Working with Victims of Crime: The Basics

Information Sheet:
The Basics about Deciding to Refer to Mental Health Professionals

Developed from Hill, J.K. (2004). *Working with Victims of Crime: A Manual Applying Research to Clinical Practice*, **Ottawa ON: Justice Canada.**

❖ Mental health workers can provide support for more challenging clients. Although many victims can benefit from traditional services, some people may need the more intensive treatment that professionals trained to deal with mental health issues can provide. These include victims who may have a mental illness, intense stress reactions, complex life histories or other problems. As Lawson (2001) noted, most professionals are trained to understand different types of abuse, can help process emotions, can teach skills and help with planning/problem solving. Professionals can also help victims identify and use social support systems, and act as an additional support to the natural supports. Basically, professionals can work with the client to help them cope (Gorman, 2001).

❖ Norris, Kaniasty and Thompson (1997) found that about 12% of victims sought mental health services. Most of these were victims of violent crime. They found that violence and depression were the biggest predictors of seeking help. Of note, they also found that professional help was only effective if the help was prompt and ongoing (Norris et al., 1997).

❖ Understanding your limits is an important part of being an effective worker. You need to use consultation from both your supervisors and co-workers to understand your limits. Thus, there are no set rules as to when to refer your client to more professional services. However, there are some issues that should make you think about whether bringing someone else in may be in your client's best interest. This does not mean that you cannot work with these clients but, rather, that you should consider if you need help:

1. When you suspect the person has depression, anxiety, post-traumatic stress disorder, continued dissociation or other mental health problems.
2. When suicide is a concern.
3. When intense emotions (anger/sadness/grief) are beyond your skills or resources.
4. When the person seems to be unmotivated and stuck.
5. When the person does not seem to get as much from group/self-help/other interventions.
6. When the person does not seem to be getting better even though they seem to be motivated and working hard.
7. When the person has a long, complicated history of victimization or abuse.
8. When the person has a long history of mental health or substance abuse problems.

❖ Those working in more isolated areas should contact their local health care professionals to problem-solve around how to best meet the needs of victims in general. These partnerships can be invaluable in providing new information and professional support. Isolated workers might also use strategies such as telehealth consultation (using phone, email or video-conferencing) to get guidance or receive supervision. Telehealth systems can also be used to deliver therapy, with the local supports working with the victim and possibly participating in therapy with a professional in another area. Other possibilities include bringing in professionals to conduct workshops, crisis treatment or supervision sessions. Of importance, workers should be cautious to digging deeply into complex victims issues without backup. Sometimes this cannot be avoided since the victim may be ready to deal with these issues. It is important for the worker to ensure that she consults with others when outside her areas of expertise. Acting ethically and being respectful of your clients includes being aware of you own limits.

Other Information Sheets in this Series:

The Basics of Self-Care

The Basics of Victimization

The Basics of Victim Reactions and Coping

The Basics about the Stages of Change

The Basics to Cover in an Initial Interview

References:

Gorman, W. (2001). Refugee survivors of torture: Trauma and treatment. Professional Psychology: Research and Practice, 32 (5), 443-451.

Lawson, D. M. (2001). The development of abusive personality: A trauma response. Journal of Counseling and Development, 79 (4), 505-509.

Norris, F. H., Kaniasty, K. & Thompson, M. P. (1997). The psychological consequences of crime: Findings from a longitudinal population-based studies. In R. C. Davis, A. J. Lurigo and W. G. Skogan (eds), Victims of Crime, 2nd ed. (pp. 146-166). Thousand Oaks, CA: Sage Publications.

Policy Centre for Victim Issues

Research and Statistics Division

August 2004