increased.

In Polk County, Iowa, the Rape-Sexual Assault Care Center also emphasizes prosecution. Seven years ago, before the program began, only one-third of the cases resulted in charges being placed. Today 75 percent of the cases resulted in the offender being prosecuted. Convictions have risen from 40 percent to more than 80 percent.

The center's services include a 24-hour hot line, social referral services, special training for medical personnel and police officers, and public education to combat misinformation about sex crimes.

LEAA's discretionary and block grant funding made these projects possible, and we are proud to have served these local needs in these ways.

For the immediate future, the Department of Justice's role in state and local criminal justice assistance is expected to be limited primarily to statistics and research.

The Bureau of Justice Statistics has already performed precedent-setting work in establishing exactly who the crime victims are--they are virtually all of us sooner or later. And the Bureau is able to suggest new approaches to systematic solutions.
For example, it reported last July that a major expansion is possible in programs in which offenders make financial restitution to their victims. Relatively few offenses involve large sums of money, the Bureau said.

In a 1978 study the Bureau estimated that a national program to compensate all violent crime victims would have cost about $261 million annually in 1974 dollars.

Although a Federal compensation program is most unlikely for the foreseeable future, a substantial increase over the existing 34 state programs could be achieved if the voters so desire.

The National Institute of Justice, which together with LEAA has done pioneering work in developing programs to help victims, is also expected to continue. During fiscal year 1982 it is considering a number of new studies of interest to victims, including the following:

- Victim participation in the court process. Do the rules of evidence inhibit crime reporting and the willingness of victims to cooperate in prosecutions? Have recent changes in state rape laws had an effect on reporting and victim cooperation? Are there legal alternatives that can reduce the burden on victims without infringing upon the defendants' constitutional and legal protections?

- The impact of victim harm on official decision-making. This project would study the extent to which criminal justice decisions weigh victim injury and loss, the different approaches, and their effects.
Plea negotiating evaluation. This investigation would, among other things, examine the extent to which plea negotiation systems in specific jurisdictions consider the views of crime victims in the process.

Victim compensation programs and victim services will be among the program models the National Institute of Justice will develop next year.

As you can see, victim concerns are very much on our minds in planning for the future.

Quite frankly, I simply do not know what the Federal program is going to look like, say, five years from now. But I do know that what we have done together was very much worth doing, and I am proud that the Federal Government and NOVA were a part of it. We have succeeded in filling a very great need.

One of the most important aspects of volunteer support for victim and witness programs is the close relationship to crime prevention. Both initiatives have a common thrust—the involvement of the citizens in making their own communities more secure.

Individual concern and personal involvement in rebuilding and revitalizing our own neighborhoods are the hallmarks of an enlightened citizenry. They are a vital supplement to the limitations of government.
Let us not wait until one of us becomes a crime victim before getting involved. Let us, instead, go into our communities and participate. Let us do something significant about preventing crime. Let us gather our neighbors together and speak with them and say to one another that we are indeed a community, that we owe it to ourselves to make better lives for our families --- better and safer.

I know we can if only we will.
"VICTIMS OF CRIME"

GATEKEEPERS OF THE CRIMINAL JUSTICE SYSTEM

by

Sharon L. Camarata *

A paper prepared for presentation at the Seventh Annual Conference of the National Organization for Victim Assistance/First Conference of Canadians involved in Victim Assistance.

October 15, 1981

*Senior Victim Service Worker of the Victim Assistance Unit of the Rochester Police Department, Rochester, New York USA. The views and conclusions expressed are solely those of the author.
"I never thought it could happen to me." Those words ring out of their lips and become a re-occurring thought as the victim of crime begins to put their lives back together. Personal shock and disbelief and the overwhelming emotions that haunt the victim leaving scars naked to the human eye that last a lifetime.

In understanding societies' attitudes towards the victim of crime, I examined the dictionary definitions of the word victim. Its roots go back to early antiquity and its meaning originally meant "a beast selected for sacrifice". This sacrifice would keep the rest of the community safe from harm, the ideal victim having no deep root in the community. This concept of the victim becoming the "sacrificial lamb" or the scapegoat continues to be the rule, rather than the exception in the life of crime victims. Let's briefly examine the plight of the victim.

The role of the police is to investigate the victim's complaint, look for evidence to support that complaint, and then making a judgment of whether or not a crime has been committed. Due to the fact that by the time the police arrive, the criminal is gone and the victim becomes the center of the aggressive questioning for details surrounding the victimization. Much less value is placed on making the "complainants" feel supported in the accusations, but rather placing them in a situation where the victim must begin to defend their actions and whereabouts. Questions that are necessary for proper investigations can be interpreted to the victim that they somehow contributed to his/her own suffering. "Did you have your doors locked?" "When did you first become suspicious?" "Did you scream or fight?" "How hard?" "Did you get a plate (car) number?" "What time did the incident occur?" "Name-address-phone-when-where can you be reached in case we make an arrest?"

Crime and violence become secondary to officers. The reams of paper work associated with the filing of a criminal complaint de-emphasizes the needs of the victim. An officer's call to the scene of a crime is considered "out of service" and superiors question the necessity of timely interventions. In most larger metropolitan areas, responding officers are responsible for filing the initial report. An investigator is usually called to the scene, and the victim must again remember details in the order in which they occurred. Victims in crisis often need time to pull their thoughts and feelings together. This can sometime be viewed as "uncooperative" and can easily raise the frustrations of both the victim and the police. Many police agencies are gathering data to help the new recruits understand the impact of the initial intervention. Many more need to learn.
Victims of physical injury need immediate care and may be whisked off to a hospital for medical attention. An Emergency Room can be cold and the victim is confronted by a barrage of questions about healthcare insurance. Because of the victimization, the police may follow them to the hospital still questioning them about the details of the crime. The medical personnel, invaded by the police and by now, the victim's family, control the interaction by isolating the victim so they can treat the victim's physical wounds.

If an apprehension is made quickly, the victim may be called upon to testify about the crime. The crisis state may be escalated as many of the questions concerning the criminal justice system go unanswered. There are long delays to get cases into the court room setting. Victims and defendants are often in the same waiting area. Property can be held as evidence for months or years. Restitution may be ordered, but without adequate court personnel, there is no one to monitor the payments. Victims and witnesses must pay for their own expenses, and many times, employers deduct salaries while their employees are in court. Victims don't have the opportunity to voice their opinions or feelings in plea bargaining, sentencing, or the right of appeal.

Where does the victim turn for justice?

In many locations in the United States, communities have initiated victim/witness programs to assist these forgotten people through the criminal justice system. Victim advocates provide liaison services in humanizing the system. They help reduce some of the trauma felt by victims and witnesses, improving their rights and helping to solve problems as they occur.

The Rochester Police Department has such a Unit. Its main goals are to: 1. decrease the alienation felt by victim/witness as they pass through the criminal justice system, and 2. to increase the proportion of victim/witness willing to prosecute.

Check in your community to see if such a program exists. If not, think about getting a group together to begin one.

It is the firm belief of our Unit that without the victim, there can be no justice. Victims are gatekeepers to the criminal justice system.

VICTIMS ARE PEOPLE TOO!!
THE ROLE OF RESEARCH IN THE INITIATION, MANAGEMENT, AND EVALUATION OF VICTIM ASSISTANCE PROGRAMS

by

Gerry J. Leger, Ph.D.
Research Division
Solicitor General Canada
Ottawa

Notes for a speech at the conference "Victim Assistance: Canada and the United States", Toronto, October 16, 1981. The views expressed are those of the author and do not necessarily reflect the views of the Solicitor General of Canada.
THE ROLE OF RESEARCH IN THE INITIATION, MANAGEMENT AND EVALUATION OF VICTIM ASSISTANCE PROGRAMS

What should be the role of research in the initiation, management, and evaluation of victim assistance programs? For people who are themselves working in programs providing direct help to victims, or who are planning to set up these kinds of programs, the response often seems to be more one of "who needs it, anyway!" They know from their own experiences that the victims need help, and they know that their programs are useful. Sometimes because of funding requirements, they might be willing to allow researchers do an evaluation of their program. All too often, however, for the service providers themselves, the research is often either an abstract, theoretical exercise, or is simply "program evaluation," which they often see as academic and useless; they feel threatened by it because they think a lack of positive results might kill their programs; but they may accept it as a necessary evil if evidence of their programs' effectiveness is needed to obtain further funding.

These views of research are probably quite understandable. There are many examples in the literature of good, basic academic research on victimization which are never really used because these studies are too theoretical and abstract. One can also understand why program administrators are often skeptical about the value of program evaluations because many of these in the past have focused mainly on so-called impact evaluations -- assessments of whether the programs met their stated objectives. These evaluations can be very threatening to program personnel. Because these studies have usually been done by so-called "independent" researchers, the results of these evaluations have
frequently been criticized by the program administrators who felt the researchers never fully understood the rationale for the services. The results of these evaluations also often come too late to be useful because the program administrators are already politically committed to their programs by the time the research findings become available.

The program administrator's skepticism about these kinds of program evaluations may also be shared by some funding agencies because of the limited funds now available. While some may feel that decreasing budgets should encourage more program evaluations to ensure that only the most cost-effective programs are sustained, others feel that the limited funds should go mostly for the services because they view research as a luxury, whereas the benefits of victim assistance programs are direct and obvious.

The question of the role of research in the further development of victim assistance programs is especially important for us in Canada. The recent review of victim assistance services in Canada which was just published by my Ministry indicates that considerably more progress has been made in the United States than in this country. However, the interest in creating new victim services seems to be growing quite rapidly in Canada. The problem, is that much of the findings on the needs of victims and on the effectiveness of particular programs comes from American studies. There are obvious dangers in modelling Canadian programs directly on this information because of differences in crime rates and in the practices of the legal and social services of the two countries. My own reading of the American literature also indicates that many of the postulated benefits of certain kinds of victim assistance
services still have not been properly documented. Therefore, there may be a very important role that research could play in the further development of victim assistance services in both countries.

However, if research is to play a more useful role, I suggest that both researchers and program managers alike should re-examine their views and attitudes about research. Now I personally don't believe that they should continue to view the role of research simply in terms of impact evaluations where the main goal of research is to assess whether the stated objectives of programs are being met. In my view, what is needed instead is what is sometimes called formative research — where the emphasis is not on evaluating programs but on collecting information to help form and improve programs. In formative research, the researcher works closely with the program designers and administrators starting from the initial planning stages if possible, and his or her role is to provide detailed information to and for the program managers which will help them in their planning, implementation, and in their day-to-day monitoring and management of their programs.

During the planning stage, the researcher should be collecting various kinds of data on such things as the victim's needs and on those aspects of the criminal justice system which could be improved by victim services (e.g., current property return practices, adequacy of present court scheduling). These kinds of information are needed by program managers themselves in order to make informed decisions on what kinds of services should be created. During the implementation stage and after the program is operational, the researcher should be providing ongoing feedback to the program manager on the operation and effects of the services so that decisions can be made on how different components of the program are working and on how they may be improved.
This kind of approach to research doesn't mean, though, that the impact and outcomes of a program would not also be measured. Just the opposite -- a person doing formative research is ideally involved in the initial stages of program planning and then in the monitoring of the services, and in the process should be able to collect much more detailed data on a program's effectiveness than if the research is used only to do an impact evaluation of the program. However, evaluation measurement should not be the goal, just a bi-product. The goal of the research should be to provide information to help program managers improve, adapt, and, to justify their programs. It's simply that the same information needed by program managers is also the same information needed for proper evaluations. But on the other hand, if the research is defined and conceptualized as an evaluation, all too often the kind of data that would be useful are not or can not be collected.

With the formative research approach that I'm suggesting, the researcher should be more familiar with the operation and rationale of the program, and should have worked closely with the program director in defining measurable objectives. The information collected during the planning phase should also serve as baseline data and therefore would allow for before and after comparisons. Clearly defined measurable objectives and baseline data are often lacking when the role of research is simply to evaluate the impact of a program, because all too often, the researcher is only brought in after the program has been operating. However, perhaps the most important factor which will allow formative research to collect good impact measures as a bi-product is that the data needed by you as a program manager are also the same data that should be collected for proper evaluations. The program manager needs feedback data
on which components of the program are most successful, both in terms of benefits to the victims, and in terms of their cost-benefits to the criminal justice agencies. By having good cost-benefit data, you will find that if you can’t justify your program by appealing to the "heart strings" by referring to the poor victims your helping, you’ll be able to justify it by appealing to the "purse strings" of criminal justice agencies.

For example, in addition to being able to refer to how civilian witnesses were helped by a court alert program, the manager should also be able to point out the extent to which the programs resulted in police and prosecutor time and cost savings. In addition to noting the help given to sexual assault victims, attention should be given to documenting any increase in successful prosecutions. And in addition to having information on the benefits to victims from a police victim service unit, one should have data on the extent the police benefited because better treated victims may provide better information leading to better investigations and prosecutions.

The director of a victims assistance program should have both victim and system benefit data on an ongoing feedback basis to continually adjust and improve the services, and also, for media relations and for the politics of program survival. However, if the question of research is approached strictly from an evaluation perspective, the experience I believe is that you are less likely to get these data when you need it, if ever.
The big difference, is in how the role of research is viewed. In impact evaluation, the researcher is there to evaluate you. In formative research, the researcher is there to collect information for you as a program manager — information that you feel you need to improve and justify your program. With formative research, the researcher is not "independent", but is viewed as part of the team, often reporting directly and accountable to the program manager. The researcher should therefore not be seen as a threatening outsider who is going to pass judgement on whether your program passes or fails, but rather as a tool of management whose role is to help you in the continuous process of planning, monitoring, and if you decide to, in altering your services to improve them.

Now, some people are concerned about the possible bias that may result with the use of research in this way. The fact is, however, that the question of bias and objectivity seems to be more important if one goes back to thinking that the researcher's job is to evaluate the program. If the researcher's job is not to evaluate, but to help you improve your program, then it should be in your best interest as a manager to ensure that you are getting good objective data. We should also keep in mind that independent researchers doing impact evaluations also often produce biased reports, either because of their lack of familiarity with the program's rationale and operation, or else because they usually have to depend upon the cooperation of program staff for the data. In fact, it may well be that the evaluator's analysis will be more biased because the staff may be quite selective in what data they give the evaluator because they feel threatened by the evaluation.
In both research approaches, the extent of bias and objectivity ultimately will depend upon the attitudes and integrity of the individual researcher and program staff. I simply suggest to you that formative research should be tried more because I think that all parties concerned will benefit more, including, the victims themselves because better programs should result.

Now, you may well feel that using research in this way would be all fine and good, but that this is idealistic in these times of budget cuts. You may be right, although I'm not convinced that it has to cost more than the traditional impact evaluations. If no research funds are available, then maybe the answer is to redirect your own staff to pay more attention to research issues. Another possibility is to approach your local university and allow graduate students with practical research skills to join your program as a team member, even as a volunteer, — they would benefit by being able to use the data for their dissertation, for example. Local professors might also be interested even on a voluntary basis if you asked them to become part of your program. The best answers is not necessarily always to run to the government for large grants.

I am not too sure what the current funding situation is for research in the U.S. Maybe the formative research concept needs to be sold more to the agencies that fund research by stressing to them that they will not only learn more with this kind of research, but that they will be contributing to the development of better programs. The concept also needs to be explained better to victim agencies and criminal justice administrators because my experience has been that they are not always receptive to research.
In closing, let me refer to what we heard a lot about yesterday from people like Marlene Young and others -- the concern for program survival. I feel the proper kind of research can help you improve and justify your program, and my concern is that we not reject all research simply because some research has been useless. Maybe you feel the kind of research approach I have suggested is not what is needed, or that public funds for victims issues should only go to services, because you still think all research is useless and wasteful? A lot of people I talked to in the past few days seemed to feel that research is a "dirty word" right now. In any case, I would certainly like to hear what your experiences with research have been, and what you think the role of research, if any, should be in the initiation and management of victim assistance programs.
VICTIMIZATION OF THE ELDERLY

Paper Presented
at
International Conference
on
Victim Assistance
Toronto October, 1981
Abuse of the Elderly

Phyllis Olson
We are living in a time when the proportion of elderly people in our population is increasing. As the population grows there is an escalation in the number of cases of abuse of the elderly being brought to the attention of professional care givers operating at the community level. Granny bashing has no doubt existed since the dawn of time. However, the increasing numbers of abused elderly may simply reflect the rising numbers of seniors, that is, the percentage may not be increasing. Whatever the reason may be, a problem has been identified and it is becoming more and more urgent to find solutions.

The abuse occurs in 3 broad categories - physical abuse, financial abuse and psycho-social abuse. They arise in different situations and the reasons behind the abuse are varied. The common denominator of them all is physical, social or financial dependence within the legitimized system. It appears that abuse of old people is closely tied to child abuse and wife battering. There is a definite relationship between the pattern of violence and permissiveness in families and the type of treatment that the elderly receive.

If a child is abused, he then becomes an abuser when the parent is placed in the dependent role. Children who have had a bad upbringing can not learn by example. To quote a psychologist friend of mine - "Many elderly parents are victimized by kids who have given them crap all their lives".

Other situations arise when the main care giver is abusing alcohol; when an elderly person is left in the care of an incompetent care giver; or when the presence of a dependent parent increases the stresses on a family system to the point that the care giver simply can no longer cope. There are some spouses who can no longer care for a mate who can no longer care for himself, and some of
them, unconsciously, use the opportunity to get even for past grievances. There are middle aged children caught between the generations. They are caught between caring for their own children and a dependent parent. Usually only one parent moves in with a child, they are elderly and roleless. The extra adult in the family can cause a lack of privacy, can require time and energy, can become involved in a conflict with the grandchildren and can block the care giver from his ordinary social outlets.

This can lead to a reaction from the care giver who is caught in the middle. The reaction may be subtle and may be evidenced by putting down the parent thus increasing his feelings of worthlessness or may be more and more overt leading to isolating a person within his own room, or treating him as an infant or threatening institutionalization or abandonment, or in severe cases, it has lead to homicide.

The money of the elderly person attracts many types of victimization. Some have friends and families that arrive with the cheque and go when it is gone. Some hand over their monies to their family in an effort to buy some form of social contact. Some are almost held hostage for the financial gain of the care taker and are denied proper food, water and medical attention and often they are simply neglected.

The existing community and public options do not have the capacity or the mandate to ensure the proper protection for the elderly individual at the community level. Many families and friends are not able to be available for the protection at all times and hence many things do get delegated to the public sector. Persons who are vulnerable to physical frailty or social incompetence are the key focus in my discussion.
Today I would like to discuss with you the protective systems that now exist in Manitoba (and probably most other provinces are like Manitoba in this dilemma) and I will share a few of the cases that have been brought to my attention as a supervisor of a rural Home Care Program. Let us see if the existing mechanisms are appropriate and then let us briefly consider some of the recommendations that might be worth advocating as a solution to the dilemma.

There are currently a few resources available to provide protection for the elderly. I shall refer to some of these only briefly and elaborate a little on the legal mechanisms. The first and most important resource is the family and this is a very adequate support for most elderly people. The neighbours and friends and clergymen, members of social groups and the community at large is a second strong support. However, there is a small group for whom this is not enough. There are no social agencies within my province and I am sure most other provinces, that are mandated with the responsibility of a person and the subsequent protection of that person. There are some agencies that have a delegated authority to provide financial management and in two instances, personal supervision of the individual. The delegation of authority is available to the following mechanisms. 1.) A Power of Attorney which the individual arranges himself for his own assistance and protection. 2.) An Order of Committee which is obtained by family on application through the courts to protect a mentally infirm adult and which then gives them the right to make decisions with regard to that individual's finances and physical well being, and finally 3.) an Order of Supervision under the Mental Health Act. This Act was not originally intended for the elderly, but for another group. This Act lumps the elderly with those suffering from mental illness, mental retardation, psychoneurosis, psychopathic disorder, addiction of any disability or mind caused by disease. There is a direct link
between earlier ideas about senility and the present system. Now that we have a better understanding, is this appropriate?

In both committeeship and Orders of Supervision, the individual loses his civil liberties and therein authority to make decisions on his own behalf. Also, how does one revoke these when they are no longer required and in the case of committeeship, what happens when the person providing supervision is abusive or is no longer competent himself?

The Mental Health Act was designed to deal with institutionalized individuals and the Act is broad and covers all contingencies but there is a problem with application in the field. There is a problem with individuals who may be socially incompetent but who are oriented enough to take care of their own basic needs and do not require the full benefits/restrictions of an Order of Supervision. There is no alternate means of protecting them. There is a problem in understanding the responsibility of the care of a person under an Order. It appears to be a motherhood statement calling for the care of the individual as you would care for a child but in the community this is hard to interpret. If an individual is living at risk in an unsafe environment he can not be moved against his will — in fact it would be considered battery. In addition, can one person be both the advocate and the service provider?

I will now provide a sampling of abuse cases which have been identified by either a nurse or a social worker in the community. They are all authentic. Let us apply the existing systems to each case as I proceed.

The first case concerns a 66 year old lady who had been capable of providing her
own care. She had lived with her husband on a farm in a remote area. They had two children—a married daughter with two small children and a 22 year old son who is living in the city. This lady suffered a stroke and was taken to a country hospital from which she was discharged to the care of her daughter, who lived near the hospital. The first community contact with this lady came as a result of a phone call from her daughter, concerned because her father was insistent that his wife return home with him to his farm and she felt he could not provide for her needs. He was verbally threatening his daughter and frightening the young children. The wife returned home with her husband in order to protect the daughter and her children.

The home he took her to was dirty. There was no clean bedding or towels and no easily accessible source of water. When the nurse was assessing the situation she noticed that the husband was hostile and not receptive to accepting help in caring for his wife. He had the reputation of patrolling his property with a gun. The RCMP were aware of this but did not feel that he was dangerous. It was finally decided to assign a nurse's aid to provide the lady's care. She was to attempt to provide skin care and prepare some nutritious meals as well as leaving a supply of fluids available on a daily basis. This care plan was poor but was operational for several months, during which time the husband fed his wife dish soap and other bizarre concoctions. When he was faced with this, he claimed that he owned her, she was his property and he would treat her as he thought best. The wife would not leave for her own reasons. Finally the husband accused the nurse's aide of putting arsenic in his whiskey. It was decided that it was no longer safe for our program to attempt to support the situation. A letter was written to the children and the lady's physician recommending that alternate
arrangements be made for her care and strongly urged she be removed from the home and to a safer environment. After some time, her husband agreed to take her to visit her physician. This he accomplished by tying a rope under his wife's arms and dragging her into his truck. The physician convinced him to leave her in the hospital for some tests and she was subsequently admitted in a very neglected state.

While she was in the hospital, she had a second stroke and was no longer conscious, however, her husband still insisted on taking her home. There was no legal way to keep her in the hospital and so an application was made for an Order of Supervision, which was obtained. The husband was in the process of having a lawyer challenge this in the courts when the lady died.

Now it is fairly obvious that in this instance the family was not providing adequate support and protection for this lady and there was little that friends or neighbors could provide. The Order of Supervision was not appropriate to the situation, however, it was all that was available. The question remains as to what would have happened if it had reached the courts. The husband honestly felt that he owned his wife and that the government or someone was stealing her pension check.

In a second situation, a 94 year old lady was being cared for by her niece. The lady was frail and required a great deal of physical care which the niece was not able to provide. A home care employer was attending daily to provide some care but it was felt that in the best interests of this client, she should be placed in a Personal Care Home. This the niece also refused. It appeared that her aunt's pension check was providing a good portion of her income. On one occasion
the niece attempted suicide and was discovered by the Home Help, who had to break into the apartment with the assistance of the police. Both ladies were taken to hospital. The niece was discharged in a short while and demanded that her Aunt be once again sent home to her care. When the hospital staff refused this request, the niece approached a lawyer and obtained committeeship of her aunt. The aunt is now home with her niece again. If we again apply the existing protective systems, we find that an incompetent family member has gained control of her aunt and of her finances. There was no checking of the situation before the committee was granted and there is no apparent recourse. The Public Trustee has been asked to challenge the committee.

