

Virginia Department of Criminal Justice Services

**PRIORITY CASE STUDIES FFY18
(Question 15)**

12/21/2018

CHILD ABUSE

1. Client is a 13-year-old Caucasian female who was referred to the Thrive program by Child Protective Services following substantiation of physical abuse in the home. The client entered the program with a score of 31 (Severe) on the CPSS, a tool to measure PTSD, and is currently at a 5 (Subclinical). This progress was made through creating a trauma narrative, and completing Eye Movement Integration (EMI) with the client. Her mother also received services individually at our agency to address her anger and aggression issues, and both clients report that they are coping with stress in a peaceful manner in the home now. The client states that she is rebuilding a relationship with her mother, and is no longer afraid of her. The client is seen once monthly currently, with a plan to terminate services in the near future as she has learned to problem solve with the skills she has learned in therapy.
2. A CASA volunteer was initially assigned to the “Smith” case in April, 2017. There were 4 children involved; their ages at the time were 16, 12, 8, and 3. Their mother had been incarcerated for 10 months on drug charges. One month after her release, their father was killed in a work-related accident. They were evicted from their home and their mother’s drug use increased. Several months later, the children were removed.
Both parents abused drugs a majority of the children’s lives. The oldest child assumed the responsibility of raising his siblings. They lived for years with no electricity or food in the home while the parents made and sold meth from the home. One of the children reported to the CASA volunteer that he would get up in the middle of the night and go “hunting” in the woods for food and to get water.

For the majority of the case, the Department of Social Services (DSS) wanted to separate the children and move them to adoptive placements due to the history of the mother’s pattern of incarceration and drug use. They were originally placed with their maternal and paternal grandmothers. However, they were removed from them due to a violation of a protective order against the mother. Within hours of them being removed, the CASA volunteer worked to help locate a placement for the 3 youngest children where they could stay together and remain in their current school.

The oldest child could not go to this home due to teenage girls being in the home. DSS located a placement in a neighboring county. The CASA volunteer advocated for transportation to and from his home school so his senior year would not be disrupted. After a few months in the home, the oldest child disclosed to the CASA volunteer that the placement was not working out and explained he was being treated poorly. She then advocated to all professionals involved and advocated for a change in placement. He was placed back in his home county in the perfect foster home for him. He

successfully graduated high school with a 3.9 GPA and is now attending a Virginia 4-year college.

The younger 3 children remained in their placement for about 6 months until it was discovered that the foster parent's child, who is severely autistic, was biting the youngest child. The placement was then disrupted and the children were moved together to another county and another school district. The CASA volunteer continued to see the children 4-5 times per month. She also continued to work and develop a good relationship with the maternal grandmother who worked hard to get her grandchildren back. The CASA volunteer advocated to assist the grandmother in finding suitable housing in their home county to meet DSS requirements for return of the children to her care. The CASA volunteer felt it was extremely important for the children to remain in their home schools due to the fact that when their father died, the entire county rallied around them and supported the children. All the teachers knew their situation and she believed they were better equipped to help them succeed. The maternal grandmother attended all of her services that DSS assigned and, with the support of the CASA volunteer's advocacy, found a job. At the subsequent permanency hearing in June 2018, the children were placed with their grandmother where they remain today. Had it not been for CASA, the 3 children would have been separated and placed for adoption.

3. The victim/witness assistance program (VWAP) coordinator recently concluded a case that had started in May 2017. The crime was a sexual assault of a 14-year old child (indecent liberties). Shortly after the crime was reported, the coordinator arranged for a pre-charging meeting with the child and her mother. As is our protocol, we included the Sexual Assault Center (SAC) advocate in our meeting so that the family would have a community based advocate as well as a system-based advocate. For cases that involve non-force where the child may have viewed the interaction as consensual, it is even more important for us to ensure that the community advocate is connected to the child victim as they may be anti-prosecution. During our meeting, we discussed options with the mother and child separately and together and explained the decision to move forward on prosecution. The mother was also consulted about various options for potential plea offers to be made. Given the evidence in the case, the prosecutor felt that it would likely resolve in a plea.