A third situation involved a very frail 84 year old lady, her 88 year old husband and their 50 year old retarded daughter. They had two married children — one living in Alberta and the second in B.C. For years they had relied on a neighbor to collect their mail, cash their checks and bring home their money and what little shopping they required. There was a minimum of $850.00 a month coming to this family but they distrusted banks and kept the money at home. When their health finally became so poor that they could no longer stay at home, it was found that there was no money. All the money that the elderly lady had hidden away around the house had been found and removed by "someone". Once again, let us look at our system. The family was not a resource, the friends and neighbors appear to have been the source of their victimization. An Order of Supervision was suggested on the grounds that they had made incompetent decisions with regards to their finances, however, the physician involved and a psychiatrist who was consulted did not see either of them as being more than physically and socially incompetent — in any event it was rather late. What should have been done to protect them? Various community workers had been aware of the situation but could offer no alternatives.
In another instance, a 74 year old widow was living in an Elderly Persons Housing Unit and with the support of her pension checks she should have been secure and comfortable. However, this lady had a son who abused alcohol and while drunk would physically assault his mother in order to obtain her money. The lady stayed near him because she knew that he also abused his own children and she wished to protect them. The children were eventually apprehended, but the lady was still at risk and did not have either the money nor the initiative to find safety for herself. Once again, the only means of protecting her appeared to be an Order of Supervision to control her finances. The systems once again fail us. Her family caused the problem, her social systems could not protect her and she was not mentally incompetent — in this case the Order of Supervision was acquired and she was moved to safety — but was there not a better method?

Now let us consider the committee granted by the courts. A lady had committee of her 67 year old sister who had spent years in a mental hospital and was also receiving her mother's pension check after filling out a form that anyone can get from the post office. The elderly ladies lived in a cottage a few blocks from their "care giver". For the last year the furnace did not work. The daughter claimed that the repairman was refusing to come, but in the meantime the water and sewer were also not working and the ladies spent their time in bed for warmth. They were emptying slops out the door onto the sidewalk and the Home Helper was bringing water from her home. The Home Helper was also complaining that there was not sufficient food being provided to maintain their health. Eventually one of the Nurses arranged to have the furnace repaired but now the bill is not being paid. In this case the care giver appears once again to be depriving those legally in her care. If a Public Utility had turned off the heat there would be a public outcry but who protects these ladies — not the family,
The above cases carry an interweaving of physical, financial, and socio/psychological abuse. The common denominator of them all is physical or financial dependency. Most parents are not prepared to bring charges against their children. The old and severely disabled are not able to provide their own protection. In the absence of any other form of protection the Order of Supervision is recommended but there are more and more physicians, social workers, nurses and other professionals becoming resistant to declaring people mentally incompetent in order to provide protection.

The provision of services which adults in need of protection require are varied. However, who has the full authority to meet these needs? We do not as yet have an organized body to respond specifically to abuse of the elderly. Many of these individuals who do not fall under the Mental Health Act, not only place themselves at risk but place other community members at risk as well. Certainly the answer is not to contain or institutionalize all old people who are frail of mind or body but not completely incompetent. We must seek out solutions for these persons to live less vulnerably in our communities and also for the community to be less vulnerable as a result of these individuals.

Finally I would like to propose some recommendations that should at least help ease the situation. These would include:

1.) The dissemination of information to the general public possibly using the media is the best resource. There has been some encouraging progress on both T.V and in the newspapers in very recent times.
2.) Information for families pointing out the changes that aging causes and we need to assist them to understand their role as a support and care provider.

3.) A provision of a social agency to provide counselling for families and for the elderly themselves, especially those who appear to be at risk. This should include exploring available resources and alternatives for each individual as well as helping families to resolve conflicts and hostilities. The elderly person must be involved in making decisions pertinent to his own care.

4.) Professional awareness of the care needs of an elderly client and the resources available.

5.) Assistance to ensure the elderly persons rights and liberties as a citizen. Treat them as adults.

6.) Research into the incidence of abuse.

7.) A registry for collecting data on abuse cases.

8.) Legislation to provide protection of finances and/or person as required, that does not lump the elderly under the Mental Health Act, but under family law.
Bibliography:


Abuse of the Elderly by informal care providers — Eliz. E. Low & Jordan I. Coskey.


ELDERLY VICTIMIZATION

A

SURVEY REPORT

November, 1980

By Dean Jones
Royal Canadian Mounted
Police
Headquarters
Crime Prevention Centre
Ottawa, Ontario
CONTENTS

Prologue

Author's Forward

Nature Of The Problem

Senior Population (1901-1976)

Preventive Programming
  Reduction of Opportunity

Police Managers

Conclusion

Appendum
The Crime Prevention Centre is the Policy and Operational Support Unit for the Royal Canadian Mounted Police Crime Prevention/Police Community Relations. Staff research, develop and recommend policies and programs on a Force-wide basis. The axis of the research and program development focuses on crime analysis and problem identification, the latter being best determined through the holistic approach. Through these mediums, our goal is prevention programs that will successfully reduce crime and the fear of crime.

In consideration of budgetary restraints, this Centre is developing preventive initiatives that are amenable to various types of crimes and that are cost effective. Crime Prevention is an alternative response in reducing many crime problems that is available to all law enforcement agencies.
The purpose of this paper is two-fold:

1. to identify a crime problem, "victimization of the elderly", that is becoming more serious every year. Although statistical evidence relevant to crimes rates and the elderly are not available, we do know via the media and police officers on the street that such victimization is occurring.

2. to alert police officers to the present "global" situation in relation to the victimization of the elderly in this country and to assist them in identifying the scope of the problem in their specific locals. Suggestions are offered for dealing with this area of concern of the police in their professional role and everyday life.

Numerically, the increasing population of senior citizens (65+), will represent a larger percentage of Canada's voting populace. In the future the elderly may lobby politically and publicly to influence the various economic and social policies suitable to their perceived needs. However, what about Canada's current elderly population? Do we really understand their needs and problems? What can we do that would improve the quality of life for the elderly in Canada today?
Nature of the Problem

Every victim of crime suffers some degree of trauma. The elderly, by virtue of their advanced age may experience greater hardships following victimization than members of other age groups. Their increased fragility may cause them to suffer longer from physical or psychological injury. Financial losses or the loss of irreplaceable possessions can prove to be a great shock to them. Beyond these material considerations, the elderly suffer most from fear of crime. For many, this fear permeates their very existence and quality of life.

This perceived or actual vulnerability has dictated a lifestyle of self-imposed imprisonment. Many senior citizens attempt to hide themselves behind locked doors and windows. For a great number, particularly those in urban centres, this has become a reality of an old age lost in a new generation of social change. Many are of an era in which awareness and alertness about crime was not necessary as they did not have to concern themselves about crime against their person, a problem to which following generations have become conditioned.

Some are the prey of the "conman" because of their naivety and loneliness, to purse snatcher and robber because of their fragility, inflation because of fixed incomes and the fear of assaults on their person as their means of self protection is limited. The fear that prevails in the minds of many elderly is not a self-conceived illusion. As expressed by a spokesperson of their generation,
"Although I have taken new security measures, I am left with a sense of insecurity and a new reality: that lights and locks do not a fortress make, and the only things really separating them from me are double paned windows. That reality greets me each time I return home and ask myself, Has anyone been here? And at night, as I lie in bed listening to the walls creek and settle, the thought, what was that? no longer occurs. Instead, I now wonder, Who is that? (1)

Fear is well documented as being a burden to those who perceive crime as threatening to their well being. Fear is measureable through the actions of the individual particularly when that individual alters his or her life style because of crime. That change can be measured through their interaction with their environment. Fear is contagious and is readily transmitted to the neighbour, friend or throughout the community. As suggested by John Rye:

"Fear of crime is one of the deadlier aspects of criminal activity - deadlier, not necessarily to the victim of a specific crime, but to the community as a whole. It is nourished with each crime committed. Its consequences are more pervasive than the effects of any actual crime. It is an intangible whose cost cannot be allocated to each crime committed, yet its overall cost can be seen in the decline and the deterioration of any community ..." (2)

George Sunderland in addressing the issue of elderly victimization states:
"The fear of being victimized often impose a different life style upon the older person, who imprisons herself or himself at home and severely limits any outside travel owing to such fears. In addition to increasing efforts to help older persons reduce the risk of criminal victimization, the law enforcement officer must also try to reduce perceived crime fears to realistic levels so that this imposed life style is not unnecessarily restrictive." (3)

During the past decade, the victimization of elderly persons has become more evident. Recognition of the problem has been documented in police journals, periodicals and through the news media identifying the various types of offences usually committed against the elderly as well as the social and economic variables that are contributing to this problem. The literature also indicates specific programs that have been developed for the elderly that would give them some measure of security.

The literature suggests that the total number of financially self-reliant elderly are in fewer numbers than those who have neither the financial nor physical mobility and are, as well, socially handicapped by fixed incomes. This latter group is limited, by necessity, to living in subsidized senior citizens' complexes or their old neighbourhood, for they can only afford to meet their daily needs. As reported by the Canada Council on Social Welfare a large number of senior women account for the poor in this group and are the most vulnerable of the elderly as they are often widowed and alone. It is this group that suffer significantly from personal victimization or the fear of it. The older the senior becomes, the more vulnerable he or she is.
For many of the elderly, their security, or sense of security, lies in the urban environment for it is the neighbourhood setting in which they feel most comfortable, treasuring the memories of friends and family, past and present. The elderly who reside in the urban setting have become more prone to victimization than their counterparts in the rural areas. This does not suggest that the elderly who reside in rural areas are not victimized. The extent and degree of victimization differs within geographic settings. The rural communities still maintain a significant degree of the "neighbour concept" and "lending a helping hand". Within the urban setting the "neighbour concept" has diminished. Among urban communities, the elderly residing in certain areas of the city, i.e. suburbia, are less likely to be victimized than those residing in the higher density and older neighbourhoods. The later areas have become characteristic of the more transient population and contribute to the decline of that environment. Nonetheless, urban or rural, the number of incidents of elderly victimization is rising and for many, it is a problem of such consequence that it affects the quality of their lives.

It is evident that the elderly have become targets of specific crimes. They are seen as an easy target for those who have chosen to prey upon them. The extent or frequency of this specific victimization is controversial. When compared to the national crime rates the elderly are the least victimized. However, in crimes of purse snatching, frauds and robbery, there is evidence that the elderly are victimized as much as other age groups. The issue of reported crimes against the elderly should not be the sole criteria to determine the seriousness of the problem. Nor should statistics alone...
be used as a basis for the redeployment of police resources to deal with this special problem. It is imperative that we also consider fear and the deprivation suffered by victimized seniors. Monetary loss on a fixed income, loss of irreplaceable possessions and memorabilia, physical harm and fear of victimization lead, for many, to the deterioration of mental health, personal security and dignity. Although these results of victimization touch upon the "grey areas" and are difficult to measure, they are a reality to the elderly. The literature supports this evaluation through research and documented experiences, particularly of those who have been victimized. Current studies and literature in this area suggests that although deprivation is intangible, it is a significant and important variable not to be overlooked in the future.

Currently there is activity among Canadian and American law enforcement agencies striving to develop and implement prevention strategies to reduce or remove opportunities for victimizing the elderly. Complementing these preventive strategies is the promotion of self-help, education and awareness programs which have initiated much interest within the elderly population. Most notably in the United States senior citizens have become organized not only at local and state levels but nationally, giving them an effective voice in surfacing and presenting many of their social and economic problems. Organizations such as the National Retired Teachers Association (N.R.T.A.) and American Association of Retired Persons (A.A.R.P.) have done much to effectively act on behalf of their peers. The principal mandate of these organizations is to:
"Assist the elderly in achieving retirement lives of independance, dignity and purpose. The two associations encourage older Americans to remain active in community and public affairs, provide legislative representation at all levels of government, and sponsor services to help them stretch fixed retirement income. The Associations also publish magazines and other materials of special interest to older persons." (4)

This type of organizational structure on behalf of the elderly has yet to be achieved in Canada.

In order to appreciate the importance of the task before us, and just what the increase of elderly victimization will mean to police response and resources, the following statistics will provide the reader with an overview of the demographic trends in Canada.

Senior Population (1901-1976)

Since the early 1900's Canada's senior population (65+) has grown significantly in relation to the National population.

CHART I  Number/Percentage of 65+ In Total Population - 1901-1976

<table>
<thead>
<tr>
<th>Year</th>
<th>1901</th>
<th>1921</th>
<th>1941</th>
<th>1961</th>
<th>1976</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>271,201</td>
<td>420,244</td>
<td>767,815</td>
<td>1,391,154</td>
<td>2,002,345</td>
</tr>
<tr>
<td>%</td>
<td>5.0</td>
<td>4.8</td>
<td>6.7</td>
<td>7.6</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Source: Statistics Canada Catalogue 98-800E
Between 1901 and 1976, Canada's senior population has grown from 271,201 to 2,002,345 an increase of 1,731,144. In 1976 senior citizens represented 8.7% of our National population as compared to 5% in 1901. At year 1976, the increase in the number of seniors was seven times greater than in 1901 while at that same time the general population growth was only four times greater.

CHART II  Past and Projected Growth
Of 65+ In Total Population - 1941-2001

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Per 100 Thousands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Canadian Population Per Millions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Actual Population

Project Population

Elderly Population

Canadian Population

... 8
Between 1971 and 1976 Canada's population as a whole rose by 6.6% whereas the senior population increased by 14.8%. (5) In essence Canada's growth in senior population is increasing at a larger rate than the total population. As this trend continues, barring any sudden change in demographic trends as a result of disasters, epidemics or international strife, the growth rates of seniors will exceed that of the National growth rate by the year 1987-1988 and will continue to do so into the year 2001 as indicated in Chart II.

Statistics Canada as a result of their demographic projections for the year 1976 to year 2001 state that over the forthcoming 25 years Canada should experience significant changes in demographic patterns particularly within the senior group. Based on their projection, senior population at year 2001 would range between 3,387.3 to 3,462.4 million. This represents an approximate increase of 71% in the senior population as compared to the reported senior census (1976) of 2,002.3 million.

What is significant in the 65+ group is the increase of elderly population from 1971 to 1976 and that 92% of the elderly are between the age of 65 to 84, (CHART III). Based on Statistic Canada's future population projections for this same age bracket, the years 1980 and 2001 will proportionately represent the same percentage.
### CHART III

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population 1971</th>
<th>Distribution 1976</th>
<th>Population Difference</th>
<th>Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 - 69</td>
<td>619,960</td>
<td>720,815</td>
<td>100,855</td>
<td>16.2%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>457,380</td>
<td>533,725</td>
<td>76,345</td>
<td>16.7% 92%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>325,510</td>
<td>362,705</td>
<td>37,195</td>
<td>11.4%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>204,170</td>
<td>220,560</td>
<td>16,390</td>
<td>8.0%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>100,010</td>
<td>112,380</td>
<td>12,370</td>
<td>12.3% 8%</td>
</tr>
<tr>
<td>90 Plus</td>
<td>37,380</td>
<td>52,160</td>
<td>14,780</td>
<td>39.5%</td>
</tr>
<tr>
<td></td>
<td>1,744,410</td>
<td>2,002,345</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The significant increase of Canada's 65+ population during the past decade is attributable to heavy immigration periods prior to the 1950's as well as the early 1900's being marked by high birth rates. Canada's future 65+ population will be heavily influenced by the baby boom experienced in the 1940's and 1950's. Improved medical and social services are having a profound effect on 65+ longevity which is evident in the increase of the elderly population, notably the 85 to 89 and 90+ bracket, (CHART III). Between 1971 and 1976 these two groups reflect an increase of 12.3% and 39.5% respectively. Future projections indicate corresponding increases. Based upon this trend, one could predict that in future, man's longevity will increase proportionately with improved medical and social technology and will impact on all age groups, particularly the 65+ group.
CHART IV
Projected Male/Female Life Expectancy Ratios

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>969.8</td>
<td>990.5</td>
<td>1,094.3</td>
<td>1,221.9</td>
<td>1,319.4</td>
<td>1,383.0</td>
</tr>
<tr>
<td>Female</td>
<td>1,285.4</td>
<td>1,323.6</td>
<td>1,531.7</td>
<td>1,777.1</td>
<td>1,955.9</td>
<td>2,079.5</td>
</tr>
<tr>
<td>% Difference</td>
<td>24.5</td>
<td>25.2</td>
<td>28.5</td>
<td>31.2</td>
<td>32.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Number</td>
<td>2,255.2</td>
<td>2,314.1</td>
<td>2,626.0</td>
<td>2,999.0</td>
<td>3,275.3</td>
<td>3,462.5</td>
</tr>
</tbody>
</table>

Source: Statistics Canada
Catalogue 91-520
(Abridged)

CHART V

65+ Population
Per 100 Thousands

Projected Population Ratio
65+ Male - Female
Charts IV and V illustrate that within the elderly population, the number of females exceed that of the males by a significant proportion. The 1980 projection (Chart IV) indicates that there are 24.5% more females than males in the 65+ group and by 2001 this will increased to 33.5%. The life expectancy over the past decades has increased. Today at reaching age 65, the average man can expect to live for another 13.7 years while the average woman can expect to live another 17.5 years. Within the 65+ group approximately 50% of the female population are widowed as opposed to approximately 15% of the male population.

In essence, Canada is facing a significant demographic change in its total population from 1976 to 2001, a period of 25 years. In light of those observations what will this change in senior population mean to law enforcement agencies in the course of the delivery of police services?

It is reasonable to project that with increasing numbers of elderly citizens we should expect a rise in victimization as well. Based on this assumption; it is imperative that Canadian law enforcement agencies, in the delivery of reactive and proactive service, be prepared for a problem which if ignored, may reach significant proportions. This would create a manpower drain on existing police resources, as well as an economic strain on victimized elderly and resultant high social costs. Objective proactive policing methods already available to us would significantly reduce reactive police investigation and administrative costs. However, more important, they would reduce or remove the opportunity of elderly victimization and those related economic and social costs.
PREVENTIVE PROGRAMMING

Reduction of Opportunity

Recent research is now supporting the theory that a large percentage of crimes are crimes of opportunity and such crimes are being committed by "amateurs".

It is suggested that the three elements prerequisite to a criminal action occurring are that the offender must have:

i) DESIRE there must be motivational factors to stimulate the offender (psychological and/or sociological)

ii) ABILITY it must be within the capability of the offender to commit the offence, i.e. frauds – shoplifting – B & E as opposed to safe attacks and computer thefts.

iii) OPPORTUNITY must present to the offender easy opportunity of access to commit the offence with minimal risk in detection. Purse snatching and various thefts (automobiles, bicycles, etc.) would fall within this category.
While much of crime prevention strategies, even the concept of the criminal justice process is based on the idea of changing criminal behaviour, a whole range of initiatives based upon the victim's behaviour holds promise.

Philosophically as well as practically, the "reduction of opportunity" approach attempts to remove or reduce the opportunity for criminal acts before they occur. This does not suggest crime prevention will eradicate crime, however, a well balanced crime prevention program stressing "reduction of opportunity" can reduce crime if we place the opportunity beyond the reach of most amateur criminals.

It is important to recognize that "reduction of opportunity" has its limitations. A number of crimes may not be amenable to this approach; for example, crimes between willing participants (conspiracies), homicides and various assaults.

Promotion of the "reduction of opportunity" theory would require an extensive awareness and education program designed to meet the needs of the elderly. Implementation must be done carefully so as not to overemphasize or increase citizen fear levels.

Police Managers

As managers of police resources we are not going to resolve all the social ills that are contributing factors to crime and deviant behaviour. By the same token we cannot resolve all the crime problems and related social problems that are being experienced by the elderly. However, most
law enforcement agencies do have the available resources that, if prioritized in their proper perspective, would reduce the problem and improve the quality of life for those senior citizens in need of preventive service.

Research indicates that the majority of crimes committed against the elderly are avoidable through the medium of education and awareness programs. I suggest to the reader that "awareness" is the key to practical programming, not only in responding to elderly victimization but also for the benefit of the police managers in the deployment of available resources. As police managers are we truly aware of the degree or extent of elderly victimization within our communities? Do we have a clear understanding and appreciation of the physical process of aging; or the myths that have been stereotyped along with the course of aging? For example, aging does not necessarily retard one's mental abilities. Research has proven that the individual can maintain and increase their mental capabilities and learn new skills with increased age provided health problems or mental inactivity do not interfere.

This does not suggest that the police manager or officer become a gerontologist. It does suggest that if we are to be effective in responding to elderly victimization and its related psychological/social side effects, that you require a working knowledge of the aging process and how it affects individuals. Police have always had a compassion for the elderly, but, little or no training on how to effectively deal and communicate with them.
Police managers have access to the most current techniques in crime prevention, problem identification and problem solving methodology. Police have the organizational skills and expertise in the promotion of preventive strategies amenable to any age group that would assist in reducing or resolving many problems.

An abundance of pamphlets and brochures are available that would assist the elderly in recognizing a potential "con game"; how to better protect or target harden their homes against burglaries; or the most favourable method of avoiding a potential assault or theft when walking in their neighbourhood. However, literature alone in this instance may not be an adequate educational device. Many of the elderly may not receive the information. Of those who do receive it, many may be unable to read or comprehend the message. Words alone will not be sufficient to describe "con games" such as the "pigeon drop", "bank examiner", "the switch game" or the "home repairman".

In the majority of Canada's cities and towns, senior groups have been formed as social and recreational units that serve their interests. These groups are accessible to the police. Contact would be personalized and at the same time would communicate that we are there as a resource to the elderly.

Police officers, well versed in elderly victimization, would be able to respond to any questions that the elderly may have regarding potential or actual offences and preventive strategies. The elderly within their own social
units or combined units could be organized and trained on prevention initiatives and would in turn be advisors to their peers with the police acting as a resource. The elderly could organize their own "fan out" system of dispersing information. Use of the elderly in the "awareness" program could also minimize the "fear" concept of victimization. A well designed "awareness" program must convey a message that would not only reduce the opportunity of victimization, but also decrease levels of "fear".

CONCLUSION

Programs for the elderly would not be complex nor would they be costly. At the outset, police man hours would be required to initiate this challenge. The police would be the catalyst in organizing the programs. The greatest resource of the police will be the elderly - our challenge, to organize the elderly to help themselves. Within the elderly population is the talent, experience and expertise of many vocations and professions. The elderly are a valuable resource to the police and community. We should not overlook this asset in light of crime prevention philosophy and community responsibility; "Working Together to Prevent Crime".
A sequel paper will follow this article and will be addressing the issue of elderly victimization from the police managers' point of view. Discussion will focus on three areas:

i) Preventive programs available and current strategies employed that reduce the opportunity of victimization and the fear of crime.

ii) Educational/awareness and self-help programs as well as resource organizations that are active and instrumental in advancing the betterment and quality of life for senior citizens.

iii) The feasibility of utilizing senior citizens as a volunteer resource service to law enforcement agencies in the field of crime prevention.
FOOTNOTES


6. IBID
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATISTICS CANADA</td>
<td>Canada's Elderly, &quot;Census Characteristics Division&quot;, Minister of Supply and Services Canada, 1979, Catalogue Number 98-800E.</td>
<td></td>
</tr>
</tbody>
</table>


Case Histories

Family Alienations Following a Homicide

Mother of five comes home and finds police at her door who tell her only that something had happened to her 16-year old daughter and they were transport the mother to the city hospital. After an interminable wait at the hospital, and with no further information about her daughter, the mother is taken to the morgue where she is shown the bullet ridden body of her daughter.

Her husband refuses to accept the death of his eldest daughter by murder and orders that the child's name may never be mentioned in his house. The mother's family (her mother and sisters) are of little help to her because they, being deeply religious, insist that the mother must "forgive" the murderer. The mother, "feeling like a zombie" (an emotion experienced by all families of homicide victims) has no one with whom to share her grief.

Two months after the murder, the husband tells his wife that the only way he can continue his life is by divorcing himself completely from the family. The mother who had previously believed that they had a good marriage, feels like she is experiencing another death in the family. She is left to face the trial of the murderer by herself and to try to find employment so that she could raise the remaining children by herself.

A beautiful 19-year old co-ed is murdered on her college campus. Her parents are completely devastated and the father cannot return to his business for nine months. Their remaining child, an older brother who had always had a loving relationship with his sister, refuses to mention his sister or to hear anything about her. After the family mourning period he removes himself from all contact with his parents for over two years, after which contact is tenuously reinstated, on a limited basis. After the passage of seven years he still will not speak of his sister and when any mention of his dead sibling is made, even if it is in reminiscence of earlier happy family times, he immediately changes the subject. His parents are thereby denied the comfort about speaking about both of their children to their son.
Case Histories

Religious Alienation Following a Homicide

A year before she is murdered, an 18-year old girl is heartbroken at the death of her paternal grandfather. She extracts a promise from her parents and brother that "When I die, you promise me that you will have me cremated and that I will never be put into a box and in the ground".

When she is murdered, the parents carry out her wishes for cremation in the face of tremendous pressure from other family members and their clergy, because cremation is against the religious practices of the family. As a result of this religious disapproval, the parents suffer the withdrawal of the solace of their religion at the time that they already feel that their God had punished them. Added to their grief is the extreme disapproval of the mother's father who tells his daughter, "How could you have allowed that child to be burned?" and then does not speak with his daughter for over a year.

A 16-year old boy is shot to death in front of his home. His mother, seeing her son lying on the street and thinking that she had heard the backfire of an automobile and that her son had been run over by a car, runs outside. She is met with a hail of bullets from the same assailant. Critically wounded, she undergoes three operations and hovers near death for several months.

Formerly devout to her religion, she is now told by her clergyman and her siblings "It was God's will and you will never get well until you forgive the assailant-murderer." She finds she cannot forgive the murderer and she can no longer accept her God. She is torn with guilt over her feelings of rejecting her God and her emotional pain at the loss of her eldest son, as well as her own physical suffering. For two years she seeks forgetfulness in tranquilizers and alcohol.

Insensitivity of Morgue Attendants

The 14-year old brother of a murder victim comes home from school to see his brother's body lying on the street. He learns that his brother had been murdered over an hour before and his mother, wounded in the same attack, had been taken to the hospital. No attempt is made to shield the grief stricken boy from the sight of his brother's body being shoved into a large plastic bag and then put into the city morgue van. For years afterwards he tries to erase the memory of "They treated my brother like a piece of garbage" by drinking.

An 18-year old male, visiting at the house of a friend, is murdered in his bed during the commission of a robbery. His parents are sum-
Families of Homicide Victims Workshop  
Edith Surgan  
Page 3

moned to the morgue to identify their son's body. They are horrified to see their son's hair had been completely shaven. They had not been given any prior warning that had been done during the autopsy. Added to their grief at the murder is the expense of purchasing a wig for their son so that his body may be properly viewed in the funeral home.

The grieving parents of a murder victim are called to the morgue to identify their daughter's body. The parents had decided upon cremation of the body since that had been their daughter's request a year before. The family is Jewish. It is a winter Friday and cremation must be completed before sundown and the start of the Sabbath. The parents wait in the morgue ante-room for over one half hour and then request the attendant to allow them to see their child's body as soon as possible in order for the crematory van to transport the body as soon as possible in order for the crematory van to transport the body for cremation before sundown.

The morgue attendant refuses to permit the parents to view the body giving the reason that this is a murder case and when the case comes to trial, it may be necessary to exhume the body. The morgue attendant goes on to say, "Unless you sign a paper that the body will be buried and not cremated, you will not be allowed to see the body. And since the body will not then be identified, it will be taken to Potter's Field tomorrow and buried there!" Only after the distraught parents seek out the Chief Medical Examiner and plead with him for over an hour, are they permitted to see the body of their murdered child and allowed to have it cremated.

The effect on a family of death by murder is far different from the death of a family member by illness. In addition to experiencing the emotions felt by victims of other crimes - denial, anger, fear and frustration at the criminal justice system that concentrates its efforts on the offender and ignores the victims, the families also suffer the additional pains of alienation, ostracism and insensitivity of officials.

Families of homicide victims are the so-called secondary victims. They are the survivors of an unspeakable and comprehensible tragedy. Generally they are not present at the time of the murder and often feel guilt that they had not been there to protect the victim. This emotion is most deeply felt by a father whose child had been murdered.

The crime of murder is so abhorrent that the family often suffers ostracism by friends and other family members who cannot handle the situation. The very people the family had expected to be able to lean on now withdraw themselves.

Very often the first question asked of the family is, "What did
(the murder victim) do (to bring on the murder)? Even when the answer is that the victim had been totally innocent, the next question may be, "Well then, what did you do?" This implication of guilt of the victims causes emotional pain and shocked feelings of betrayal and lack of understanding. The questioners really are attempting to reassure themselves that they would not have been so stupid as to permit such a situation to happen in their family and bring about a murder. Both victims and questioners feel discomfort and eventually there is a withdrawal of social contact at the very time that social contact is most needed by the secondary victims.

Family members of homicide victims often feel compelled to talk about the victim and the tragedy, to the discomfort of visitors and other family members. Very often the secondary victims are told not to speak about the murder because, "You'll feel better if you don't talk about it". Parents of murdered children are advised to "Put it behind you" as if the grieving parent could just deny that their child had even existed. Again, the advice givers are attempting to protect themselves. If they do not hear any more about the victim or the murder, a similar tragedy could not possibly happen in their family.

As a result, a deep and sometime lasting alienation of formerly close family members and friends occurs as an aftermath of the tragedy of murder. Husbands leave their wives and remaining children, family members stop talking and associating with each other, living siblings think that their parents must have loved the victim more than they love them, friends who had formerly been an important part of the social life prior to the murder, now find it too uncomfortable to have the mourning family remain part of the social circle.

The initial reason for this social withdrawal is the discomfort of not knowing how to act or what to say. That, coupled with the horror of the murder, makes it easier to simply avoid further contact with the family.

Another deprivation suffered by families of homicide victims is the loss of comfort of their religion when clergy and/or friends tell the family, "It's God's will". Often the family members accept the contention that their deity had caused this calamity to fall on them. This occurs whether or not the family members had practiced their religion prior to the murder. Very often the secondary victims reject the vengeful deity with the subsequent loss of the solace of religion, again, just when that source of comfort is most needed.

Permit me to offer some suggestions about interacting with families of homicide victims. I offer this from the personal experience of a secondary victim. I have experienced the trauma, shock, disbelief, despair and depression following the murder of my 19-year-old daughter. I am also the founder and current president of a voluntary crime victim advocate group, the Crime Victims Assistance Organization of New Mexico. My suggestions are applicable both to those who had previously known the family and the victim service providers who had previously been strangers to the family.
Keep in mind that these secondary victims feel tainted by the unbelievable tragedy of murder in their family. Efforts must be made to reassure them that they are not lepers, not social outcasts, and that you feel concern for them. Press their hand, their arm. Hug them if you sense they may want that. Most do. Continue to call or visit them several times over the next few weeks. They need that concern and physical contact and to know that they have not been deserted by the world because of a crime over which they had no control.

Let them talk. The incessant talk about the victim and the murder itself may exhaust and often hurt you, but do not stop them from talking. Their need to verbalize their pain is an important step towards their working towards the acceptance of the horror that had entered into their lives. Do not impose upon them the added burden of a feeling of guilt that their talk is making you feel uncomfortable. At this time, your discomfort is relatively unimportant.

Please do not tell them that what happened was the will of God. At the expense of antagonizing the clergy, I repeat, please do not say those words. The victim's natural reaction is to rebel against a deity that would permit such a senseless crime. The bereaved family not now only loses the solace of their religion but now has the added burden of guilt rebelling against the God they had been taught to worship since childhood.

These are some things you can say that have been known to bring a measure of comfort. Speak with them about the happy times they had spent with the victim, and that these happy memories cannot ever be taken from them. Tell them that although the victim is no longer where they can be heard or touched, the love the victim had for them will continue to be felt by the family members. Suggest to them that they had been fortunate to have had the victim in their midst and to have shared the special and beautiful moments with them, and that those memories will continue to enrich their lives long after the horror of this tragic period gradually has faded.
VICTIM/WITNESS SERVICES IN VENTURA COUNTY

Michael D. Bradbury
District Attorney
County of Ventura
State of California
Victim/Witness Speech

16 years ago, there were no programs to aid crime victims in the United States. California, soon to become the first jurisdiction to do so, had yet to inact its victim compensation statute.

Though crime and the fear of crime had become major domestic political issues in the early 60's, little or no attention was paid to ways the criminal justice system might improve its treatment of crime victims and witnesses.

Crime -- the people that make it a way of life -- and their reasons for doing so -- was the issue.

The criminal justice system -- police, prosecution, and courts -- were almost totally focused on the rights of defendants. Court decisions such as MAPP and MIRANDA recognized and reinforced these rights.

Prosecutors did everything they could to prove their criminal cases -- central players in a courtroom scene that stared the defendant. Victims and witnesses received little attention or care -- viewed as necessary yet often troublesome conviction implements.

Crime victims had to fend for themselves in the criminal justice system. Lost in a bureaucratic maze, no one agency enforced their rights or ensured they received necessary services. The very name -- The Criminal Justice System, interestingly enough not the "Victim Justice System", reveals its emphasis.
In the early 70's however, some people began to recognize this discrepancy and demand the system respond to the rights and needs of victims. I think it's interesting to look at some of the factors that may have brought about this change.

1) The women's movement. As women became increasingly organized, they began to focus on their number that had been victimized, and on the system's response to this victimization. The growth of victim advocacy in rape cases paved the way for expanded victim advocacy in the future.

2) Continued public concern with crime. As the public's concern with crime increased, they began to lose confidence in the criminal justice system, and grow impatient with its indulgence with the rights of defendants. People began to say, "what about victim rights".

3) Prosecutors, and other criminal justice system personnel over a period of time became more sympathetic to the needs of victims and witnesses.

4) The system began to realize that the single most important factor in proving criminal cases was the cooperation of victims and witnesses. In addition, in an era of diminished resources, the system realized it could save valuable dollars through effectively managing and reinforcing the victim/witness role.

All of these factors led to government's awareness of the victim/witness needs -- and to the development on the national, state, and local level of victim/witness services.
Today in the United States, hundreds of jurisdictions maintain programs to aid victims and witnesses of crime. These programs are as varied as they are numerous. They can be located in police departments, prosecutor's offices, private agencies, or probation departments -- and can emphasize either victim or witness services.

Rather than provide you with an overview of these programs, I'll describe the one I'm most familiar with -- the one located in my office. I feel it incorporates most of the components of successful victim/witness programs. I'll also try to share the rationale behind the service components.

The History of Victim/Witness in Ventura County

Ventura County entered the victim/witness field in 1975 with an LEAA funded witness coordination program. This program scheduled court appearances for peace officers in misdemeanor cases, and operated an "on-call" system that allows officers to remain in the field or at home until needed in court. The project proved so successful that after its grant funding ended, Ventura County retained it with general funding. Thereafter, the program expanded, coordinating civilian witness appearance as well as officer appearances.

In 1979, LEAA awarded an Integrated Police/Prosecution Witness Program grant to the Ventura County District Attorney's Office. This grant expanded services in two areas:

1) The inclusion of felony cases in witness coordination; and
2) Direct victim/witness services.
The witness coordination project, and the Integrated Police/Prosecution Project were later combined into the current Victim/Witness Unit. This Unit as you might guess has two components: 1) Witness Coordination 2) Victim/Witness Services.

Witness Coordination

Witness coordination now provides these services:

- Through the monitoring of court calendars, and the creation of daily witness lists, an effective notification system lets witnesses know when their testimony will actually be needed. This system allows both civilians and law enforcement personnel to work up to two hours prior to their scheduled court appearance.

- The subpoenas issued by the District Attorney's Office are processed by witness coordination.

- In cases where sentences or terms of probation apply to the victim, such as restitution, the victim is called and advised of the sentencing.

- All witnesses are called and advised of the verdict and thanked for their cooperation.

- A subpoena-by-mail system saves dollars by eliminating personal service by sworn peace officers. When a citizen receives a subpoena in the mail, they are directed to call the victim/witness unit, where they are placed on call.

In 1980, savings in officer overtime pay, as the result of our on-call system, reached one million dollars. This cost benefit caused local jurisdictions within the county to provide financial aid to the program once LEAA funding ended.
**Victim/Witness Services**

The victim/witness service component attempts to meet the emotional, financial, and social needs of crime victims and witnesses. Victim/Witness aides provide direct support to crime victims:

- Some of the aides are located in police detective units. This approach keeps Ventura's victim/witness program from suffering from one of the inherent problems of prosecutor based programs -- the prosecutor's office usually has contact with the victim after the initial crisis has passed. Our outstationed personnel, though district attorney employees, attempt to make contact with victims as soon as possible -- meeting their needs, and preparing them for their trip through the criminal justice system.

- The remainder of the staff is located in the criminal courts building, the Hall of Justice.

Victim/Witness services are a direct response to expressed victim/witness needs.

- Where once prosecution and defense witnesses were allowed to mingle together outside courtrooms, and defendants on bail were given the opportunity to intimidate witnesses -- a witness waiting room now allows witnesses to remain in a relaxed environment prior to testifying.

- Witnesses without transportation or child care no longer have to make these arrangements for themselves. Victim aides provide this assistance.
- Victims that require emergency assistance such as food or shelter no longer weave themselves through a maze of public service agencies. Victim/Witness staff provide these services through an organized victim service network.

- Delays in returning a victim's property are minimized through the Unit's advocacy.

- Victims of violent crime who can't afford medical expenses, or lose time from work, receive assistance completing insurance forms, or state victim compensation claims.

- Victims with severe emotional disturbances who in the past had nowhere to turn, receive crisis intervention assistance from unit personnel, and in-depth counseling through an intern program developed in conjunction with a local university.

Additional victim/witness services include:

- A restitution program that first ensures court ordered restitution equals the losses suffered by the victim, and second, ensures the victim actually receives the restitution.

- A sexual assault victim aid provides in-depth support to sexual assault victims, aiding attorneys in the witness interview, and in providing court orientation. In this program, an aide actually sits in the courtroom with the victim.

- A domestic violence program assists victims of domestic violence in obtaining temporary restraining orders, and in referring victims to local shelters.

Let's look at how this program actually works: (Janet Chiapetta case. describe the crime, the hospital interviews, the support throughout the case, transportation; shipping for groceries; the follow-up assistance to insure financial stabilization.
None of the services I've mentioned could have been initiated, nor could they continue, without the support and input of members of the criminal justice community -- police, prosecution, and court personnel. The same type of support is needed from community service organizations.

The victim/witness unit has two policy/planning committees:
- One committee is comprised of law enforcement personnel -- police chiefs, detectives, and court administrators. This committee serves as a forum where victim/witness issues can be discussed, and where new policies and procedures are planned and implemented.
- Another committee is comprised of agencies that provide direct services to victims such as the Rape Crisis Center, and Senior Survival Services. This committee serves as the planning body for the expansion, and maintenance of victim service delivery systems.

Both committees assist each other in planning and implementing training programs. A recent product of these groups is the development of law enforcement witness interview training.

I've mentioned a lot of social services with obvious humanitarian benefit for victims and witnesses, but there are as many benefits to prosecutors as well. The bottom line is it helps win cases.

- Victims and witnesses are more cooperative. There is less of a chance they will drop out of the system.
- They make better witnesses because they have a better idea of what expected of them, and because their primary concerns -- concerns resulting from the impact of the crime -- are effectively handled.
- most important of all, they leave with a more positive feeling of their contact with the system, and therefore are more likely to cooperate in the future.

We now realize that it is our responsibility as prosecutors to strive for an expanded definition of justice -- whether it wins the case or not. We must protect the rights of victims, and insure that this expanded justice system includes them.
VICTIM/WITNESS SERVICES IN OXNARD

Robert P. Owens
Chief of Police
Oxnard Police Department
Oxnard, California
I. SUMMARY OF CURRENT VICTIM/WITNESS STRATEGIES

The Oxnard Police Department now collaborates with eight agencies which are principally concerned with aiding victims of, and witnesses to crimes. These agencies and their relationships with the Oxnard Police Department fall within five areas.

A. District Attorney’s Victim/Witness Assistance

Combined within this office are two units, one of which coordinates the appearance of civilian and police officer witnesses in court. The second, the Victim Assistance Unit, provides assistance to crime victims when a prosecution or other legal process is filed. This unit also coordinates the issuance of temporary restraining orders that can be granted following domestic violence.

A member of the Victim Assistance Unit is assigned full time at the Oxnard Police Department and is housed in the department’s Detective Division. This bilingual employee insures that area victims whose cases are accepted for prosecution are informed of procedures and are given assistance with difficulties arising in connection with crimes.

B. City of Oxnard Victim Assistance Program

This unit, which reports to a Deputy City Manager, becomes involved in many cases which will not be prosecuted. Additionally, a victim of a rape is transported for medical treatment by a specially trained member of this unit.

C. Colonia Village Anti-Crime Program

Under a HUD Grant, one victim advocate is assigned to the publicly subsidized housing unit and surrounding area in the largely Hispanic area of Oxnard known as La Colonia. This employee works with the Senior Police Officer assigned to that project.

D. Protective Services, Department of Public Social Services

A social worker in this (Welfare) department is also assigned an office in the Oxnard Police Department Detective Division. Principally concerned with battered and abandoned children, this worker cooperates routinely with Juvenile Detectives and Patrol officers.

E. Miscellaneous Victim Serving Agencies
Police Department employees, particularly Juvenile Unit personnel, make referrals to: Child Abuse and Neglect (CAAN), Rape Crisis, Interface Community, and the Senior Citizen Assistance Program.

Although the individual programs have highly motivated workers, they are nonetheless individual programs and demonstrate instances of duplication and even conflict in program areas.

II. IMPROVING THE PRELIMINARY INVESTIGATION

A. Objectives

During the grant period, the Oxnard Police Department will provide comprehensive training for a group of 17 Field Training Officers:

1. To enable officers to demonstrate insight to the emotional conditions in which victims and witnesses are found,

2. To assist the victim/witness in obtaining control over their emotional crisis.

3. To thus obtain the highest quality and most reliable information during the preliminary investigation, from the most valued sources, the victims and witnesses.

B. Method

Seventeen Oxnard Police Field Training Officers (FTO's) will be given 32 hours of training in crisis intervention and stress management. These officers are responsible for post-academy field training using a 300 page modular training manual. All have college degrees, have been given specialized FTO training and hold teaching credentials. The training will be provided by James Ahrens, a Fairfax, Virginia consultant and former Washington, D.C. police lieutenant who regularly teaches this program at a regional academy in Virginia. Mr. Ahrens has been very active with the National Organization for Victim Assistance.

C. Program Results

Solvability Factors recorded by Oxnard officers are computerized and can be recovered by officer name. The percentage of cases investigated by Oxnard Police FTO's which qualified for followup investigation because of positive solvability factors can be identified. This percentage shall be identified for a fixed period (3 to 5 months) before and after the training. It is presumed that the training will increase the percentage of cases which result in followup investigation.
Because the participating officers must be made aware of the essentials of this undertaking, steps must be taken to avoid skewing the results by officers oversubscribing solvability factors in their cases. The Case Control Sergeant reviews all cases submitted for investigation and may make decisions independently of the solvability factors. Cases which are actually forwarded for followup investigation will also be measured, acting as a control against the solvability factors screening. This will also act as a measure of the accuracy of solvability factors as a screening tool.

III. COORDINATING AND IMPROVING VICTIM SERVICES

A. Objectives

The present array of victim services in Ventura County, while functioning well in many respects, lacks coordination and clarity, particularly in the area of non-public entities. The Oxnard Police Department will assist the Ventura County District Attorney's Office in achieving the following objectives:

1. Developing a resource inventory of victim serving agencies that will include: areas of interest and expertise; available resources and personnel; and methods for accessing these services.

2. Providing training access to Ventura County police agencies on the range of available victim services.

3. Encouraging and facilitating a cooperative network of victim services in Ventura County so as to minimize duplication and service shortcomings.

B. Method

In attempting to obtain what can only be viewed as an improved level of voluntary cooperation, the District Attorney and the local police agencies must have a clear understanding of the services available and then develop policies to encourage the use of these services. Such policies must be responsive to police agency needs as well as those of victims. Victim serving agencies, then, will be able to adjust their service programs to obtain maximum police and public agency support in gaining prompt access to victims.

The District Attorney's Victim Assistance Office has had the first of a series of meetings with victim serving agencies in Ventura County. Initial expressions of a desire to cooperate have been received and overtures from private agencies have been made to hold training classes for police officers. If the present spirit of cooperation continues, improved relations between these agencies and a higher level of coordination will occur.

C. Program Results
Improved coordination between victim serving agencies should achieve the following results:

1. Private agencies should increasingly view themselves as collaborators with the criminal justice system.

2. Victim services should improve by the elimination of duplication, thus conserving manpower.

3. Police agency awareness and level of cooperation with victim serving agencies should increase to the point that all agencies would have standard procedures concerning victim serving agencies.
VICTIM/WITNESS ASSISTANCE

POLICE FTO TRAINING
1. PRE-TRAINING EVALUATION
2. POST-TRAINING EVALUATION

VICTIM/WITNESS ASSISTANCE COORD.
1. RESOURCE INVENTORY
2. VICTIM ASSISTANCE NETWORK
3. CRITIQUE & EVALUATION
   (PROCESS)
4. CRITIQUE & EVALUATION
   (IMPACT)
VICTIMS OF ARSON

Joan P. Wieder
The Burn Survivors Association
85 The Kingsway
Toronto, Ontario
LADIES AND GENTLEMEN:

I have been asked to speak to you today about the problems confronting those who are badly burned and about the role of the Burn Survivors Association in helping these people return to a full and active life. Burns can have many causes and one of these is Arson. The results are the same - whatever the cause.

I have some experience in being burned as it has happened to me twice. The first time was in a house fire in 1964 and I suffered second and third degree burns to my face, hands and arms. I was treated in the Emergency Department of Scarborough General Hospital and released - looking like an egyptian mummy as my hands and arms were covered in pressure bandages and my head was completely swathed. I had slits for eyes, nose and mouth. It didn't seem to occur to anyone at the hospital that I didn't have a home to which to go. Our home had been virtually gutted by the fire. I was unable to care for myself, let alone my five children. Fortunately, friends and neighbours were wonderful and, separately, took us all in and cared for us. The two families who looked after me, had to feed, wash and dress me. Luckily, I healed quickly, did not need plastic surgery and within a short time was back to my normal self.
Scarborough General now has a terrific Burn Unit and the circumstances that I have just mentioned, would not happen today. I know because that is where I ended up the second time that I was burned. This happened as a result of an acid-attack by my late husband in 1972. This time 30 to 35 per cent of my body was third degree burns. I was in hospital for almost three months. The initial pain was overwhelming and for the first 24 hours was partially controlled by morphine. One of the immediate results of a bad burn is that the affected area swells. My face was swollen up like a balloon. I couldn't see it at the time, as my eyes were closed by the swelling but I later saw photographs. I was blind for the first couple of weeks of my hospitalization. Perhaps it was a blessing in disguise. The first concern was that a cornea in my left eye had been irreversibly damaged, but it improved dramatically with medication and I was very relieved when I was told that I would not have to have a corneal transplant. The eye is still not perfect, but the scar tissue has continued to diminish over the years – no-one knows quite why.

The whole left side of my face had to be re-built – new eyelids, new half a nose, new eyebrow – the lot. My hands, right shoulder, neck and parts of my arms all had to be grafted also.

A tough, elephant-like skin called eschar is formed as the swelling subsides. This has to be removed before that area can be grafted with skin taken from other, un-burned, parts of the body. Various means are used to remove the eschar. Debridement, which is a high-falutin' name for
picking with tweezers is one. This became quite a game for the nursing staff who staked their claims to various areas of my face by marking it with mercurachrom. It was a time for celebration when skin was found under some of the "picked over" parts. Crisco has found another use in Burn Units, as it can soften up the eschar to make it easier to remove. You can imagine how terrific one looks and feels with a face full of Crisco. I just hoped that whatever it was that they were making - that it would not require baking again. Particularly stubborn eschar is removed surgically. Frequently, when this is done, the area underneath is badly infected. This has to be cleared up before grafting can proceed, which sounds fairly easy, but is extremely painful. Every two hours the area has to be washed with saline solution and an antibiotic cream spread on. After a few days of this two hourly treatment one wonders whether it could be used as a new method of torture.

Infection is the biggest hazard of burn patients. The Burn Unit is kept sterile, the staff all wear gowns and masks. Visitors are kept to a bare minimum and they wear gowns and masks too. Only 2 visitors are allowed, and they have to be the same two people for the whole length of one's stay in hospital. I am sure this does help to cut down the rate of infection, but it sure does get very dull. I resorted to all kinds of things to make life a little less boring. I made up rude songs about the nurses which I sang at the top of my lungs - especially if they had left me in the bath tub too long. Burn patients spend a lot of time in the tub - soaking off dressings, etc. I demanded some rubber duckies to play with. It sounds childish, but it did help to while away the time! I wrote bad poetry which I sent to my co-workers, and when my
hands had healed sufficiently, learnt how to macrame and exercised whichever parts of me were moveable.

The exercise was very important. More important than I knew at the time. When limbs and joints are not used for a period of time - they seize up. Just like a car engine, they won't move again, unless given some special attention. This seizing up process of joints is called contracture. A person who has been burned very extensively has a real problem with contractures, as most of the time, it is just too painful to move at all and the motivation to exercise is killed by the prospect of enduring more pain. I was very lucky as one of the nurses' aids told me one day that I would be sorry if I didn't exercise my fingers. She painted lurid pictures of me having to have contractures removed surgically from all 8 fingers and two thumbs, if I didn't start to move them around. The thought of more surgery was worse than the thought of more pain. So I endured the pain and was successful in avoiding this additional surgery. Physiotherapists are playing an increasing role in Burn Unit patient care, and are consulted early now, so that a plan to keep the patient as mobile as possible may be quickly instituted and this reduces the incidence of contractures.

Each day in a Burn Unit becomes a series of battles - each with its' victories and defeats. Each set of grafts that "take" is a victory, the ones that don't are defeats. Being able to feed myself with the verbal directions of another patient, even though I was blind, was a victory. The defeat came when I couldn't find my mouth and the cream of wheat ended up in bed with me. Any small progress was a milestone to be bragged about.
I can still remember my milestones, even at a distance of 9 years.

One of my major hurdles came when I was allowed home one Sunday.

Unknown to me, this was a trial run to test my reaction to the outside world, prior to my release. It could have been a defeat, but my children helped to make it a victory. They didn't treat me any differently to the way they had always treated me. I was still "Mum" - to be kidded, laughed at, fussed over and loved. The key word was normalcy. Behaving normally treated me the way they have always done and that was the best gift they could have given me.

I can still remember my astonishment when I was told that I could go home. I thought "They are going to let me loose in the world, looking like this?"

I pretended that it was fine with me. I did want to go home, but never during my stay in hospital had anyone prepared me for the fact that plastic surgery has its limitations. All burn patients can sympathize with Humpty Dumpty - not all the plastic surgeons in the world can put us back together again AS WE WERE. The physical scars will always be visible. The emotional scars are there, too, perhaps not so visible, but there just the same, and perhaps even harder to deal with.

When I left the hospital, I looked like the wreck of the Hesperas. My face was a patchwork quilt of different grafts. My eyelids wouldn't close properly. A great deal of my hair had been cut away and I had to wear a wig for the first year. I was still short one eyebrow and half an ear. My mouth had contracted sideways and my hands were various shades of red to blue, depending on how cold I was. In this state, I had to return to work, as I was the family bread-winner. I was lucky in having
employers who wanted to have me return to work for them. Others are not so fortunate. I don't know what I would have done, if I had had to find another job, looking as I did. I think the likelihood is, that I wouldn't have been accepted by another employer and would have become dependant on welfare. My employers were also very understanding when I had to return to hospital periodically over the following 5 years for further surgery.

Throughout this long ordeal, I had the whole-hearted support of my family and friends. Many people don't have this all-important support system.

Burn patients often have great difficulty in accepting their changed appearances and with the limitation to their limited physical abilities. Their self-image has been shattered and with it, frequently their own self-esteem. One has to be a very strong person to accept the changes that have occurred with equanimity. These feelings of inadequacy can lead to difficulties with family relationships. If a marriage was at all shaky before one partner became burned, the problems involved in extended hospitalization, rehabilitation and emotional instability will frequently become too much for the un-burned wife or husband to bear. Children are often ashamed to be seen with a disfigured parent. The stares and comments of un-thinking or insensitive people can add to the trauma of a burned person. People, as a rule, don't mean to be hurtful, but they frequently are. Stares are a constant reminder that we are different. Even after all these years, and being a very self-confident person, I can still be distressed by incidents such as the one I encountered last Saturday. I was at the cash desk of a supermarket and the cashier said "You must have been in a bad fire". I said "No, they were acid burns". The cashier then remarked "Well, I expect
they will do plastic surgery". I told her that it had already been done. She looked horrified and said "Oh, isn't that terrible!" I don't know if she was referring to the result, or the fact that more couldn't be done for me, but I didn't wait around to find out and my good-mood inspired by the Thanksgiving holiday, had evaporated.

The Burn Survivors Association is a registered charitable organization that was formed two years ago, as the result of an article which appeared in the Toronto Star. At the moment, we are almost completely a self-supporting group and receive no funding of any kind. Our prime objective is to help the individual burn victim with his or her re-integration into the community and to assist the family in accepting their family member's changed physical appearance. Post-release care and support has been sadly lacking for the burn patient and the Association is trying to fill this gap. We share medical knowledge and tips on the care of grafts, donor sites and Jobst suits. We share all sorts of potions to counteract the awful Itch of healing tissue and nerve ends. Although it is not advertised, special make-up is available to help us look as good as possible and we spread the word. We offer emotional support, acceptance and encouragement. We urge each other to live our lives - not as recluses, shut away from society - but as full members who have certainly paid our dues.

Secondary objectives, but also of great importance, are # 1 - to make the community aware of fire hazards, and the necessity of using fire prevention techniques. # 2 - we would like to see more Burn units set up, as burns do require specialized care, facilities and trained staff. # 3 - we feel that, in the future, we could be a useful adjunct to the medical and nursing staff in hospitals as a support group for the families of those who have been recently burned.
Our membership is open to all interested people and, at this time, we have not only burn victims and their families as members, but nurses, physiotherapists, social workers and - our prized possession - one retired plastic surgeon. It is encouraging for us to see concerned professionals learning from former patients so that those following us into our hospitals and burn units may receive improved care.
ASSISTANCE FOR VICTIMS: CANADA AND THE UNITED STATES

SEVENTH ANNUAL CONFERENCE
OF THE NATIONAL ORGANIZATION
FOR VICTIM ASSISTANCE/FIRST
CONFERENCE OF CANADIANS INTERESTED
IN ASSISTANCE FOR VICTIMS
FROM 14 - 17 OCTOBER 1981
TORONTO (ONTARIO)

SUMMARY ON THE COMPENSATION OF CRIME VICTIMS
IN QUEBEC (CANADA)

PRESENTED BY:
JEAN-MARC BERTRAND
DIRECTOR
SERVICE FOR THE COMPENSATION
OF CRIME VICTIMS
"C.S.S.T."

OCTOBER 15th, 1981
LADIES & GENTLEMEN:

SINCE MARCH FIRST 1972, THE PROVINCE OF QUÉBEC COMPENSATES CRIME VICTIMS.

THE "COMMISSION DE LA SANTÉ ET DE LA SÉCURITÉ DU TRAVAIL (THE FORMER WORKMEN'S COMPENSATION COMMISSION) ADMINISTERS THIS PROGRAM VIA THE SERVICE FOR THE COMPENSATION OF CRIME VICTIMS (IVAC).

EVEN STRANGERS WHO ARE VICTIMS DURING A STAY IN QUÉBEC OF SOME ACT AGAINST THEIR PERSON MAY BENEFIT FROM THE CRIME VICTIMS COMPENSATION ACT.

THE REQUEST FOR BENEFITS MUST BE MADE DURING THE YEAR FOLLOWING THE INJURY, DEATH OR MATERIAL DAMAGES (IN CERTAIN CASES, AND UP TO 1 000 $).

VICTIMS OF CRIMINAL ACTS, OR THEIR DEPENDENTS, IN THE EVENT OF THE DEATH OF THE VICTIM, ARE ENTITLED TO THE SAME ADVANTAGES, WITH ONLY SLIGHT DIFFERENCES, AS THOSE RECEIVING WORKMEN'S COMPENSATION.
THE TERM "INJURY" MEANS BODILY INJURY, PREGNANCY AS A RESULT OF
RAPE, AND MENTAL OR NERVOUS SHOCK.

THE INJURED VICTIM IS ENTITLED, DURING HIS DISABILITY, TO CONTINUE HIS
REGULAR OCCUPATIONS AT 90% OF HIS NET WAGES. FOR VICTIMS NOT RECEIVING
WAGES AT THE TIME OF THE CRIME AND WHO ARE OVER 16 YEARS OF AGE, THE MINI-
MUM WAGE (NOW 4,00 $ PER HOUR IN QUÉBEC FOR A REGULAR 44-HOUR WORK WEEK)
IS USED AS A BASIS FOR CALCULATING THE INDEMNITY. THOSE UNDER 16 YEARS
RECEIVE 35,00$ PER WEEK.

THE VICTIM WHO IS PERMANENTLY DISABLED IS ELIGIBLE FOR A MONTHLY, LIFE-
TIME PENSION. THIS PENSION IS 90% OF HIS ACTUAL NET WAGES OR PRESUMED WAGES
MULTIPLIED BY THE PERCENTAGE OF HIS PERMANENT DISABILITY.

THE PERMANENT DISABILITY OF A VICTIM IS ESTABLISHED BY ADDING HIS RATE
OF ANATOMO-PHYSIOLOGICAL DEFICIENCY TO HIS RATE OF INAPTNESS FOR RETURNING TO
WORK.

THE WAGE USED FOR SUCH CALCULATIONS, IN THE CASE OF A VICTIM LESS THAN
21 YEARS OF AGE, IS REVISED AT THE LATEST WHEN HE IS 21 AND THEN THE COMPEN-
SATION IS CHANGED ACCORDINGLY.
THE MAXIMUM ANNUAL WAGE USED IS PRESENTLY 23,500 $, WHICH IS INDEXED ANNUALLY, ALSO ANY AMOUNTS PAID AS A PENSION.

IN ADDITION TO MONETARY BENEFITS, A CRIME VICTIM IN QUÉBEC IS ENTITLED WITHOUT COSTS TO ANY MEDICAL CARE THAT HIS CONDITION REQUIRES.

SUCH PERSON IS ALSO ENTITLED TO ALL EXISTING REHABILITATION SERVICES AND PROGRAMS IN ORDER TO REGAIN, INSOFAR AS THIS IS POSSIBLE, HIS PREVIOUS MENTAL AND SOCIO-ECONOMIC BALANCE.

ONE OF THE IMMEDIATE PRIORITIES OF THE COMMISSION DE LA SANTÉ ET DE LA SÉCURITÉ DU TRAVAIL DU QUÉBEC IS SOCIAL REHABILITATION.

AS TO ANY DEPENDENTS OF THE DECEASED VICTIM, THEY ARE ENTITLED TO A PENSION, IN ADDITION TO VARIOUS DEATH BENEFITS.

SUCH PENSION IS EQUIVALENT TO A PART OF THE PENSION THAT THE VICTIM WOULD HAVE RECEIVED FOR TOTAL DISABILITY, IF HE HAD SURVIVED. DEATH BENEFITS VARY FROM 55% TO 80% OF THE PENSION THE VICTIM WOULD HAVE RECEIVED GIVEN THE CIRCUMSTANCES AND THE NUMBER OF HIS DEPENDENTS.
PARTIAL DEPENDENTS MAY RECEIVE A LUMP-SUM PAYMENT.


A SPOUSE: (A) THE MAN AND WOMAN WHO ARE MARRIED AND LIVE TOGETHER, (B) THE MAN AND WOMAN WHO ARE NOT MARRIED BUT WHO LIVE PUBLICALLY AND MARITALLY TOGETHER FOR THREE YEARS, OR ONE YEAR IF THEY HAVE A CHILD TOGETHER, (C) THE SEPARATED MAN OR WOMAN, DIVORCED PERSONS, OR THOSE WHOSE MARRIAGE HAS BEEN ANNULLED AND WHO ARE ENTITLED TO AN ALIMENTARY PENSION FROM THE VICTIM.

THese THEN ARE THE BENEFITS PRESENTLY AVAILABLE TO CRIME VICTIMS IN QUÉBEC.

SINCE THE ENFORCEMENT OF THE CRIME VICTIMS COMPENSATION ACT IN 1972 AND UP TO THE END OF AUGUST 1981, 6,729 REQUESTS FOR BENEFITS HAVE BEEN SENT IN AND 26 590 153,76 $ HAVE BEEN PAID.
OVER THE LAST TWO YEARS, THE NUMBER OF REQUESTS HAS MORE THAN DOUBLED. THIS INCREASE CAN BE ATTRIBUTED TO A BETTER KNOWLEDGE OF THE ACT BY THE PUBLIC.

THE QUEBEC PLAN FOR COMPENSATING CRIME ACCIDENT VICTIMS SEEMS TO BE THE MOST GENEROUS IN NORTH AMERICA, IF NOT THE MOST GENEROUS. AS AN EXAMPLE, I WOULD LIKE TO HAVE YOU LOOK AT THE FOLLOWING TABLE WITH STATISTICS FOR THE YEAR 1980 TAKEN FROM ANNUAL REPORTS OF THE STATE OF NEW YORK, ONTARIO, BRITISH COLUMBIA AND QUEBEC.

<table>
<thead>
<tr>
<th>1980</th>
<th>REQUESTS</th>
<th>INDEMNITIES PAID</th>
<th>AVERAGE COST PER FILE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUEBEC</td>
<td>1143</td>
<td>6 365 462 $</td>
<td>5 569.08 $</td>
<td>100</td>
</tr>
<tr>
<td>BRITISH COLUMBIA</td>
<td>794</td>
<td>1 542 122</td>
<td>1 942.22</td>
<td>34</td>
</tr>
<tr>
<td>ONTARIO</td>
<td>1190</td>
<td>1 735 551</td>
<td>1 489.29</td>
<td>26</td>
</tr>
<tr>
<td>NEW-YORK</td>
<td>7885</td>
<td>6 591 483</td>
<td>835.95</td>
<td>15</td>
</tr>
</tbody>
</table>

IT IS EVIDENT THAT THIS ANALYSIS IS ONLY PARTIALLY CORRECT, AS IT DOES NOT INCLUDE THE NUMBER OF REQUESTS THAT WERE REFUSED, OR BENEFITS PAID AS PENSIONS OR LUMP-SUM PAYMENTS, ETC... BUT IT DOES GIVE US A GOOD IDEA OF THE LIBERALNESS WITH WHICH THESE FOUR PLANS ARE CARRIED OUT AS FAR AS INDEMNITIES ARE CONCERNED.
SINCE DECEMBER 27, 1977, THE SERVICE FOR THE COMPENSATION OF CRIME VICTIMS HAS A NEW LAW TO ADMINISTER. THIS ACT IS TO PROMOTE GOOD CITIZENSHIP AND GRANTS TO PERSONS WHO ARE VICTIMS AS A RESULT OF ACTS OF GOOD CITIZENSHIP, OR TO THEIR DEPENDENTS, IF THE VICTIM DIES, THE SAME ADVANTAGES AS THE VICTIMS OF CRIMINAL ACTS.

THE "RESCUER", COMMONLY CALLED THE GOOD SAMARITAN, IS A PERSON WHO BENEOLENTLY COMES TO THE ASSISTANCE OF A PERSON WHOM HE HAS REASONABLE CAUSE TO BELIEVE TO BE IN DANGER OF HIS LIFE OR OF BODILY HARM.

THE RESCUER, EVEN IF HE HAS NOT SUFFERED ANY BODILY HARM OR MATERIAL DAMAGES (THESE ARE LIMITED TO 1 000 $), MAY, ON THE SAME BASIS AS THE OTHERS, BE ELIGIBLE TO A MONETARY COMPENSATION NOT EXCEEDING 5 000 $ OR TO DECORATIONS OR DISTINCTIONS UPON THE RECOMMENDATION OF THE MINISTER OF JUSTICE OF QUÉBEC.

IN QUEBEC, COMPENSATION FOR VICTIMS OF CRIMINAL ACTS OR ACTS OF GOOD CITIZENSHIP WILL PROBABLY UNDERGO MAJOR CHANGES IN 1983.
THE WORKMEN'S COMPENSATION ACT WILL BECOME THE ACT RESPECTING OCCUPATIONAL INJURIES AND BENEFITS WILL BE BASED ON INCOME REPLACEMENT AND INCLUDE VARIOUS LUMP-SUM PAYMENTS FOR ANATOMO-PHYSIOLOGICAL DISABILITIES.

THIS FUTURE LAW WILL INSIST MORE ON SOCIAL REHABILITATION PROGRAMS IN ORDER TO HELP THE VICTIM RETURN TO HIS FORMER LIFE IN THE SHORTEST TIME POSSIBLE.
L'AIDE AUX VICTIMES: CANADA ET ETATS-UNIS

SEPTIEME CONFERENCE ANNUELLE DE LA NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE/
PREMIERE CONFERENCE DES CANADIENS QUI S'INTERESSENT A L'AIDE AUX VICTIMES
DU 14 AU 17 OCTOBRE 1981
TORONTO (ONTARIO)

EXPOSE SUR L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS
AU QUEBEC (CANADA)

PRESENTÉ PAR:

JEAN-MARC BERTRAND
DIRECTEUR
SERVICE DE L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS C.S.S.T.

LE 15 OCTOBRE 1981
MESDAMES, MESSIEURS,

DEPUIS LE 1er MARS 1972, LA PROVINCE DE QUEBEC INDEMNISE LES VICTIMES D'ACTES CRIMINELS.

C'EST LA COMMISSION DE LA SANTE ET DE LA SECURITE DU TRAVAIL (L'EX COMMISSION DES ACCIDENTS DU TRAVAIL) QUI VOIT A L'ADMINISTRATION DE CE PROGRAMME, VIA LE SERVICE DE L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS (IVAC).

MEME LES ETRANGERS QUI SONT VICTIMES, DURANT LEUR SEJOUR AU QUEBEC, D'UNE AGRESSION CONTRE LEUR PERSONNE PEUVENT BENEFICIER DES AVANTAGES PREVUS A LA LOI SUR L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS.

LA DEMANDE DE PRESTATIONS DOIT ETRE FORMULEE DANS L'ANNEE DE LA SURVENANCE DE LA BLESSURE, DU DECES OU DES DOMMAGES MATERIELS (DANS CERTAINS CAS ET JUSQU'A CONCURRENCE DE 1 000 $).

LES VICTIMES D'ACTES CRIMINELS OU LEURS PERSONNES A CHARGE, DANS LE CAS DU DECES DE LA VICTIME, ONT DROIT AUX MEMES AVANTAGES, A QUELQUES DIFFERENCES PRES, QUE LES ACCIDENTES DU TRAVAIL.
LE TERME "BLESSURE" COMPREND, EN PLUS D'UNE LESION CORPORELLE, LA GROSSESSE A LA SUITE D'UN VIOL ET LE CHOC MENTAL OU NERVEUX.

LA VICTIME BLESSEE A DROIT, DURANT SON INCAPACITE DE VAQUER A SES OCCUPATIONS HABITUELLES, A 90% DE SON SALAIRE NET. POUR LES VICTIMES NON SALARIEES, AU MOMENT DU CRIME, ET AGEES DE PLUS DE 16 ANS, LE SALAIRE MINIMUM (MAINTENANT DE 4,00 $ L'HEURE, AU QUEBEC, POUR UNE SEMAINE NORMALE DE TRAVAIL DE 44 HEURES) SERT DE BASE DE CALCUL DE L'INDEMNITE. POUR CELLES QUI SONT DE MOINS DE 16 ANS, UN MONTANT DE 35,00 $ PAR SEMAINE LEUR EST VERSE.

LA VICTIME QUI DEMEURE AVEC DES SEQUELLES PERMANENTES SE VERRA ELIGIBLE A UNE RENTE MENSUELLE ET VIAGERE CALCULEE EN PRENANT LES 90% DE SON SALAIRE NET REEL OU PRESUME ET EN MULTIPLIANT CE MONTANT PAR SON POURCENTAGE D'INCAPACITE PERMANENTE.

L'INCAPACITE PERMANENTE D'UNE VICTIME EST DETERMINEE PAR L'ADDITION DE SON TAUX DE DEFICIT ANATOMO-PHYSIOLOGIQUE AVEC SON TAUX D'INAPTITUDE DE RETOUR AU TRAVAIL.

LE SALAIRE RETENU, POUR CES CALCULS, DANS LE CAS D'UNE VICTIME AGEE DE MOINS DE 21 ANS EST REVISE, AU PLUS TARD, A SES 21 ANS ET L'INDEMNITE MODIFIEE EN CONSEQUENCE.
LE MONTANT MAXIMUM DU SALAIRE ANNUEL RETENU EST ACTUELLEMENT DE 23 500 $, LEQUEL EST INDEXE ANNUELLEMENT, DE MEME QUE LES MONTANTS DE TOUTES LES RENTES VERSEES.

EN PLUS DE CES PRESTATIONS PAYABLES EN ARGENT, LA VICTIME D'UN CRIME, AU QUEBEC, A DROIT GRATUITEMENT A TOUTE L'ASSISTANCE MEDICALE QUE REQUIERT SON ETAT.

ELLE A AUSSI DROIT A TOUS LES SERVICES ET PROGRAMMES DE READAPTATION, AFIN DE RETROUVER, DANS LA MESURE DU POSSIBLE, SON EQUILIBRE MENTAL ET SOCIO-ECONOMIQUE PRE-EXISTANT.

LA READAPTATION SOCIALE EST UNE DES PRIORITES ACTUELLES DE LA COMMISSION DE LA SANTE ET DE LA SECURITE DU TRAVAIL DU QUEBEC.

QUANT AUX PERSONNES A CHARGE DE LA VICTIME DECEDEE, ELLES ONT DROIT, EN PLUS DE CERTAINES PRESTATIONS FORFAITAIRES DE DECES, AU PAIEMENT DE RENTES.

 CES RENTES SONT EQUIVALENTES A UNE PARTIE DE LA RENTE QU'AURAIT RECUE LA VICTIME, POUR UNE INCAPACITE TOTALE, SI ELLE AVAIT SURVIVE. EN FAIT CES RENTES DE DECES VARIENT DE 55% A 80% DE LA RENTE QU'AURAIT RECUE LA VICTIME, DANS CES CIRCONSTANCES, SELON LE NOMBRE DE PERSONNES A CHARGE.
DANS LE CAS DE PERSONNES PARTIELLEMENT À CHARGE, UNE SOMME FORFAITAIRE PEUT LEUR ÊTRE ALLOUÉE.

EN VERTU DE LA LOI, LES PERSONNES TOTALEMENT À CHARGE DE LA VICTIME DÉCÉDÉE SONT: LE CONJOINT, L'ENFANT MINEUR OU ÂGE DE MOINS DE 18 ANS, L'ENFANT DE PLUS DE 18 ANS ET ENCORE AUX ÉTUDES OU INVALIDE ET TOUTE PERSONNE DEPENDANT ENTièrement DU REVENU DE LA VICTIME.

Sont des conjoints: A) L'HOMME ET LA FEMME MARIÉS QUI COHABITENT, B) L'HOMME ET LA FEMME QUI NE SONT PAS MARIÉS, MAIS QUI VIVENT PUBLIQUEMENT ET MARITALEMENT ENSEMBLE DEPUIS TROIS ANS OU DEPUIS UN AN, SI UN ENFANT EST ISSU DE LEUR UNION C) L'HOMME OU LA FEMME SEPARE, DIVORCE OU DONT LE MARIAGE A ÉTÉ DECLARE NUL ET QUI A DROIT À UNE PENSION ALIMENTAIRE DE LA VICTIME.

VOILA LES AVANTAGES ACTUELS DONT PEUVENT BENEFICER LES VICTIMES D'ACTES CRIMINELS, AU QUÉBEC.

DEPUIS L'ENTREE EN VIGUEUR DE LA LOI SUR L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS, SOIT EN 1972, JUSQU'A LA FIN D'AOUT 1981, 6,729 DEMANDES DE PRESTATIONS ONT ÉTÉ FORMULÉES ET 26 590 153,76 $ ONT ÉTÉ VERSES.
DEPUIS DEUX ANS, LE NOMBRE DE DEMANDES A PLUS QUE DOUBLE. CETTE AUGMENTATION EST ATTRIBUABLE A UNE PLUS GRANDE CONNAISSANCE DE LA LOI PAR LE PUBLIC.

LE REGIME QUEBECOIS D'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS SEMBLE ETRE L'UN DES PLUS GENEREUX EN AMERIQUE DU NORD, SI NON LE PLUS GENEREUX. A TITRE D'EXEMPLE ET A PARTIR DE DONNEES EXTRAITES, POUR L'ANNEE 1980, DES RAPPORTS ANNUELS DE L'ETAT DE NEW-YORK, DE LA PROVINCE DE L'ONTARIO, DE LA PROVINCE DE LA COLOMBIE BRITANNIQUE ET DE LA PROVINCE DE QUEBEC, PERMETTEZ-MOI DE VOUS COMMUNIQUER LE TABLEAU SUIVANT:

<table>
<thead>
<tr>
<th>1980</th>
<th>DEMANDES RECUES</th>
<th>INDEMNITES PAYEES</th>
<th>COUT MOYEN PAR DOSSIER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVINCE DE QUEBEC</td>
<td>1143</td>
<td>6 365 462 $</td>
<td>5 569,08 $</td>
<td>100%</td>
</tr>
<tr>
<td>PROVINCE DE LA COLOMBIE BRITANNIQUE</td>
<td>794</td>
<td>1 542 122 $</td>
<td>1 942,22 $</td>
<td>34.9%</td>
</tr>
<tr>
<td>PROVINCE DE L'ONTARIO</td>
<td>1190</td>
<td>1 736 551 $</td>
<td>1 459,29 $</td>
<td>26.2%</td>
</tr>
<tr>
<td>ETAT DE NEW-YORK</td>
<td>7885</td>
<td>6 591 483 $</td>
<td>835,95 $</td>
<td>15%</td>
</tr>
</tbody>
</table>

EVIDEMMENT, CETTE ANALYSE COMPARATIVE EST PARTIELLEMENT ERRONEE, CAR ELLE NE TIENT PAS COMPTE DU NOMBRE DE REJETS DE DEMANDES, NI DES PRESTATIONS PAYEES SOUS FORME DE RENTES OU DE MONTANTS FORFAITAIRES, ETC... MAIS ELLE NOUS DONNE, QUAND MEME, UNE BONNE IDEE DE LA LIBERALITE RELATIVE DE CES QUATRE REGIMES D'INDEMNISATION.
DEPUIS LE 27 DECEMBRE 1977, LE SERVICE DE L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS S'EST VU CONFIER L'ADMINISTRATION D'UNE NOUVELLE LOI, SOIT CELLE VISANT À FAVORISER LE CIVISME, QUI VIENT ACCORDER AUX VICTIMES DE LEURS ACTES DE CIVISME OU À LEURS PERSONNES A CHARGE, SI LA VICTIME EST DÉCÉDÉE, LES MEMES AVANTAGES QUE CEUX DISPENSES AUX VICTIMES D'ACTES CRIMINELS.

LE "SAUVETEUR", COMMUNEMENT APPELE LE BON SAMARITAIN, EST UNE PERSONNE QUI, BENEVOLEMMENT, PORTE SECOURS À UNE PERSONNE DONT LA VIE OU L'INTEGRITÉ PHYSIQUE EST EN DANGER OU LUI SEMBLE L'ÊTRE.

LE SAUVETEUR, MEME S'IL NE SUBIT PAS DE DOMMAGES CORPORELS OU MATERIELS (LESQUELS SONT LIMITES À 1 000 $), PEUT, AU MEME TITRE QUE LES AUTRES, ÊTRE ELIGIBLE À UNE RECOMPENSE EN ARGENT N'EXCEDANT PAS 5 000 $ OU À DES DECORATIONS ET DISTINCTIONS, SUR RECOMMANDATION DU MINISTRE DE LA JUSTICE DU QUEBEC.

L'INDEMNISATION DES VICTIMES D'ACTES CRIMINELS OU DE CIVISME, AU QUEBEC, CONNAÎTRA, SELON TOUTE VRAISEMBLANCE, EN 1983, DES CHANGEMENTS MAJEURS.
EN EFFET, LA LOI SUR LES ACCIDENTS DU TRAVAIL DEVIENDRA LA LOI SUR LA REPARATION DES LESIONS PROFESSIONNELLES ET LES PRESTATIONS SERONT BASEES SUR LE REMPLACEMENT DU REVENU ET SERONT ASSORTIES DE VERSEMENTS FORFAITAIRES POUR LES DEFICITS ANATOMO-PHYSIOLOGIQUES.

CETTE FUTURE LOI INSISTERA DAVANTAGE SUR LES PROGRAMMES DE READAPTATION SOCIALE, AFIN DE POUVoir FAIRE REINTEGRER A LA VICTIME, DANS LES MEILLEURS DELAIS, SON MONDE D'ANTAN.
CRIMINAL INJURIES COMPENSATION IN CANADA

VICTIM ASSISTANCE:

CANADA AND THE UNITED STATES

SEVENTH ANNUAL CONFERENCE OF THE
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE

FIRST CONFERENCE OF CANADIANS INVOLVED IN VICTIM ASSISTANCE

OCTOBER 14 - 17, 1981

DOWNTOWN HOLIDAY INN
89 CHESTNUT STREET
TORONTO, ONTARIO

Presented by:

N. J. Hiebert,
Co-Chairman,
International Association of Crime
Victim Compensation Boards
Criminal Injuries Legislation has in the last fifteen years appeared in many countries around the world, including Canada, the United States, Great Britain, Australia, Germany, Hong Kong, Japan and many others.

In Canada, nine provinces and the territories have a program to compensate for injury or death resulting from:

(a) some specific or defined crime committed by another person

(b) an effort to prevent crimes (either with or without a Peace Officer)

(c) an effort to arrest an offender or a suspended offender (again with or without a Peace Officer)

The crimes for which compensation can be paid are, as a rule, listed in the Legislation establishing the program, and they are, for the most part, violent in nature.

Although the aim is to compensate innocent victims of violent crime, a distinction is drawn between those who participated in committing the crime, and those who contributed to their own misfortunes as victims. Those who committed crimes are, of course, not compensated; but the actions of those who contributed to their misfortunes are taken into account, and depending on the degree of culpability, compensation is paid, perhaps on a reduced scale, or even refused.
The provinces and territories proclaimed Legislation in the following order:

(1) Saskatchewan - September 1, 1967
(2) Ontario - The Law Enforcement Compensation Act, April 1, 1968
- The Compensation for Victims of Crime Act, September 1, 1971
(3) Newfoundland - March 4, 1969
(4) Alberta - October 1, 1969
(5) Manitoba - July 16, 1970
(6) New Brunswick - November 15, 1971
(7) Quebec - March 1, 1972
(8) British Columbia - July 1, 1972
(9) Northwest Territories - February 9, 1973
(10) Yukon - April 1975

In New Brunswick and the two Territories, applications for compensation are received by the Clerk of a Law Court and the Judge orders or declines to order the payment of compensation and the Department concerned with Justice looks after the payment of compensation. In both Newfoundland and Saskatchewan, there are Boards which accept applications and adjudicate claims but they, too, leave the payment of compensation to the Department concerned with Justice. In all other jurisdictions, there is an administrative tribunal which adjudicates claims and generally administers the Legislation.
In Quebec, Manitoba and British Columbia, the administrative tribunal is the same as for Workers' Compensation.

The Federal Government cost shares the provincial Legislation. Beginning January 1, 1973, the Federal Government agreed to pay the lesser of 5¢ per capita of the provincial population or 90% of the compensation awarded. Effective April 1, 1977, a new formula was introduced providing for the Federal Government to contribute the larger of 10¢ per capita or $50,000, but not in excess of 50% of the compensation paid. All provinces accepted the new formula, but there was an over-riding clause that jurisdictions might claim according to the old formula if it should be to their advantage to do so.

There were some exceptions, notably the Territories, where a special funding arrangement was made. (75% of the compensation awarded subject to certain maximum amounts for individual awards.)

In addition to the financial cost-sharing formula, there are basic terms contained in the cost-sharing agreement.

(1) Compensation to be paid when there is injury or death as the result of another's crime, or as a result of lawfully seeking to enforce or assist in the enforcement of Federal Laws.
(2) Compensation not to be given as a rule if the victim brought about his own misfortunes.

(3) Compensation to be payable on behalf of the victim if the latter has died as a result of the crime, either to his dependants or to the person who was responsible for his maintenance.

(4) Compensation to be payable for expenses incurred as a result of injury or death, pecuniary loss or damages resulting from the victim's incapacity to work, pecuniary loss or damages incurred by victim's dependants if there is death, maintenance of children born as a result of rape, other pecuniary loss or damages including pain and suffering and, in claims arising from Law Enforcement assistance, such other damages as a Court of Law might award, excluding punitive and exemplary damages.

(5) Compensation not to be refused on grounds of residence.

(6) Benefits received, or to be received, from other sources to be taken into account when determining amount of compensation.
(7) Provinces and territories to submit annually to audited financial statements on compensation paid.

(8) Provinces and territories to publicize the compensation plan in their own jurisdictions.

(9) The schedules of crimes covered as appended to each agreement (some 40 in number) to be amendable by mutual agreement of the parties.

(10) Financial terms to be reviewable by the parties concerned at the end of each three year period.

The crimes covered are listed in the schedule of the Act and tend to be those crimes that are violent in nature.

Applications are submitted to the Clerk of the Court of the Queen's Bench of the appropriate judicial district in New Brunswick, The Clerk of the Supreme Court in the Yukon and the Clerk of the Supreme Court in the Northwest Territories. Elsewhere, the application is submitted to the administrative tribunal concerned.

Although the wording concerning surviving dependants differ, depending on the Legislation, dependants are understood to be persons who were wholly or partly dependant upon the victim including members of the victim's family and others to whom the victim stood in loco parentis.
In all jurisdictions there is a time limit for making application. This is one year in almost every province and territory with exceptions being Quebec, which has six months, and Manitoba, a two year limit.

Persons who committed crimes upon which claims are based or accomplices are, of course, not eligible for compensation.

The Legislation in all jurisdictions specifies that behaviour, directly or indirectly, contributed to the injury or death of the victim be considered and be taken into account. The Quebec and the British Columbia Acts both require that benefits not be granted if the victim was guilty of gross fault. The Yukon Ordinance directs that the Judge decline to make an order for compensation where the victim is himself culpable in relation to the crime unless the Judge considers that having regard to exceptional circumstances, compensation should be awarded.

In actual practice, victim culpability may, except in Quebec and Manitoba, be grounds for reducing the amount of the award. It may be considered to be sufficiently serious to warrant a denial of any payment.

It is expected then in some cases a requirement that persons who apply for compensation report the crime within a reasonable time to the Police. It is also expected that reasonable assistance be given to the Law Enforcement Authorities to apprehend the offender.
In order to be eligible for compensation, the claimant has to satisfy the Judge or the Board adjudicating on the application that there has been an injury or a death on account of a crime within the legal framework for compensation. But in determining this point a "lower standard of proof - balance of probabilities as opposed to a reasonable doubt -" prevails in criminal injury compensation. (This was pointed out by Professor/Justice Allan M. Linden.) Thus the Legislation of most jurisdictions authorizes the acceptance as evidence of statements, documents, information or matter, that may assist in dealing effectually with applications, whether or not they would be admissible as evidence in any Law Court.

Conviction of an offender is usually taken as proof that an offence has taken place, but a conviction does not always prescribe a right to an award; the victim may have contributed to the situation which resulted in the injury and as noted earlier, an award may be refused or perhaps reduced. Moreover, a conviction is not a necessary condition for the granting of an award, for a conviction, may not take place at all. The offender may not be found or his case may have been dismissed on account of the higher standard of proof of Law Courts alluded to earlier.

In Quebec and Manitoba, victims are compensated as if they had been injured in a work situation (i.e., as if they had been clients of the workers compensation program).
In British Columbia the basis for decisions when awards are granted are similar to that used in Civil Courts for personal injury arising from negligence. In New Brunswick, awards are made as if damages were being assessed in a civil action, although to a maximum of $5,000.00.

In all other jurisdictions there is no guiding principle described by Legislation for determining the amount of compensation other than that compensation be awarded for factors such as expenses incurred as a result of the injury or death, pecuniary loss, pain and suffering and maintenance of child born as a result of rape. In addition, financial need is specified in Saskatchewan as a further factor of consideration.

In all jurisdictions other than in Ontario, there is a minimum of about $100.00 below which no compensation is paid. There is also a maximum, except in Saskatchewan and Alberta.

There is sometimes a limit on compensation payable for any one occurrence regardless of the number of victims. These maximums may be determined by Legislation from time to time, or as prescribed under The Workers Compensation Act, as is the case in Manitoba and Quebec.

As a rule, no compensation is paid for property damage beyond such things as eye glasses, dentures, hearing aids, and other prostheses. In New Brunswick all loss or damage to property is compensable when the award is for injury or death resulting from efforts at Law Enforcement.
Generally, any amount recovered from the offender is deductible up to the total amount that is awarded as compensation and cost. Other Acts specify in their Legislation that any benefits, compensation or indemnity payable to the applicant from any source, be taken into account in assessing pecuniary loss. Manitoba and Alberta require the benefits from accident, sickness and life insurance gains and from private pension schemes be deducted.

As a rule, medical and hospital expenses are not paid by the compensation program. In all provinces, there are health insurance schemes covering 99% of the population and except in Quebec, it is expected that medical and hospital expenses to treat injuries suffered by victims of crime be paid for by these insurance schemes. In Quebec, the Board reimburses the Provincial Health Insurance.

As a rule, victims of crime are referred to other Government Agencies and Departments for rehabilitation help, however, the Quebec, Manitoba and British Columbia Boards are exceptions in that under their workers compensation program, rehabilitation programs are available.

In Quebec, Manitoba and British Columbia, a review of decisions is possible in the same way that workers compensation cases may be reviewed. In Quebec, unsatisfied applicants may appeal to the Board of Review, and later, if desired, to the Social Affairs Commission.
In Manitoba, a claimant who is dissatisfied with the recommendation rendered by the staff may request that the Board review the claim by way of a hearing. In British Columbia, an appeal committee is appointed to review claims when this is requested.

The latest statistics available indicate that approximately $8,500,000. was paid to victims of crime of which the Federal Government contribution was approximately $2,500,000. This covered a total of approximately 3,600 applicants for the same period involving awards granted for about 3,000 applicants and the balance of the claims were dismissed.

Specific information regarding statistics of each of the Boards and their specific programs are available, either by contacting the Boards individually, or through the Canadian Association of Crime Victim Compensation Boards.
THE COMPENSATION IS THE CRIME:

CRIMINAL INJURY COMPENSATION FOR

HANDICAPPED PEOPLE

SPEECH PRESENTED TO THE SEVENTH

ANNUAL CONFERENCE OF THE NATIONAL

ORGANIZATION FOR VICTIM ASSISTANCE

October 16, 1981
Toronto

Presented by: David Baker, B.A. LL.B.
Executive Director
Advocacy Resource Centre for the Handicapped
Toronto.
"THE COMPENSATION IS THE CRIME: CRIMINAL INJURY COMPENSATION FOR HANDICAPPED PEOPLE"

LET ME SAY AT THE OUTSET THAT MY TALK DOES NOT FOCUS ON THE QUESTION OF WHETHER OR NOT HANDICAPPED PEOPLE FACE SUBSTANTIALLY GREATER RISKS OF CRIMINAL VICTIMIZATION. MY RESEARCH IS NOT EMPIRICAL. MOREOVER, IF SUCH DATA WERE AVAILABLE MY CONCERN WOULD BE THAT IT NOT BE USED TO JUSTIFY PATERNALISTIC PROTECTIONISM WHICH IN MY EXPERIENCE IS CONSIDERED BY MOST HANDICAPPED PEOPLE TO BE AN INFRINGEMENT OF THEIR RIGHTS. IF THERE ARE GREATER RISKS IN SOCIETY, MY EXPERIENCE HAS BEEN THAT HANDICAPPED PEOPLE ARE WILLING TO ACCEPT THOSE RISKS AS THE PRICE THEY MUST PAY FOR FULL PARTICIPATION.

MY CONCERN IS LESS WITH PREVENTION AND MORE WITH THE QUESTION OF COMPENSATION.

MY WORK BRINGS ME IN CONTACT WITH A LARGE NUMBER OF PERSONS WHO HAVE BEEN DISABLED IN VARIOUS WAYS. WHILE THEIR DISABILITIES HAD DIFFERENT ORIGINS, THEIR NEEDS ARE SUBSTANTIALLY THE SAME. THIS IS NOT TO DENY THE INDIVIDUALITY OF THE PERSON BUT MERELY TO SAY THAT THE CAUSE OF A DISABILITY RARELY AFFECTS THE NEEDS OF THE DISABLED PERSON.
THROUGH OUR LEGAL SYSTEM WE HAVE DEVELOPED GREAT DISPARITIES IN THE METHODS WE USE TO COMPENSATE HANDICAPPED PEOPLE FOR THEIR DISABILITIES. THROUGH AN "AD HOCERY" UNIQUE TO THE POLITICAL PROCESS WE HAVE CONCLUDED THAT PEOPLE INJURED IN FOREIGN WARS, INDUSTRIAL ACCIDENTS, AUTOMOBILE CRASHES AND IN CIRCUMSTANCES DESCRIBED AS CRIMINAL MUST GO THROUGH DIFFERENT PROCESSES AND ACHIEVE DIFFERENT RESULTS IN THEIR SEARCH FOR COMPENSATION AND REHABILITATION.

THE GOAL I SUGGEST AS WORTH ACHIEVING IS A UNIVERSAL, NO-FAULT SCHEME OF COMPENSATION. THE ENEMIES INCLUDE GAPS IN THE COMPENSATION SCHEME, SLOW AND EXPENSIVE PROCEDURES, AND INEFFICIENT INSURANCE AND COMPENSATION SCHEMES.

IN ONTARIO, PERSONS WHO ARE INJURED AS A RESULT OF CRIMINAL ACTIVITY MAY BE ELIGIBLE FOR COMPENSATION UNDER THE COMPENSATION FOR VICTIMS OF CRIME ACT.

AND SPEAKING OF GAPS IN THE COMPENSATION SYSTEM, THIS MIGHT NOT BE THE IDEAL EXAMPLE TO PICK. QUITE THE REVERSE, A VICTIM OF CRIMINAL ACTION CAN FIND HIMSELF ENGAGED IN FOUR (4) OR MORE TYPES OF LITIGATION: CRIMINAL, CIVIL, A HEARING BEFORE THE CRIMINAL INJURIES COMPENSATION BOARD AND A HEARING INVOLVING ONE OF NUMEROUS INCOME INSURANCE SCHEMES (E.G. LONG TERM DISABILITY COVERAGE, WORKMEN'S COMPENSATION ETC.)
THIS PROLIXITY COULD NOT BE DESCRIBED AS A GAP, NEVERTHELESS THE SYSTEM DOES HAVE A NUMBER OF LIMITATIONS. THE CIVIL SYSTEM PRESUMES THAT THE PLAINTIFF KNOWS WHO CAUSED HIM AN INJURY. IT ALSO ASSUMES THAT THE DEFENDANT IS SUFFICIENTLY WEALTHY OR INSURED TO PROVIDE ADEQUATE COMPENSATION. OBVIOUSLY, NEITHER OF THESE ASSUMPTIONS CAN BE MADE IN MANY, INDEED MOST CASES.

IN ADDITION, THE CIVIL COMPENSATION SYSTEM IS NOTORIously SLOW AND INVOLVES VERY HIGH ACCESS COSTS, NOT ALL OF WHICH ARE COVERED BY LEGAL AID.

THE INCOME REPLACEMENT SCHEMES WHICH MAY BE AVAILABLE ARE NECESSARILY CONTINGENT UPON THE PLACE WHERE THE INJURY WAS SUSTAINED, FOR EXAMPLE, WORKMEN'S COMPENSATION OR THE AVAILABILITY OF SUCH PLANS, E.G. LONG TERM DISABILITY. THE LATTER ARE GENERALLY CONFINED TO ORGANIZED WORKERS AND MANAGEMENT LEVEL PERSONNEL.

THE THIRD POSSIBLE SOURCE OF COMPENSATION IS THE CRIMINAL INJURIES COMPENSATION BOARD. I AM NOT IN A POSITION TO MAKE A COMPREHENSIVE CRITIQUE OF THE BOARD'S OPERATION. HOWEVER, I WOULD OFFER THE FOLLOWING OBSERVATIONS:

(1) THERE MAY BE DISPUTES AS TO WHETHER OR NOT THE INJURY RESULTED FROM CRIMINAL ACTIVITY WHICH WOULD DELAY THE PROCESSING OF THE CLAIM.
(2) There is a one year limitation imposed upon applications and the availability of the remedy is not widely publicized. Bearing in mind the numerous alternatives which a person is responsible for exploring, this remedy can easily be overlooked.

(3) There is an enormous amount of discretion placed in the hands of the board. Rather than focusing on the needs of the handicapped person, they have discretion to deny payment all together if the "behaviour of the victim" is found to be unseemly or in some way contributory to the damage. As well, they have discretion to deny relief if the person was not cooperative with the authorities. This opportunity to attach moral blameworthiness to a person's action may be politically expedient but from a standpoint of the person who has become permanently disabled, it is demeaning and paternalistic.

(4) The maximums placed on payments-out indicate that this scheme is not intended truly to be a compensation scheme. The maximum monthly payment is $500.00 a month. If a person were sufficiently disabled to go on welfare, they would be receiving $350.00 a month plus a housing allowance which would bring them to within approximately $100.00 per month of the maximum payment. The maximum lump payment is $15,000.00 which would barely pay
FOR SOME OF THE PROSTHETIC DEVICES HANDICAPPED PEOPLE REQUIRE TO BE FUNCTIONING MEMBERS OF SOCIETY, LET ALONE PROVIDE A LIFETIME OF COMPENSATION. MY OBSERVATION ABOUT THE PURPOSE OF THE SCHEME IS FURTHER SUPPORTED BY THE PRO RATA DISTRIBUTION OF MAXIMUM AMOUNTS ALLOCATED FOR ONE PARTICULAR CRIMINAL OCCURRENCE AND THE LIMITATION ON THE BOARD'S AUTHORITY TO PAY OUT DAMAGES FOR SPECIFIC PURPOSES BUT IN ANY EVENT NOT TO EXTEND TO THE COMMON LAW SCALE.

I WOULD SUGGEST THAT THE PROVINCE OF ONTARIO CONSIDER INSTITUTING A COMPREHENSIVE PLAN OF DISABILITY COMPENSATION WHICH WOULD INCLUDE A NUMBER OF EXISTING SYSTEMS SUCH AS THE WORKMEN'S COMPENSATION SCHEME, OUR AUTOMOBILE NEGLIGENCE INSURANCE SCHEME, OUR MEDICAL MALPRACTICE INSURANCE SCHEME AND THE CRIMINAL INJURY COMPENSATION BOARD. I WOULD SUGGEST THAT THE PERSON BE GIVEN THE OPTION OF SUING THE PERSON RESPONSIBLE FOR THE INJURY OR MAKING APPLICATION FOR COMPENSATION UNDER THIS SCHEME WITH THE PLAN TO HAVE SUBROGATED RIGHTS TO COMPENSATION FROM THE CRIMINAL WHO CAUSED THE INJURY.
FROM A PROCEDURAL POINT OF VIEW THE ISSUE OF COMPENSATION AND LIABILITY COULD BE DEALT WITH THROUGH A TWO (2) STAGE PROCEEDING WHICH WOULD REVERSE THE EXISTING PRACTICE. FIRST, THE DISABLED PERSON WOULD SUE TO ESTABLISH LIABILITY WHEREUPON THE BOARD WOULD BE REQUIRED TO PAY OUT. THEREAFTER THE BOARD COULD CHOOSE TO PURSUE THE CRIMINAL WHO CAUSED THE INJURY IF IT FELT THIS WAS WARRANTED.

THIS TYPE OF SCHEME IS PRESENTLY BEING REVIEWED BY PROFESSOR PAUL WEILER OF THE HARVARD LAW SCHOOL. THE MINISTER OF LABOUR IN ONTARIO, DR. ROBERT ELGIE, HAS AUTHORIZED HIM TO EXPLORE WHETHER SUCH A COMPREHENSIVE PLAN WOULD BE FEASIBLE IN THIS PROVINCE AS AN EXTENSION OF PROFESSOR WEILER'S REVIEW OF THE WORKMEN'S COMPENSATION SYSTEM.

JUST TO REVIEW THE IMPORTANT BENEFITS WHICH SUCH A SCHEME WOULD PRODUCE FOR THE VICTIMS OF CRIME:

(1) ENDING THE DUPLICATION OF COURT PROCESSES;
(2) ENDING THE DELAY IN RECEIVING COMPENSATION;
(3) ENSURING COMPENSATION TO THOSE WHO NEED IT.
(4) OBVIATING THE NEED FOR NUMEROUS COURTS, TRIBUNALS, LAWYERS, INSURANCE COMPANIES, ETC.
(5) SUPPLYING A STATE INCENTIVE FOR REHABILITATION OF DISABLED PEOPLE.
IT IS TRADITIONAL IN OUR LEGAL SYSTEM THAT PEOPLE HAVE BEEN ASKED TO BEAR THE COST OF CRIMINAL ACTIVITY WHEN THE IDENTITY OF THE CRIMINAL HAS NOT BEEN DISCOVERED OR HE IS JUDGMENT PROOF. THIS HAS BEEN MITIGATED TO A CERTAIN EXTENT BY THE ADVENT OF THE COMPENSATION FOR VICTIMS OF CRIME ACT. WHAT I AM SUGGESTING IS WE GO THE FINAL STEP TO THE POINT OF ENSURING VICTIMS OF CRIME ARE FULLY COMPENSATED FOR THEIR INJURIES. IN DOING SO I AM NOT SUGGESTING THAT WE RELIEVE THE CRIMINAL OF THE RESPONSIBILITY FOR HIS ACTIONS. I AM MERELY PROPOSING THAT THE STATE ASSUME RESPONSIBILITY FOR THOSE WHO WOULD NOT OTHERWISE BE ADEQUATELY COMPENSATED.

I BELIEVE SOCIETY AS A WHOLE HAS MOVED BEYOND THE POINT WHERE CRIMINAL ACTIVITY IS REGARDED AS EXCLUSIVELY A MATTER OF MORAL TURPITUDE ON THE PART OF INDIVIDUAL CRIMINALS. WE ARE AWARE OF THE SOCIAL ORIGINS AND COSTS OF CRIMINAL ACTIVITY AND IT IS TIME THAT THE STATE INTERVENE TO ENSURE AN EQUITABLE DISTRIBUTION OF THE COSTS.
"Promoting Coordination Among Family Violence Service Providers"

Linda Silverman King
Center for Women Policy Studies
October 1981
Efforts at remediating domestic violence have been based primarily on understanding it as a social problem with physical, psychological, and criminal justice consequences rather than isolating it as a private, interpersonal, or intrapsychic conflict. There is no one single approach or intervention, but rather a range of alternatives, that have been found to effectively address any given incident.

In conjunction with the struggle for recognition of spouse abuse on the national level, the establishment of shelters, safe home networks, and emergency services have been primary goals. While this continues to be an important aspect of the work, the participation at national conferences on family violence and of professional organizations, the development of state legislation, and the growth of community response indicate that other issues need attention.

Despite the current direction of public policy and its impact on all social programs, discussion of these issues can be pursued. In particular, there is a need to address the barriers within the family violence field itself that impede the delivery of services to victims, abusers, and their children. These barriers stem from differences in perceptions and attitudes towards domestic violence and service delivery as well as from conflict between service providers that such differences generate.

These controversies have been, in part, subsumed by
other priorities such as the struggle for recognition of domestic violence as a social problem. They have also been avoided for political reasons and in response to the anxiety that conflict could damage the movement. However, the attempt to discuss these problems and issues can be seen as a hallmark that the field has become sufficiently established to be able to examine its own process as well as direct its energies to external barriers.

Service delivery is a dynamic and constantly changing process. There are advantages and limitations to any set of concepts selected to formulate program policy. Within the range of approaches to delivering services to violent families, differences in assumptions regarding causation, availability of funding, and preferences for methodologies in helping are factors in determining which approaches are used. The diversity of approaches can generate conflict between groups of service providers and between institutions and agencies which undermines cooperation. However, conflict can also be a positive element and serve as a catalyst for change.

It can be expected that, over time, new issues in family violence needing to be addressed will be identified. Several commonly raised concerns about the coordination of services and conflict between program models have already emerged.

Most family violence programs fall into two broad categories: community-based services such as shelters, coalitions,
and emergency referral sources and institutionally established social services including health and mental health. Often these two groups are characterized as "grass-roots" and "traditional" services, a labeling which tends to further polarize the groups.

Four elements in their struggle to coordinate helping efforts are: the temporary and limited nature of funding; the use of knowledge and expertise as power; the status of professionals vs. non-professionals and volunteers; and program philosophy. The history of the development of community-based services and the position of professionally-based service institutions illuminates some current difficulties between the two groups as well as some possibilities for conflict resolution.

Through the process of gaining recognition of domestic violence as an important social problem, coalitions and shelters formed the nucleus of community organization efforts. Staff became personally and solidly identified with the battered women served. Many shelters were, and continue to be, founded on private donations or limited local support raised by volunteers. Such funding and volunteer staffing allowed program policy decisions to be formulated independently of bureaucratic regulations and models. It also fostered a political basis for program philosophy.

The inadequate response of legal, criminal justice, and social service agencies in the past further reinforced the
autonomy of these programs, many of which concomitantly took on the function of referral and coordination of services with local agencies. The growth of grass-roots service delivery and staff experience in dealing with abused women lead to the development of expertise and innovative methods for establishing and delivering much needed services to violent families. However, the demands for services quickly made evident the need for additional funding and services and the necessity of linking community programs with already existing institutionalized social service, health, criminal justice, and legal agencies.

The problem of service demands exceeding existing resources is endemic to social welfare institutions. Responding to "special constituencies" such as domestic violence victims can conflict with the already determined allocation of resources, organizational structure, and policies which establish service eligibility criteria. Through not necessarily identifying them as such, many health, mental health, and social service agencies have long served battered women. But, adequate identification requires training and protocols to recognize that the symptoms of dependency, anxiety, and depression often mask the deeper problem of domestic violence which needs to be addressed.

Furthermore, bureaucratic structure is cumbersome, and reform occurs slowly. Service re-organization is tied to public policy and appropriations for funding. Evaluation of social policy and making funds available require public education on a national level directed to both professionals and non-profession-
In the effort to promote effective service delivery, the Office on Domestic Violence within the U.S. Department of Health and Human Services was established in May 1979. The Office provided information, support for demonstration projects, and technical assistance to improve and coordinate services for domestic violence victims and their families. Its demise in early 1981 was a response to a political shift away from the recognition of social problems and the legitimizing of the provision of services.

Funding persists as a problem and primary barrier to service delivery. Programs and agencies compete to secure scarce resources and become rivals in well-doing. Limited funding tends to increase program emphasis on differences in methodologies and philosophy in the effort to attract funding. Unfortunately, this process heightens mistrust between programs and hinders efforts to integrate and coordinate service delivery.

Frequently voiced is "the problem with social services." Framing the issue in this way levies blame rather than facilitating problem-solving. The "problem" is a shared one, and its resolution may well rest in the ability of service providers, consumers, and activists to make an alliance and orchestrate their efforts to promote social change and the re-organization of service delivery systems.

The need for professional education is intensified by the severe cuts in federal funding to promote training in health,
mental health, and social services. In asking these service providers to fulfill their responsibility to domestic violence victims and their families, it is necessary that they first become aware of intervention strategies to enable them to respond appropriately. This training task can be undertaken by community groups.

The frustration of not receiving an adequate response from these professionals can distort the perception of them as either uncaring, hostile, or withholding which contributes to stereotyping and blaming. Overcoming this barrier depends, in part, on recognizing the complexities of service delivery systems and over-burdened service professionals. The approach of giving in order to receive, through the provision of professional training as an exchange of services, is one possible solution. It also has the potential for generating program funding and stimulating the growth of services.

The development of a framework for resolving differences within the family violence field as well as between service institutions could promote the increased development of intervention strategies. Questions about the efficacy of treatment and counseling modalities for victims, children, and abusers; the nature of the relationship between spouse abuse and child abuse; and the impact of violence on the family unit press for further examination. Reaching an accord between groups of service providers is crucial in continuing the effort to construct new policies and programs to remediate discrimination and the abuse of power.
BATTERED WOMEN AS VICTIMS OF THE HELPING SERVICES

Evan Stark, CoDirector, Family Violence Research Program,
Yale Medical School and the Center for Health Studies,
Yale University

(*) Presented to the Seventh Annual Conference of the National Organization
for Victim Assistance, First Conference of Canadians Involved in Victim
Assistance, October 14-17, 1981, Toronto, Canada. Support for the work reported
in this talk was provided by a grant from the National Institute of Mental
Health (MH 30868-01A1). The talk was prepared jointly with Anne Flitcraft, M.D.,
Codirector of the Research Program, and with the assistance of Anne Grey, R.N.
and Judy Robison.
INTRODUCTION

For the last few years, the Yale Domestic Violence Research Team has been reviewing the complete medical records of women who presented injuries to the Emergency Surgical Service at Yale New Haven Hospital. Our initial goal was simply to identify the clinical dimensions of abuse (including its overall impact on the medical system) and, if possible, to introduce an effective treatment protocol based on early identification, sensitive hospital reception and a speedy referral to community-based services. We were also interested in the clinical response to abuse since we were working closely with the New Haven Project for Battered Women and had extensive anecdotal information that abused women were being seriously mistreated by a range of helping services, including those in our hospital.

In a pilot study, Dr. Flitcraft had devised a means to identify abuse, based on a sensitive reading of a woman's trauma history, that was dependent neither on official diagnostic recognition of "battering" nor on self-reporting. With this method, we can determine both the actual incidence of abuse in the medical setting and the degree to which it goes unrecognized. And, by comparing the subpopulation of battered women to an equal number of patient controls, we can identify those characteristics which distinguish battering from other psychosocial profiles.

I cannot explain our empirical findings in detail in the short time allotted. Nor, let me add, can I cover the complex theoretical issues we believe our research raises about the essence of "help" in North America and Europe. A discussion of the method, data and theory can be found elsewhere. Besides, since many of you are service providers, you would be justifiably suspicious of an "outsider" who pointed to your faults with grand theories or statistics drawn from unfamiliar settings. Let me try to give you some flavor of our major conclusion, however, namely that the
2. distinctive ways in which helping services respond to abuse are themselves significant determinants of "the battering syndrome" among our patients. I will talk, in other words, about how therapeutic intervention contributes to the tragic profile we observe on the medical records of battered women.

We encounter three helping strategies in the clinical setting, the medical, psychiatric and social therapeutic. The medical approach disaggregates a history of abuse into a myriad of seemingly unrelated symptoms and then focuses on the secondary consequences of physical abuse such as alcoholism to reconstruct a woman's predicament so that it is suitable for psychiatric or social therapeutic intervention (and incidentally, for family maintenance strategies). Psychiatry focuses on the individual woman not as an object of exogenous stress or as a subject capable of explicating her situation or extricating herself from it but only insofar as she appears to "own" the behavioral and emotional problems through which her situational and physical symptoms are mediated. The social therapeutic approach, finally, "over-contextualizes" abuse, simultaneously recognizing that the family is the source of the problem while so historicizing a woman's existential predicament that the sexual specificity of the assault disappears behind an undifferentiated mass of problems. Each of these approaches alone and/or their combination negates one or more components of the only adequate response to battering, namely a response that views it historically, specifies the links between "personal troubles" and family struggles, and identifies the political center of these struggles (and problems) in patriarchal control. Each of these clinical approaches operates through what we will term "institutional projection," a process by which helping professionals project their failures to comprehend or cope with abuse onto patients and then, when institutional failure and discipline combine with physical brutality to subdue patient initiative, read their failure back as the patient's own through diagnostic categories and treatment modalities that allegedly characterize 'the victim.'
I will illustrate the three approaches with case material from our files. All case records are subjective. The questions we ask clients, the information we elicit, the data we record and the emphases we place shape how women appear to themselves, to us and to others. To this extent, we are political actors in the battering drama, price fixers helping to determine what will be seen and what will remain invisible. This is only to say that a woman's record is not hers alone. It is also ours, a record of an interaction, a relationship between the woman at various crucial stages in her life and us, also at various stages in our professional, institutional and personal development. Learning to respond adequately to abuse begins in seeing our own commitments, biases and political problems in the images that appear before us.

THE RESEARCH PROJECT

A brief summary of our most important empirical findings should be sufficient to introduce the case material.

We have generated distinct sets of data having to do with the extent and seriousness of physical abuse; the relationship over time between physical injury, psychosocial problems and general medical problems; and the developing clinical response. This information allows us to identify "the battering syndrome" and the impact on it of the clinical response.

**Medical Dimensions of Abuse**

We suspected from the start that abuse was more widespread than medical statistics indicated. We were not, however, prepared to find that more than 20 percent of the women using our emergency trauma service have been battered and that almost half the injuries women present to this service occur in the context of ongoing abuse. Nor is our situation unique. When Hilberman asked female patients at a rural psychiatric clinic about abuse, half acknowledged
they had been beaten. And the same percentage of battered women appears
among psychiatric patients in a Colorado hospital. In addition, battered
women are injured far more frequently than non-battered women, they have used
the service twice as long, and while their injuries do not differ in severity
from other injuries, the types and locations of injuries battered women
receive are distinctive. Battered women are more likely to be pregnant when
injured and, although they have the same number of children as non-battered
patients, they have three times the number of abortions and twice the number
of miscarriages.

**Psychosocial Dimensions of Abuse**

Although there is no evidence that mental illness plays a significant
role in the etiology of abuse, battered women use psychiatric facilities
five times more frequently than nonbattered women, primarily as the victims
of rape, attempted suicide, alcoholism, drug abuse, chronic tranquilizers use,
multiple somatic complaints, severe agitation, anxiety with insomnia and
violent nightmares. Hospitalized women who are battered have typically been
diagnosed as suffering "personality disorders" rather than psychoses, and
abused women seen by psychiatry on an outpatient basis are frequently
reported to be "depressed." Perhaps most interesting for understanding
the evolution of battering, abused women experience these psychosocial problems
disproportionately only after the first reported incident of deliberate
injury. So, for example, prior to the first reported incident of abuse,
alcoholism is no more common among battered women (2 percent) than nonbattered
women (2 percent) but climbs to 15 percent among the battered women after the
first reported incident. Reported (and neglected) abuse signals a sociopathic
history will follow. But abuse is not the result of psychosocial problems.
The significance of battering in the etiology of psychosocial problems
is revealed even more dramatically when we study subpopulations initially
identified because they were raped, attempted suicide or because their
Thirty-nine percent of all rapes reported to our hospital appear to have occurred in the context of ongoing abuse and, if the rape victim is over thirty, there is a 50 percent chance she is battered. Similarly, battering may be the single most important precipitant of suicide attempts among women. We found that 25 percent of the women who attempted suicide had an abusive history, 45 percent of those who made multiple attempts or gestures were battered; and 50 percent of the black women who attempted suicide had a history of abuse. Not only had all the battered women been seen previously for an abusive injury in our hospital, but in a majority of cases an injury had been treated during the last six months and in many instances on the same day as the attempt.

The relationship between battering and child-abuse must be approached a bit more cautiously since numerous authors have claimed, largely without adequate substantiation, that battering reflects the inter-generational transmission of violence from the family of origin to the current situation. Our research lends some support to this "cycle of violence" theory, although for only a small percentage of battered women. Almost all (92 percent) of the major or abusive, pediatric injuries in our sample were suffered by battered women, but 85 percent of the battered women had no childhood history of abuse. Following up on this work, we are currently looking at the extent to which children identified as abused have a mother who is battered. Our preliminary results indicate that battering is a highly significant predictor of severe child abuse (as opposed to neglect, e.g.), even when family history or demographic characteristics are controlled.

The conclusion is straightforward. Violence against women in their homes is a major cause, and in some instances the major cause, for the psychosocial problems we observe disproportionately on the records of
battered women. It is also a major cause, perhaps the major cause, of other forms of life-threatening violence such as rape, suicide attempts and child abuse. Given the epidemic nature of battering and its impact on emergency problems, clinical identification and intervention to prevent ongoing abuse would seem to require the highest priority.

The Clinical Response

Using current diagnostic techniques, medical personnel diagnose approximately one battered woman in twenty-five and even fewer are referred for appropriate care. Nevertheless, despite the failure of medical personnel to accurately identify abusive injuries or abused women, medicine and psychiatry respond to abuse in a distinct way.

Prior to their first at-risk injury, battered women are labeled no more frequently than non-battered women. After the first abusive injury, however, battered women are four times more likely to be termed hysteric, hypochondriac, or women with "vague medical complaints" and are significantly more likely to receive prescriptions for analgesics and minor tranquilizers, prescriptions that are often contra-indicated by complaints of pain. Ironically, while a small minority of abused women are referred to battered women services, battered women are no more likely to be referred to Social or Psychiatric Services at the time of injury than non-battered women.

The psychiatric response is little better than the medical response. Again, although the battered sub-group comprise half of those judged to have "marital maladjustment" (sic!), they are also disproportionately labeled hysterical, "inadequate" or "borderline" personality and are referred for voluntary in-patient or out-patient care less frequently than non-battered women. Oddly, they were sent home with no referral or consigned to the State mental hospital more frequently than non-battered women, and this held true even when battering was the immediate precipitant for a suicide attempt.
As a result of these findings, we felt it was important to look more closely at the impact of the clinical response on the evolving pattern of physical, medical and psychosocial problems we observed on the records of battered women. We tentatively termed the escalating interaction between these problems and the clinical response the battering syndrome. 

THE THERAPEUTIC RESPONSE AS A SITUATIONAL DETERMINANT OF BATTERING

So far I have described the medical and psychiatric presentations of abuse primarily from the clinician's standpoint, that is as so many discrete events (visits) largely isolated from one another in time and space, each eliciting a particular response. From the standpoint of the abused woman, however, neither the experience with medicine nor with her assailant can be broken up this way. Now, I want to discuss how the clinical response (taken as a whole) affects the overall history of abuse. Hopefully, this will show us what "help" comes to mean for abused women and what it could—and should—mean.

The Medical Approach

The "medical approach" encompasses a range of clinical strategies, not simply what doctors do. It interprets battering as an escalating pattern of apparently discrete injuries and complaints with no apparent unifying pathophysiological explanation. Consider six months from the medical history of a woman we know is battered.

Between May 1960 and January 1961, Mrs. Smith makes fourteen visits to our hospital. She is seen in the Medical Clinic, the Medical Emergency Service and the Surgical Emergency Service and she complains of tension headaches, flank pain, general pain and dizziness, various abdominal and chest pains, "heart pounding," and numerous somatic problems." (Note, "heart pounding" and somatic complaints frequently reveal the buildup of anxiety and stress before the outbreak of domestic violence. Their presentation, properly diagnosed and probed with supportive questioning, permits preventive
intervention and suggests the limits of a "cycle of violence" theory which predicts women seek help only after a severe beating.

After Mrs. Smith's fourth visit in December, she is referred to psychiatry. The note reads: "She related in somatic terms but there is no convincing psychiatric pattern... psychiatry can do nothing for her. She is probably a borderline schizophrenic."

What, you may wonder, would Mrs. Smith have to do to be "convincing"? In June, the record notes she "was beat up by boyfriend with an iron ashtray striking her on head and arms and kicking her in the chest." Her September headache ensues "after a beating" and her facial laceration was apparently caused when she was "struck by a broom." But these facts, which the patient presents about her social situation, are recorded only because they may have clinical relevance to the strictly medical implications of her presenting symptom. The physician needs to know if the manner of injury suggests a neurological workup. The facts are not considered etiologically relevant. Of course, her persistent general complaints are even less susceptible than her injuries and pain to symptomatic response and gradually lead to what we have termed elsewhere a "crisis of the cure." The occasional disjunction between presenting complaints (e.g. abdominal pain and a black eye) and the explanation offered ("I walked into a door") which motivates the physician to ask, "Did he also hit you in the abdomen?" is now displaced by a more general disjunction between the patient's overall physical state, her vague medical complaints," and medicine's repertoire of categorical explanations. So, she is referred or labeled or both.

There are numerous explanations for the medical nonrecognition of abuse, ranging from time pressures and physician bias to the systematic exclusion of social etiology by the medical paradigm. What is key, however, is the tendency...
for clinical personnel to destructure a woman's situation in terms of their own situational dynamic. Projection becomes explicit in the psychiatric and social therapeutic approaches.

The Psychiatric Approach

Consider Mrs. Jones. In a recent article directed at clinical interns, the Director of Education and Training at a prestigious psychiatric institute describes her as "the typical crock."

Mrs. Jones came to this country from Eastern Europe in 1914, worked as a domestic in Washington D.C. until 1928, when she moved to a medium sized university town in New England to marry. During the next 40 years (from 1928 to 1967) she saw 304 physicians (including 17 psychiatrists), averaging a visit a month or 424 visits overall (340 nonpsychiatric, 84 psychiatric). Despite an "unremarkable" history, Mrs. Jones repeatedly complained of problems to her head, eyes, ears, face, throat (12 times), chest, breathing, vagina and so forth, in addition to ill defined "pain all over." She did not receive elaborate workups, however, since her problems were apparently "transparent." As a consequence, she received no followup, most of her visits were unscheduled and no diagnosis was made, therapy suggested or return visits scheduled. To the contrary, resentment of her "psychosomatic disguise" provoked psychiatrists to use labels for Mrs. Jones such as "crock," "immature personality," hysterical, "emotional overlay," conversion reaction, etc. and she was eventually committed to a state mental hospital for "punitive" reasons.

The efficiency and frankness of this description ensures that interns will recognize only those details in Mrs. Jones' biography that are diagnostically relevant. There is, we are told, nothing that can be done for Mrs. Jones, a conclusion already implied by the enumeration of her problems with little detail. Still, she can be "managed." Recognizing this saves important time and resources and protects interns from frustrating failures. Thus, the aim of diagnosis, to save time and resources, is structured by the setting. But this 'aim' appears to arise from "the facts," the data, from the apparent problem with Mrs. Jones represented by her multiple complaints and appearances at multiple medical sites. Interns are told Mrs. Jones is "an all too common figure." But this "observation is not offered to instill humility but to convince the interns not to despair, that "the skills acquired" through the "management" of Mrs. Jones will be "invaluable in private practice."
Luckily, Mrs. Jones is "transparent." She has been "seen through." Note, this is the literal meaning of "diagnosis."

But is this clinical sketch really about Mrs. Jones? Surely, she is not the referant but the object of the "skill" interns acquire in this case. "Skill" here refers to the clinician's ability to use diagnoses to minimize frustration and the drain on resources. And this same test, not anything medicine does for Mrs. Jones, indicates she is "known." Knowing Mrs. Jones means managing her or, more precisely, managing the problem(s) she poses for medicine. Because there is nothing clinicians can do for her, it is apparently legitimate to use management to do something with or to her. The use of diagnosis as a means of rationalizing institutional failure is an important dimension of what we have termed "institutional projection."

It cannot be assumed that Mrs. Jones is known first and then, after it is determined that nothing can be done, her use of time and resources is simply managed. The ways in which she is known already presume this peculiar use of diagnosis and management. The implication of the case description is that it would be counter-productive to know Mrs. Jones in some other way. Mrs. Jones is known as "a crock." This suggests she is implacable and that each "change" she presents in her condition is illusory. But is her seeming implacability the consequence of her situation or of the ways in which she is treated by medicine? Is she seen and made implacable because her management requires that she be an unchangeable object? And, what are the implications of this sort of treatment for battered women who initiate repeated clinical encounters in a desperate effort to change? Mrs. Jones, we're told, has so many complaints and problems because her sort of woman has so many complaints and problems. With this insight into her intransigence, probing stops, although management requires an admittedly "punitive" hospitalization. Even this response, however, is said to be evoked by her "psychosomatic disguise," much in the
way infection elicits anti-biotics.

The case illustrates something more than an interesting sociological dimension of medicine. Underlying the process of mystification is a very real material transformation, an act of political management that transcends medicine - although it may be worked through by health personnel and which is revealed by details of Mrs. Jones' history that are repressed in this description and deemed clinically irrelevant. There is, we discover, a relation between what is really wrong with Mrs. Jones and the clinical image of a woman whose many problems appear to be implacable and self-generating, a relation that is merely mediated by the situational problems of the medical setting and encounter.

Returning to the medical record, we discover that in 1928, the same year Mrs. Jones begins her transparent career as a "crock," her husband begins beating her "regularly." He is described as "psychotic" and "aggressive," presumably because of these beatings. But the labeling merely prepares the stage for his eventual entry and is not related to Mrs. Jones' multiple presentations. To the contrary, since the diagnosis "crock" predicts frequent unscheduled visits and requires no followup, it suits a family where violence, hence injury requiring medical attention, is sporadic. At the same time, by denying all but the basic rudiments of care to Mrs. Jones, clinicians enforce a cruel paradox. She is 'seen' only insofar as she is victimized. But since her history and prognosis reveal her implacability, she, not her social predicament, appears 'responsible.' From bad to mad as Laing would have it. Only insofar as Mrs. Jones remains implacable can psychiatry use her personality as a plane onto which to project and reconstitute its own failings. Her battering is the fulcrum on which the conversion of psychiatry's liabilities into assets depends, the ongoing event without which management through this specific diagnosis fails. Once the tragic inevitability of
Mrs. Jones' multiple problems have been transferred to her, it is of little consequence whether we see its primal source as child abuse, poverty or even "patriarchy." At best, battering is now ignored. At worst, it is traced to her intransigence through an implicit alliance between psychiatry and the batterer. Mrs. Jones is beaten, in other words, for the same reason she is hospitalized.

The Social Therapeutic Approach

Mrs. McShane presented her first injury due to abuse when she was three months pregnant with her fourth child. One month after her baby was born, she returns, this time after her boyfriend beat her severely with a club, and is treated for multiple contusions on her legs and arms, a large hematoma on her head, a laceration on her right hand and a dislocated left thumb. Although family counselling is suggested, she is sent home, only to return a few hours later because "she can't care for her four children (all under 6) with both hands splinted." The text of her admission, written by social service, reads in part:

I saw this patient yesterday in the ER. She presented herself as nervous and I felt she was postpartum depressed. She requested voluntary inpatient psych help as she felt too nervous to go home. She was referred to Family Services....her last pregnancy was stormy and she wanted to abort the fetus...She worried throughout her pregnancy and is still worried that her baby may be abnormal. In addition she did not want this baby. The baby's father and she have a very problematic relationship...she was raised in a "cruel" foster home until age 12 at which time she went to live with her natural father for 2 years. Both her foster parents and her natural father beat her (emphasis in record). She describes herself as having been abused as a child. Her father has a drinking problem...her current admission might have been avoided if her need for psychiatric hospitalization had been realized when she was initially seen in the ER.

Like Mrs. Smith or Mrs. Jones, Mrs. McShane's injuries are frequently traced to beatings by her boyfriend. She is investigated for possible child abuse, but each time found to be a "reliable" mother who manages baby and
child care well. After a particularly severe fight in which she sustains multiple injuries, she defends herself by "throwing some hot water on her boyfriend." Although she is refused admission because "someone must care for the children" and "there are no medical complications," he is admitted because "there is no one at home to care for him." In another fight, the patient throws a brick at her boyfriend and is arrested. Later, although she is "confused about what happened," he is shot 4 times and Mrs. McShane is committed to the State mental hospital. A year later, her newborn child is considered at risk for neglect or abuse "because of the long history of physical abuse of the mother." Her other children are already in foster homes for the same reason. The Women's Clinic notes she is "nervous" and social service records she is "passive, withdrawn, with a history of depression and suicidal ideation." She has failed to keep appointments with "the Battered Women's Group," a voluntary therapy group organized in the hospital for the dual purpose of research and support.

I describe this case in detail because it clearly illustrates what we call "over-contextualization," a problem inherent in abstract conceptions of "victimage," "multi-problem" or "violent" families. And it shows that the ways in which we know abuse may actually contribute to its extension. We can 'enter' the case at a number of points. Mrs. McShane cares for her children well. Why then are they eventually taken away and, apparently after the boyfriend has been shot, presumably eliminating the one confounding factor, his abuse of the mother? Or we might emphasize sexism. He is admitted, not her. She is arrested, not him. She is sent home with both hands completely bandaged to care for her children (her work). But he is hospitalized with a minor problem because there is no one at home to work for him. We might stop to consider how medicine stimulates any growing resentment Mrs. McShane
feels toward her children or how it shapes her "passivity." Or, we might contrast the sympathetic reception she gets from the social worker in her early years with the stereotypic and impersonal treatment later on. How hard it is for the social worker to see the "reliable" mother whose plea for psych hospitalization was so admirable in the unattractive woman who now appears passive and withdrawn.

But our concern is the use of certain strategies for dealing with abuse that both conceal its political character and make it appear as something else. The early social service note mentions a myriad of problems in the woman's history, postpartum depression, nervousness, unwanted pregnancies, early and cruel foster care, childhood abuse and parental alcoholism, among others. Indeed, the emergent picture of a multiproblem family is so complex that the main feature of her present social situation, the determining feature and arguably the only feature about which anything substantial can be done, her battering, disappears. Alongside child abuse and parental alcoholism, her "problematic" relation with the baby's father seems minor, almost natural, at best the inevitable culmination of a tragic life but hardly the point where intervention should begin. Psych hospitalization is recommended not to protect her from the problem her family is for her in the present, but to exorcise the family inside her, the lived memory of childhood pain which she is presumably reproducing in her "problematic" relations with her boyfriend. Let me be clear. I am not denying that childhood abuse or paternal alcoholism may contribute in particular instances to subsequent abuse. I am simply pointing out that whatever contribution these problems may make is of secondary importance here because in the social therapeutic approach these problems are joined in a way that makes the current predicament opaque. "Knowing" Mrs. McShane as a woman who was abused or abandoned as a child is, in this context, a way of not knowing that
she is battered or, at least, not knowing it in any therapeutically useful way. The problem is explained simply by juxtaposing it to other problems and, in the process, its organizational principle, its sex-specificity, is lost. So is any possibility of genuine redress. Once labeling, misdiagnosis, callous indifference and punitive treatment have helped to make Mrs. McShane the "victim of circumstances" the image of her violent past suggests she was from the start, the opacity of her situation is projected onto her. She is withdrawn, not the hospital. Where once she was sent home virtually mummified, now the social worker cites her for failing to report to a hospital-based support group. Again, like Mrs. Jones' intransigence, Mrs. McShane's "passivity" is both a consequence of medicine's failure and an expression of medicine's efforts to rationalize this failure through projection. The link made between Mrs. McShane's current predicament and some horrible event in her past has less than benign consequences. The magical association of child abuse and adult violence deprives Mrs. McShane of her children, even in the face of consistent evidence that she is a reliable and conscientious mother. Her most important initiatives - her attempt to kill her boyfriend, her demand for care - are read as symptoms of her problem. In the end, she is made passive and withdrawn, a hapless target for impersonal brutality.

CONCLUSION: THE POLITICS OF THERAPEUTIC INTERVENTION

The medical, psychiatric and social therapeutic strategies combine in a variety of ways with the peculiar history of individual battered women to shape what we term "the battering syndrome." Typically, as physical injuries accumulate on a patient's record, so do general medical problems and complaints. The aggregation of seemingly minor problems with no obvious unifying explanation leads medicine to reach beyond its 'hard' catalogue of diagnoses for those that confirm more general prejudice about 'this sort of woman,' establish a diagnostic basis for psychiatric and social work
referrals and suggest a course of patient management that lends the aura of rationality to medical incomprehension. Only when psychosocial problems such as alcoholism develop alongside "vague medical complaints" is medicine able to recognize the source of recurrent injury as domestic violence. The assumption, however, implicit at first then made explicit as psychiatric and social therapeutic strategies prevail, is that the battering is the consequence of the alcoholism. Battered women are typically referred to "de-tox" programs, drug dependence units, mental health clinics or hospitals, and to a variety of counseling programs, most of which support stereotypic female behavior within traditional family contexts. At the state mental hospital to which one battered woman in five is sent, release is often contingent on a willingness to "look pretty" and to perform routine housework ("Won't dearie clean her room today?").

Social work referrals can be no less damaging, quickly transforming an initial perception of abuse into victim-blaming.

Mrs. Johnson was referred to social service, where it was noted she had a seventeen year history of domestic difficulties characterized by an abusive, often non-working husband. One month later social service notes that she is a "dull woman who projects all her difficulties on her husband."

The case worker soon sees what she has been taught to expect, "the multi-problem family." Not only is the woman beaten because she drinks. More broadly, both alcoholism and violence are symptoms of the family constellation peculiar to low-income or black communities. The battered woman is merely one of a number of problems in "the violent family." With the implementation of family maintenance strategies, the cycle is complete. By reinforcing families where a myriad of problems result from abuse, repeated injury to and domination of the woman (and children) is virtually guaranteed. So, of course, is the permanent dependence of the woman and her family on the helping agency.

To counteract "institutional projection" and respond effectively to abuse,
it is necessary to view the problem historically, locate it in the material context (and struggles) of family life, recognize the political framework of authority that shapes this context (and these struggles) and develop therapeutic modalities which break the current alignment of helping services and patriarchal authority at a number of points. The political meaning of battering is debated elsewhere. Suffice it to say that to transcend victim-blaming paradigms we must recognize that the multiplicity of problems abused women present derives from the repeated, deliberate and criminal use of violence to enforce a system of domination and authority which, in the present period at least, would be unthinkable without the use of force. However irrational any individual act of brutality may appear, violence against women flows from the logic of patriarchal domination, a logic which many of those with and for whom we work find perfectly rational, no matter how vehemently they rail against "the brutes."

Once we step outside these paradigms of blame, we can recognize battered women for what they most often are, persons of enormous courage and initiative whose very presentation at the clinic may be an act of resistance. Individual women are frequently attacked for no apparent reason. But domestic violence generally arises when women refuse the dependency implied by their traditional work and its reward, in power struggles over money, sex, housework, childcare, and food. This refusal pits battered women against male superiority and is therefore a "feminist" struggle regardless of whether a woman is aware of the programmatic demands of the official Woman's Movement. Indeed, even more than many social workers, workers in feminist shelters often see their sisters only through the prism of victimization, treating them as helpless women who must, as one Canadian guide to counselors put it, "accept their nothingness" before
they can be helped. Even the sense of helplessness that results in multiple suicide attempts, alcoholism and depression should be viewed, as Fanon illustrates in his work on the psychopathology of oppressed peoples, as the consequence of a woman's putting her selfhood at risk, hurling it in a futile but nonetheless political gesture at the attempt to keep her in a subordinate status in private life. The strong possibility that helplessness is the result of a struggle against dependency, including dependence on helping institutions, must be considered in each and every therapeutic encounter. "Helplessness" can be "treated" only in the context of support for the more fundamental struggle against subordination and by building on the personal resources the "victim" has already drawn on in this struggle.

Current therapy for battering is not simply misguided. It is also personally disastrous, reproducing family contexts which might otherwise fall apart under their own weight, contexts in which continued domination, hence desperate resistance and refusal, hence escalating abuse, are inevitable.

The founders of medicine, social work and psychiatry often saw the amelioration of individual suffering as the practical extension of fundamental political freedoms. Nevertheless, our professions survive in a world that still takes material deprivation and female subordination largely for granted and choses to treat their consequences. Reducing individual suffering is no small matter and nothing I am saying is meant to denigrate the exhausting and often heroic acts of intervention that make what we do for those who come to us for help something more than mere "work." As Nietzsche reminds us, however, suffering is most intolerable not simply when it exists, but when it is not necessary. If we suddenly rise as one to condemn the repression in Poland and El Salvador (while we forget the violence of the status quo in many other countries, including our own), this is because revolutionary struggles of resistance in these lands create a real alternative to massive unhappiness.
The possibility of ending a given tyranny leads us to question whether it is inevitable. We can also ask whether a given form of personal suffering is still inevitable. Are individual therapeutics still better than social therapeutics? Is domestic violence against women simply the pathological expression of an otherwise normal system of authority? Or, has resistance to male authority and the development of human understanding reached a point when it is possible to abolish the patriarchy altogether? It is a cruel paradox that in the process of treating battering in the ways that we do, we inadvertently strengthen its obsolete social basis.

References


4. Post, op. cit.


Violence in the Family: Is There More Than One Victim?

by

G. L. Kuchel and Shirley J. Kuhle

(G. L. Kuchel is a Professor of Criminal Justice at the University of Nebraska at Omaha, and Shirley J. Kuhle is President of the Nebraska Task Force on Domestic Violence. Both are members of the Nebraska Crime Commission, P.O. Box 94946, Lincoln, NE 68509)

We are all attuned to being responsive to the words "domestic violence" and "victim assistance." These immediately bring forth visual images of a bruised and battered person, generally a female or a child, who has been repeatedly victimized (battered) by an adult male. Some who are better acquainted with the subject are sensitive to verbal abuse, sexual abuse and psychological abuse, and many of us are aware that all of these forms of violence are imposed frequently upon many victims.

There is a national network of agencies, programs and shelters that stand ready and willing to provide care, comfort and counseling to the victim—the victim as we traditionally described her(him) in the above paragraph. We subconsciously believe that the victim must bear some evidence or marks of violence. Is it possible that our shelters see only one of the victims? Is there another victim who bears no marks; who may be now roaming the streets or sitting in the agony of a disheveled house trying to bring order to his confused thinking?

For every abused person there is an abuser. The former bears the visible marks of the abused, the latter bears mental/emotional marks that will take much longer to disappear. Is it possible that the victim, who now also bears mental/emotional scars of another kind, may have been a victim of another sort before she/he was abused? Could both victim and abuser have been victims of their physical environment which set patterns of physiological behavior that would ultimately lead to abusive responses? Is there a need to consider body chemistry and try to discover whether this has any impact upon the situation that ultimately brings victims to society's attention?

The authors believe that generic man is a biological creature first and a social creature second. Most of the treatment attempted for social disorders have dealt with man as a social creature. Generally, we have forgotten to examine the biochemical conditions of the organism man to see whether or not these might impact on his social behavior.

We have all heard the expression, "we are what we eat." This has generally referred to the physical health of an individual. Seldom have we considered that food and other factors in the environment which impact on the physiological system may also affect one's emotional health. If one is not physically well, one cannot have optimum emotional health. For those very common sense reasons these authors believe that it is necessary to examine the impact of the physical environment on body chemistry and attempt to discover if positive changes in body chemistry may result in positive changes in behavior.
In other words, if we change the dietary habits of abusers and the persons they abuse, and if we also change other factors in the environment that impact adversely on body chemistry, we believe it is possible to alter behavior to a point where some abuse may not occur.

Research has demonstrated that factors in the physical environment which continuously impact on our lives can have a dramatic impact on behavior. It is not our desire to examine all of these factors in this article; hence, we will briefly discuss only three of those that all of us are aware of and that are continuously absorbed by the body: these are light, food and color.

One of the leading authorities on the effect of light on human behavior is John Ott, Sc.D. Dr. Ott, in an article entitled SCHOOL LIGHTING\(^1\), reports on the effects of artificial lighting on muscle strength and behavior of children in school. Artificial fluorescent light (along with ordinary window glass, eyeglasses and sunglasses of deep color) have demonstrably weakened the muscles of individuals who were tested in carefully controlled situations. More importantly, for our purposes, these same factors have produced hyperactive behavior in school children that was reversed dramatically when the lighting in the schools was changed to full spectrum light producing fixtures. These same results have been demonstrated in a variety of other studies with people, plants and animals that are reported in Schauss' work.\(^2\)

If artificial fluorescent light has an adverse impact on the behavior of children in schools, it may be of importance to study the effect of similar lighting upon adults who work or live in a situation where this lighting is prevalent. It is conceivable that lighting will have an adverse affect on the behavior of some people, and their hyperactivity may lead them to become abusers and/or victims of abuse.

The answer to the lighting problem is not complex nor expensive. Even if lighting in the living or working environment can not be altered, persons should spend a greater amount of time out-of-doors in natural light. In addition, any person who wears eye-glasses or contacts should wear only those that transmit ultra-violet light. All sun-glasses should also transmit ultra-violet light and they should be of the neutral gray shade. Neither of these suggestions is radical, and controlled experiments establish that they will reduce fatigue and irritability.

We are all aware of the necessity for good dietary habits. However, most of us do not adhere to appropriate eating habits for a variety of reasons. In some cases it is inconvenient, in some impractical, but in most it is because we have acquired other practices.

The research is voluminous on the relationship between behavior and diet. A good general article appeared in Cosmopolitan Magazine in June, 1977, and was entitled Orthomolecular Psychiatry, and was written by Junius Adams.\(^3\) This article reports several case histories
related to abusive behavior which were completely changed by correcting the dietary habits of the people involved. The reported research clearly demonstrates that the food we eat, which may contain chemicals not natural to that food, can cause behavior problems in some persons. The air, water and food products that all of us consume contain countless chemicals that, in some persons, cause allergic reactions that can be as minor as headaches or as severe as schizophrenia and violent aggression.

Some cases of distorted conduct may be caused by hypoglycemia (low blood sugar) which is found in 95 percent of tested alcoholics. The symptoms of hypoglycemia are long and varied, but some of the most noticeable are restlessness, insomnia, irritability, nightmares, violent and bizarre behavior, jealousy and suspicion, loss of sex drive, crying spells, etc. It may be well for all of us to recall the number of abused persons and the number of abusers who displayed some of these symptoms. Should this be attributed to the abusive situation, or were there factors in the physical environment (the food) that caused the symptoms and may have contributed to the violence? One must remember that inadequate nutrition will create a vulnerability to a variety of disorders, some of which may manifest themselves through violent behavior.

A number of correctional programs have introduced new diets for their clients and found a decrease in illness as well as a decrease in disciplinary reports. Additional studies of the diets of juvenile offenders reflect that a higher intake of refined sugar, processed food, and milk were present in their diets than in the diets of the control group of non-offenders. Another study of misdemeanant probationers revealed similar results. It appears that the regulation of diet can bring about significant behavioral changes in persons who are law violators.

We have all heard about the effects of color on behavior. From the myth of the waving red flag and the charging bull to the facts of "cool" colors and "warm" colors, there is much folklore that is part of our culture. We all have our favorite colors, and we know that color which pleases one person may offend another. Yet few of us are aware of any systematic research that has been conducted to determine if there are colors that soothe or agitate individuals, and what would occur if these colors were incorporated into programs which are designed to deal with people who have problems. Research of this nature has been done and it is well demonstrated that exposing individuals to certain colors can reduce not only physical strength but aggressive behavior as well. The Schauss article reported an experiment in which individuals lose significant strength when exposed to a particular shade of the color pink. In this experiment only two subjects from a total of 153 failed to show a loss of strength after exposure to the color pink. This article also
reports the results of an experiment where the holding cell for initial confinement of new inmates at the U.S. Naval Correctional Center in Seattle, Washington, was painted pink. The holding cell confines new inmates for less than 15 minutes while they await intake processing. Newly confined inmates at intake are under great stress and are generally more violence prone than any other inmates. The Correctional Center had been having daily problems at intake with new inmates.

The results of the use of the newly painted holding cell were dramatic. A memorandum to the Bureau of Naval Personnel in Washington, D.C., written 156 days after use of the pink holding cell stated:

Since initiation of this procedure on March 1, 1979, there have been no incidents of erratic or hostile behavior during the initial phase of confinement.

This experiment showed that after 15 minutes of exposure to the color pink the potential for violent or aggressive behavior was reduced, and that the effect continues for at least thirty minutes after release from the cell!!

Other correctional facilities have reported similar results: Kuiper Youth Center, San Bernardino County Probation Department, California; Santa Clara County Jail in San Jose, California.

No one knows why the color pink works so effectively in reducing aggression and causing muscular relaxation. It has been referred to as "nature's tranquilizer" because its effect cannot be controlled by conscious or unconscious effort. It is similarly effective with accomplished athletes and on persons who are color blind. It is effective, it works more rapidly than injections of tranquilizing drugs, and dependency or addiction are no problem.

The authors will not attempt to cite all of the research that demonstrates the impact of color on body chemistry which in turn results in demonstrable changes in human behavior. We would only pose a question we believe should be seriously considered: If the new idea of using color to impact favorably on human behavior is working in the corrections world after persons have become violators, could not those of us who work with victims of family violence initiate a program that would teach these victims (and perhaps their abusers) that they should consider changing colors in their homes that may be fueling the fires of aggression?

All problems have multiple causes. The authors of this article do not mean to imply that by changing light bulbs and eyeglasses, by adopting a new diet and painting the world pink, all aggression or violence will disappear. However, the human body is an electrochemical mechanism that for the most part has evolved to a state where it will function properly if the proper biochemical balances are maintained. These biochemical balances were established over millions of years of man's selective evolution. It has only been the past century or two that has seen the environment change so very drastically. The chemicals presently in the air, water and food have to a great extent altered these vital products from the way man's body evolved to respond to and live with them. These changes in our
environment continue at a rate faster than we can adapt to them. As a result we have biochemical imbalances.

The imbalances in body chemistry will obviously not affect all people in the same manner. Some may notice little or no disturbance, others may be disturbed to a point where they react violently to certain aspects of their environment. In some cases this violence may be directed against a family member. It may also be well to remember that the factors that affect one person also impact on those around him. Hence, the behavior of both (or all) persons in a family could be adversely affected in a continuous chain of stimulus-response behavior that could result in continuing violence.

All of these are areas which research has demonstrated are very promising for action programs. We hope this article stimulates someone to the extent that they attempt a program in which these factors are implemented. The cost would be minimal and the situation is readily available in many places. Anyone who is operating a shelter for the protection of persons from family violence has an ideal setting.

We suggest that those who have an interest find someone in their community who understands orthomolecular psychiatry. After this is done, you may want to implement a training program for persons in your shelter. We can envision the following: Most adult persons in shelters are females who have been abused by their husbands. Many of these women will be in a shelter for at least several days and then many will return to their homes. If a training program was implemented that informed these women of the impact of light, color and food on body chemistry and the relation of this to behavior, some could be convinced to change some aspects of their home environment that may be provoking problem situations.

In some cases it may also be possible to work with the abuser and bring him to appreciate the necessity for changing those aspects of the environment which have adverse effects on appropriate behavior. These changes, coupled with traditional casework counseling, may be more effective with selected clients than anything that is presently being done.
1. School Lighting by John Ott, in Body Chemistry and Offender Behavior by Alexander G. Schauss, Center for Studies of Criminal Behavior, the Institute for Biosocial Research, Graduate School, City College, Tacoma, WA 98466.

2. School Lights and Problem Pupils by Joan Arehart-Treichel in Body Chemistry and Offender Behavior by Alexander G. Schauss, Center for Studies of Criminal Behavior, the Institute for Biosocial Research, Graduate School, City College, Tacoma, WA 98466.

The Case Against Artificial Light by Catherine Houck, in Body Chemistry and Offender Behavior by Alexander Schauss.


DOMESTIC VIOLENCE IN RURAL AMERICA
PROBLEMS & POSSIBLE SOLUTIONS

Presented by Shirley J. Kuhle, GRI, CRS
930 Manchester Drive
Lincoln, Nebraska 68528
Commissioner, Nebraska Commission on Law Enforcement & Criminal Justice
(Nebraska Crime Commission)
President, Nebraska Task Force on Domestic Violence
Board Member, National Organization for Victim Assistance (NOVA)

A recent Harris poll in Kentucky revealed that one woman in ten had experienced some form of spousal violence in the last 12 months. Of these, only 10% had actually called the police. 21% had experienced violence at some time during the marriage. This under reporting led to the following observation: and I quote.

Family Violence, for outward appearances, seems to be a problem on society's periphery mainly because incidents involving low income and low education women get reported to police much more frequently than those involving the middle class and the better educated. Yet data on actual incidence of spousal violence indicates no significant differences among income and education groups. The poor become part of the official police record; the middle class conceals its family violence from public and official view.*

From this the question arises, does this underreporting indicate that the victim does not want assistance? In examining the survey further, it can be found that while only 5% received counseling, 34% wanted counseling. 2% received legal assistance while 27% wanted some form of legal aid. Only 2% receiving emergency shelter; 25% wanted it.* Another question arises here: if the victims wanted the services, why didn't they receive them?

The answer in rural America is that they often could not. Sparse population and great distances between neighbors creat an isolation that is psychological as well as physical. In fact, the rural woman caught in a violent home situation suffers a great special sort of isolation. There is the obvious geographic location of a farm woman who may live anywhere from five to 50 miles, or even farther, from her nearest neighbor or from the nearest town, and, therefore, from help of any kind. This means that the batterer, who is generally over-possessive by nature and actually wants to segregate his victim from society and thus make her completely dependent upon him, both emotionally and financially, has a perfect built-in situation in which to do so. The women who suffer this geographical as well as societal isolation have the same feelings of depression and despair which all abused wives have in common, but they are likely to be more severe because she is really very much alone in her plight. We all quote from the expert, Erin Prizzey, who says: "They all scream quietly so the neighbor won't hear; but with rural women it won't really matter whether or not they scream at all!"

Transportation is a critical problem in rural areas, where public transportation is unheard of. For a woman to leave the house after a beating, whether permanently or only for a night, or to keep an appointment at the welfare office, she needs transportation, and in rural areas this means a car. If she cannot drive or cannot get the keys or does not have money for gas, then she cannot take the family car. This means that she must rely on a friend, relative, law enforcement officer, or service provider. If none of these are available, she must walk.
It is important to realize that any transportation is directly tied to road conditions and weather. A snow storm can block travel to a town for days. Rain can make dirt roads impassable. Either condition would inhibit walking. If the woman does manage to reach town, and if the town is on a well-traveled highway, she should be able to catch a bus — unless it has already been through town for that day. In that case, she will need a place to stay.

Safe shelter in rural areas is difficult to come by. There is generally only one motel in towns of 4,000 population or less. Since everyone's car is generally known, and motel clerks are not bound by confidentiality guidelines, the whole town, not to mention the abuser, could soon know where the victim is located.

This points up another problem with which people born and raised in rural areas are quite familiar: the local "gossip mill." Because everyone in small towns usually knows everyone else's business, I believe an attitude of concealment is much more common in smaller communities than it is anywhere else. For example, in a city, if a woman calls for help, she can usually remain anonymous, whereas in a small town, if she calls for help, she will very likely be the main topic of conversation the next day, and she knows it. This alone is sufficient to prevent many women from leaving home or seeking help.

The law enforcement people, who traditionally don't like to become involved in family disputes, are especially reluctant in small communities when they know both parties personally. Those of us who have worked with domestic violence — rural or urban — have encountered many of the same problems in dealing with public officials, but several factors are present in smaller communities which must be considered unique. One is, as I have said, this personal-familiarity situation, which is unavoidable in small towns. Added to this is the fact that, unlike a city, where the police force is generally quite large, the likelihood of the same officer's being summoned to the same home is greatly increased in small towns where there are perhaps only three or four officers to be called.

We often find that they are very antagonistic toward chronic cases, especially if the wife had called before, even a few times. It has not been uncommon for them to ignore her calls for help altogether by telling themselves and the community: "So-and-so is at it again." Besides being few in number, rural law enforcement personnel often have little training. In outstate Nebraska, for example, all that is required to become an officer is several weeks at the Nebraska Law Enforcement Center, and there is no provision for in-service training, as such. Procedure policies are generally set at area meetings which can include ten or more counties. This means that when a poor policy is adopted, it can be very widespread. For example, we found that in a number of counties, officials had devised what they decided was the best solution to family-dispute cases — simply to jail both husband and wife. This procedure, we were told, not only served to separate the parties but also discouraged future calls. We even had highway patrolmen tell us this was what they did because they were included in the area meetings. It is hard to believe that anyone would ignore or even jail a woman who has been beaten, but that is what was happening. Women were also receiving very poor advice concerning their legal rights because, to tell the truth, law enforcement officers themselves in rural areas may not know what the statutes are or what options are available to a woman who has been assaulted. And women trying to get divorces experience similar problems. In rural areas, a lawyer may refuse to take a divorce case, especially if he knows either party or if he knows that violence is involved. Furthermore, many states require conciliation attempts via counselors or ministers. Counseling has been known to dissuade many victims. Some churches or ministers have interpreted the Bible to read that a wife is bound to her husband no matter what his actions. They have determined that the husband's role as protector and overseer of his wife can justify his use of discipline. Professional counselors
have accused victims of avoiding the problem by divorcing the cause. Instead, they are encouraged to return home and take responsibility for their role in the attacks, analyze what behaviors provoked the attacks, and modify these behaviors. Although it is becoming recognized that it is, in reality, the abuser who is responsible for his own actions, many counselors are not so enlightened. Besides the law enforcement and legal system, women can also seek help from social services, of which the most widely available is public welfare. Many victims do not want to go on welfare as there is a great social stigma in rural areas on those who cannot care for themselves. Grocery clerks have been publicly rude to persons with food stamps. County welfare directors have denied services, even when the applicant is eligible, because they personally feel she does not deserve assistance. County boards have interrogated hopeful AFDC applicants until they have burst into tears. But, to a woman without resources in a rural area, there is little alternative.

Although other human service providers exist, the area's population base is often insufficient to justify a full time position. Until recently the closest mental-health group for some areas was 80 miles away, and that's not uncommon. In one area a mental-health counselor divides her time among all the towns in a four-county region, but she is so overburdened with work that she cannot accept any new cases.

Another problem relates to the distance factor in rural areas affects one service we almost always take for granted: the telephone. Calls between towns are nearly always long distance, so cost can be a factor prohibiting women from seeking help. Also, she may be afraid to place a long distance call that could be easily traced and hard to explain when the phone bill arrives. Additionally, party lines, which unfortunately are popular eavesdropping tools for town gossips, are still prevalent in rural areas.

All the factors I have just mentioned work together to greatly compound the difficulties involved in trying to meet the needs of victims of family violence. The solutions to these problems will require creativity and persistence.

One area in which an immense amount of work needs to be done is education and training. While this is true everywhere, it is particularly true in rural areas, because rural can be defined as a mindset typified by an essentially conservative outlook on sex roles, the family and methods of problem solving. There is widespread acceptance of stereotypic roles, and many people, including women, believe it is acceptable for a man to beat his wife.

We need large-scale educational programs directed at the general public to raise awareness of the problem of domestic violence and to dispel the myths and stereotypes that surround it. We can use local newspaper, radio, public TV, and volunteers can speak to churches and civic groups. We need to examine the causes of violence and teach people alternative ways of dealing with stress, tension, and anger. We need to change attitudes toward women, women's roles in society, the "macho" concept of masculinity, and violence of all types. We must make it clear that violent behavior is unacceptable. Children must receive special attention in these programs, for they are our hope for a non-violent future.

We need special training for law-enforcement and mental-health agencies, legal and medical personnel. Often such agencies and personnel accept the myths and are unsympathetic or, when they want to help, are unprepared, both personally and within their agencies, to deal with the complexities of a battered woman's dilemma.

Teachers and school counselors need information and training, too, to recognize behavior patterns in children that may indicate abuse in the home. In rural areas, the teacher is the person a child is most likely to approach about personal problems, and is the person who has the most contact with the child. Many children are victims of abuse. Many more are indirect victims of violence in the home, and their teachers must become sensitive to these indirect effects on the children.
We need to establish transportation systems to make human services more available, because public transportation is inadequate at best in the cities of these regions and nonexistent in the small towns and rural areas. In South Dakota, a plan is being developed to provide a "relay" system for victims to be transported by volunteers each forty miles until a safe house or shelter is reached. Since there are only five shelters in the state at this time, it would take a large number of volunteers to carry out this plan. However, it remains a remarkable idea which could be used in other states.

Emergency and long term shelters are hard to find in rural areas. For example, there are no long-term shelters in Nebraska. The best we have been able to provide in rural Nebraska are emergency shelters in motels outside the immediate area or in homes of local task-force members far enough from the natural home situation that the victims can remain anonymous. Often, there are no legal-aid resources, and this has presented a serious problem considering the fact that we many times encourage women to take rather serious legal steps to solve their dilemmas. Some local task-force groups have dealt with this lack of legal-aid resources by working with attorneys to develop a revolving system by which each one will accept cases of this nature periodically; other groups are pursuing the possibility of counties hiring a public defender by district with four or five counties sharing the cost.

We need to expand and coordinate the services that are available. Local volunteer groups have proved very effective in rural areas and need support. In Nebraska, there are 20 projects for victims of domestic violence. Most of these projects rely heavily, and some entirely, on volunteers. Furthermore, over half of these projects are in towns with populations under 10,000, and they are the main service providers in their area. Cooperation and networking among agencies and volunteer groups is essential and must be encouraged. Some services, such as shelters, may work best on a regional level in rural areas. This means cooperation and communication. All these efforts must be aimed at the empowerment of women.

And finally, what can we do about the abuser? Is he not also a victim, trapped with a violent behavior pattern that he neither understands nor believes wrong. Can we find a solution to this victim's problems besides punishment of jail, fines or committing him to institutions, mental or penal? Since this is the basis for our problem of family violence, what else can be done for him? Can we change this behavior or channel this aggression to better society rather than abuse it? Yes, it is being done.

In the last few years there have been more and more programs developed to deal with the abuser. Most of these programs are an extension of existing shelters and shelter programs who were already providing services to women and children who were victims. But although this is still a relatively new field, many abuser groups are actively working throughout the United States to stop the cycle of violence and provide the hope that these families in trouble can be held together. Most of these programs are currently only in the larger cities, however, by gaining more knowledge of how to work with the abuser towards change, this important information can be shared with smaller communities and eventually the rural areas to provide hope that abuse can be curtailed and the family unit can remain in peace and understanding of each other.

All these projects need funding, of course, and funding is a major problem in rural areas. Some areas receive money from county revenue sharing, state allocations, and county or state tax receipts from offender's fines and marriage license fees, but sparse population and great distances increase costs, and the small population means less money available internally. Because there is less population, therefore fewer victims in rural areas, government funding sources tend to excuse their lack of aid as being less cost effective per capita. However, that should not penalize victims who must remain victims in their own homes just because they prefer to continue living a rural lifestyle. The private sector could provide funds for programs and child care services to victims who wish to separate
from their violent spouses and support themselves and their families by working in small town factories, as many of them are doing now. The billions of dollars lost annually by industry in work time as result of family violence could be lessened, at least in part, by contributions and cooperation of these same industries.

Now we come down to the bottom line. Who can or will provide the time and energy involved in implementing all these changes and possible solutions.

Most likely, it will be the grass roots programs which have sprung up all over the country in both urban and rural areas. The dedicated people who have worked so valiantly to start programs and task forces to provide encouragement, alternatives, and shelter to victims and their children, will not give up. Let us hope that more and more people who provide the traditional services will provide more cooperation and funding to these groups.

These programs are indeed the only service organizations that have been able to help the victim get it all together; where these programs exist, there is no more hunting from agency to agency for help. The available crisis lines operated by these programs provide not only help, information, and referrals, but most importantly, provide a service to any victim who calls just by providing an understanding ear.

The services they provide include counseling and advocacy that formerly was not available. These programs also provide the only emergency shelter that victims seek, even though they may be filled, few are turned away. In areas where no shelter house is available, volunteers open their homes to victims or transport them to a safer location. Networking between communities and states is becoming commonplace, offering a side choice of referral resources. More cooperation from law enforcement is evident, although it is still not perfect, because these programs can assist the officer who doesn't know what to do with a battered victim. State legislatures are finally passing laws against spouse abuse, some states have included funding of shelters and task forces in their appropriations, although the amounts are never enough.

There will never be enough volunteers, safe houses or services to meet the need of these unfortunate victims. But, we are doing something about it and have come a long way in just a few years. With the help and support of interested professionals such as you here today, much more will be done.

BIBLIOGRAPHY

A Survey of Spousal Violence Against Women in Kentucky, Mark A. Schulman, July 1979, published by Department of Justice, LEAA

No One to Turn To: Thoughts on Rural Victimization, N.O.V.A. Newsletter, September/October 1979, Volume II, issue 5.


Rural Issues and Domestic Violence, Denise L. Hormann, Center for the Prevention of Sexual and Domestic Violence, Seattle, Washington. (Unpublished)

Additional Contributions by:
Shirely J. Kuhle, Lincoln, Nebraska
Grace Johnson, Klickitat County, Washington
Anne M. Nation, Crete, Nebraska
Amy Richardson, Lexington, Nebraska
Joan M. Wilson, Lincoln, Nebraska
NOTES FOR THE WORKSHOP ON INCEST

Joy Green

"Children are the least articulate and most exploited population suffering from society's failure to confront realistically the phenomenon of human sexuality". (Caroline Swift, Sexual Abuse of Children and Adolescents)

The incest taboo is universal in human society, yet, in spite of the apparent strength of the prohibition, sexual relations between adults and children do occur, both within and outside of the family, on a widespread basis. Evidence of sexual abuse of children is documented throughout recorded history, and current estimates, within our own culture suggest that at least one in four females will be sexually involved with an adult or older child by the age of twelve. There is also consensus that the offender, even when the victim is a boy, is overwhelmingly male (80-90%), that about 80% of the time he is a family member or friend of the victim's family, and that about 90% of the victims are female.

Sexual abuse is coercive sex between a child and adult or older child. There are differences of opinion about the offender, but I agree with Linda Tscherhart Sandford (The Silent Children) who states "The offender is not out of the ordinary. He did not come from an alien planet. He came from amongst us... and is a mirror of our culture." and Florence Rush, who suggests "... The reason he seeks out a child as a sexual partner is because a child, more than a woman, has less experience, less physical strength, more trusting and dependent upon adults and therefore can be more easily coerced, seduced, lured or forced..." (The Best Kept Secret). Children in our culture learn to associate power and aggression with sexuality, to unquestioningly do what they are told by adults—especially parents—; boys learn to be most attracted to women who are younger, smaller, lower status, weaker than they. In the words of Phyllis Chesler (Women and Madness), "Women are encouraged to commit incest as a way of life... as opposed to marrying our fathers, we marry men like our fathers...men who are older than us, have more money than us, more power than us, are taller than us, are stronger than us...our fathers" Children learn a lot about competition and being superior or inferior to others, but very little about relating in business, friendship, love and sex to equal partners. Our children's stories, our media and legends, film industry patriarchal family structure and education system all contribute to this selected teaching.

The secrecy which has surrounded the sexual abuse of children has meant that we simply haven't dealt with or wanted to know about it, until very recently. According to one study, fathers confronted with detection often expressed surprise that incest is punishable by law, and frequently insisted that they have done nothing wrong. Some fathers apparently believe sexual access to be one of their parental rights. (Sexual Assault. The Target is You) As for professional attitudes, female children whose fathers rape them have often been seen as seductive, or mothers have been blamed for not preventing it or for not satisfying their husband's sexual needs, or the offence is denied or blamed on the offender's mother. And "the tone is one of no great harm has been done anyway"(Chesler).
Currently, our awareness of, and ability to deal with the problem have increased rapidly and dramatically. At least 12 books about incest have been published in the last year; there have been numerous articles, radio and TV shows, and workshops all over North America. There are many care givers who now have some expertise in helping the incest victim and survivor.

It is also essential to put the sexual abuse of children in a cultural context which includes rape, wife battering and other forms of oppression and abuse of women. Treatment of individual victims is not enough. We need to engage ourselves in changing those parts of our culture which provide the conditions in which sexual abuse occurs. We need to work towards empowering children and women, to support the development of stronger relationships between mothers and daughters, to take up the issue of child pornography, to change the messages our children are getting in families, schools and our media.
Let me begin by clarifying my area of competence. I do research on individual differences in memory. Unfortunately, I know very little of the applied literature -- I have not, for example, read the articles dealing with developmental memory which have been recently published in *Law and Human Behavior*, except of course for the one on suggestibility which I published together with Mary Anne Harnick.

I am, however, acquainted with some of the literature on developmental memory which has been published in psychology journals. I have also recently read Melton, Buikley and Wulkan's chapter on the competency of children as witnesses which is part of *Child sexual abuse and the law* (1981). This chapter put me into a bit of a quandry. On the one hand, I think I am supposed to be substituting for Gary Melton on this panel, and so presumably giving you a summary of his views. On the other hand, I do not agree with some of the things he writes, which means that I cannot simply function as his relay station. In fact, the picture I am about to present will probably confuse you all, but then this is only fair, as the legal system has been confusing me for years.

In the first place, jurists deal in opinions, whereas experimental psychologists deal with data. Opinions can be queried, but one cannot argue with data. In dealing with one aspect of the reliability of child witnesses, namely the memory aspect, Melton *et al.* present a literature review to support the viewpoint that although children recall less than adults if tested by
free recall, they are not inferior if their memory is tested by asking them specific questions or if they are given a recognition test. Let me just expand on this. What Melton et al. are saying is that if we take groups of subjects of different ages, arrange for them to witness an incident and then test their memory for this incident on a later occasion, there should be no difference between the groups if we ask the subjects specific questions about the incident, nor should there be a difference if we show the subjects a set of photographs and ask them to pick out the person involved in the incident. We should get a difference, however, if we simply ask the subjects to narrate what happened -- the older subjects should produce more accurate information than the younger subjects. Now, these conclusions are based on data, and we should therefore be on pretty safe ground. Let me make two points, however.

First, I was at a conference in Wales a couple of years ago. During the course of the conference Helen Dent reported that the most accurate description of an incident (given from memory) was obtained when the witnesses (10-11 year old children) used free recall. More information could be obtained by prompting, but the accuracy decreased. So, on the one hand, free recall produces the most accurate account of an incident, and is to be preferred to other methods of interrogation for this reason. On the other hand, if we use this optimal method, we put young children at a disadvantage.

And second, Melton et al. tell us that recognition memory is just as good in young children as in adults, and support this statement by citing a fair number of empirical studies. Unfortunately, we experimental psychologists are not as perfect as we would like to pretend. Melton et al., in fact present a rather simplified picture of the state of the science. There are several
studies, which they do not cite, which do in fact report developmental differences in recognition memory, even for faces (see Cohen and Stewart, 1981, for a review). We cannot argue with data, but what are we supposed to do when presented with conflicting results? I am afraid that at this point, it is really not clear what we should believe about the influence of age on memory performance.

Just to further confuse the issue, let me take up the question of free recall again. In the psychology laboratory, free recall has been traditionally tested by presenting a subject with a list of words and then asking her or him to recall as many words as s/he can, in any order s/he wants. Typically, children perform worse than adults on this test (see Table 1).

Table 1 about here

If we change the procedure so that we involve the subject in the actual events comprising the list, the developmental effects disappear. The procedure in this case requires the subject to perform a series of little tasks (Clap your hands; cut the deck of cards; ring the bell; cross your legs, etc). Following this, the subject is asked to recall the tasks s/he has just performed, again in any order. The results of this study are also shown in Table 1. You will note that 9 year old children perform just as well as adults on this task. From these data, one could draw the conclusion that if children are actually involved in events, they are able to free recall just as much information as adults. This is only one study, of course, but at the very least, these data point to the possibility that children can recall what they do as well as adults.
A second aspect of the reliability of children as eyewitnesses discussed by Melton et al. concerns suggestibility. According to the Melton et al. chapter a recent study has shown that children are not more affected by a leading question than are adults. In the study I conducted together with Mary Anne Harnick (1980), we had subjects of different ages view a film and then answer questions about the events in the film. Some of these questions were leading (actually misleading) while others were not.

Table 2 shows some of the data from this study. There were clear developmental differences in responding to the nonleading questions; the Grade 3 children produced fewer correct responses than did the Grade 6 children or college students. There were also clear developmental effects in the responses given to the leading questions; the Grade 3 children went along with the misleading suggestions made by the interrogator much more frequently than did the Grade 6 and college students. (The differences between the Grade 6 and college groups were not reliable for either type of question.)

What does this tell us? Again, experimental psychology has produced conflicting data. Young children may or may not be more affected than adults by leading questions, apparently depending on the circumstances.

Having presented empirical arguments for and against treating children as reliable eyewitnesses, I would like to abandon my man of science pose and get down to opinions. I think that children can acquire information as well as adults, always providing that the acquisition of the information does not require the use of mnemonic strategies. I am further of the opinion that children who are eyewitnesses to a crime undoubtedly have a lot of valuable information in memory, which can be tapped. I do not believe, however, that
the adversarial system of prosecuting and defence lawyers provides an optimal situation for producing this information in an accurate form.

In conclusion, I should like to make a couple of comments in a more general context. One thing all psychologists agree on is that memory for events deteriorates over time. This means that if we want a good account of some events, we have to question the witness as soon as possible after their occurrence, and not months afterwards. And second, we know that memory may be state-dependent. That is, we may recall events best when we are in the same emotional state at the time of the recall test, as we were in at the time of the event. Thus, if we were agitated at the time of the event, we will recall the event best if we are put into an agitated state before being questioned. The classic case in point is that of Sirhan Sirhan who apparently cannot recollect shooting Bobby Kennedy. However, when hypnotised and put into a highly agitated and excited state, he is apparently able to recall the shooting (Bower, 1981). Just how the present adversarial system could adapt itself to these findings, I do not know, although some research on a related memory problem, namely the effects of context on eyewitness recall (Malpass & Devine, 1981), leads me to suppose that psychologists will soon be able to deal with such problems at least to their own satisfaction.

One thing I do believe (another opinion) and that is that justice systems will sometimes have to adapt themselves to meet the empirical findings of psychological research. The only problem is that it may have to wait a year of two before carrying out this adaptation, until such time as psychologists can produce consistent data.
REFERENCES


TABLE 1

Free recall performance (a) on word lists and (b) on series of subject-performed tasks (SPTs).

Data taken from Cohen & Stewart (1981)

<table>
<thead>
<tr>
<th>Subjects:</th>
<th>Grade 4</th>
<th>Grade 6</th>
<th>Grade 8</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Word lists</td>
<td>31.7%</td>
<td>38.0%</td>
<td>42.5%</td>
<td>55.5%</td>
</tr>
<tr>
<td>(b) SPTs</td>
<td>48.0%</td>
<td>47.8%</td>
<td>51.8%</td>
<td>52.7%</td>
</tr>
</tbody>
</table>
TABLE 2

Data from Cohen & Harnick (1980); (a) the percentage of correct answers given to nonleading questions and (b) the percentage of answers which agreed with the misleading questions

<table>
<thead>
<tr>
<th>Subjects:</th>
<th>Grade 3</th>
<th>Grade 6</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) correct answers</td>
<td>51%</td>
<td>76%</td>
<td>79%</td>
</tr>
<tr>
<td>(b) misled answers</td>
<td>68%</td>
<td>31%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Address: 2275 Bayview Avenue
Toronto, Ontario
M4N 3M6