The prosecutors decided to directly indict the case rather than obtain a warrant, to prevent the victim from having to testify twice. The VWAP coordinator kept the mother and the SAC informed throughout the process of indictment, arrest and setting a trial date. Offers were extended, and the assumption from all was that likely the case would resolve. The defendant hired several attorneys, and this resulted in continuances for months. Pre-trial motions were held and attended by the mother, who was supported by both advocates. Although the prosecution prevailed on these motions, the case continued to be set for trial. In the meantime, the child moved to another state with her father and although the mother continued to be involved and present at hearings, we attempted to have the child focus on the transition to a new home and new schools. The SAC advocate continued to reach out to the father to offer support. At one point during the trial process, competency was raised by the defendant, resulting in further delays. The mom also moved during the pendency of the case. Phone meetings were held in preparation for the case and even from a distance, we continued to ensure that the family was involved and given an opportunity to provide input. Despite the efforts for a resolution, the case was set for trial and the victim coordinator worked with the family to make travel arrangements and ensure that they would be able to arrive the day prior to the beginning of trial. Even though it was a Sunday, the prosecutor, VWAP coordinator and SAC advocate all came in to work to prepare the child with court tours, mock direct exam, court process explanations and

tips for self-care.

Unfortunately, the verdict was not guilty. This was an unexpected result and both the SAC advocate and the VWAP advocate obviously provided emotional support for the family. As the time progressed, the victim had come to understand the criminality of the offense. The not guilty verdict undermined some of this, but fortunately, the travel arrangements also allowed for the child to meet again with the SAC counselor the day prior to their departure. While case continuances usually contribute to the anxiety and, sometimes, trauma of victims one of the benefits of the length of this case was that the victim's move (which turned out to be positive for her) and becoming a year older, provided her with a stronger fortitude to deal with the trial and verdict.

DOMESTIC VIOLENCE

1. Southwest Virginia Legal Aid Society, Inc. (SVLAS) is a private, non-profit law firm based in southwestern Virginia. The practice provides free civil legal services to low-income families in 17 counties and four small cities. Civil legal aid programs such as SVLAS utilize VOCA funds to provide a multitude of services to victims of crime to include direct legal representation, advice and counseling, community education and self-help and technology tools that can help low-income and middle-class families understand their legal options. Within the relevant time period, the organization has continued to generate vital services to victims of domestic violence and other crimes. A VOCA funded attorney within the organization provided comprehensive services to an elderly woman who had been a victim of domestic violence within her 40-year marriage. The victim sought SVLAS services to obtain a two year protective order following her spouse's ongoing control of her finances as well as episodes of physical abuse. The SVLAS attorney was able to successfully represent the victim and she obtain a two-year protective order as well as exclusive use of her home and vehicle. In addition, the SVLAS staff was able to assist the victim with increasing her Social Security Disability and Medicaid benefits as well as negotiate a separation agreement. The staff even engaged in negotiations with the client's property owner to ensure that the locks to her residence were successfully changed. Moreover, the staff provided guidance in executing a Power of Attorney, Will, and Advanced Medical Directive. Within the case, SVLAS also coordinated referrals to community partners to provide comprehensive support to meet all of the client's diverse needs. Community collaboration efforts included consulting the local Department of Social Services to assist the client in obtaining SNAP benefits and a referral to the local area agency on aging to provide support with moving expenses. The unique services that are afforded by VOCA funds allows SVLAS to assist victims of crime to rebuild their lives following episodes of victimization.
2. In July of 2018, the Victim Assist Helpline was contacted by a woman whose son had recently been released from prison. The mother was very distressed because her son was contacting her regularly with threats to kill her and other members of the family. He had a history of mental illness and of committing acts of violence against family members, including sexually assaulting his sister. The man's family lives in North Carolina but he had been incarcerated in Virginia and was living in a group home in Lynchburg. Local police in North Carolina had not done anything to help secure the family's safety beyond telling them to call 911 if the son showed up at the home. The Victim Assist Helpline Coordinator reached out to the Virginia Department of Corrections Victims Services program to inquire about the offender's location and the conditions of his probation. She was able to

inform his mother that he was under GPS monitoring and had a curfew, that it was a 3 hour drive from Lynchburg to where the family lived in North Carolina, which was more than enough time for the authorities to respond if he left the Lynchburg area. She also informed the mother that the probation officer was aware of her son's mental health issues and would put in place a condition that he was not to contact any member of the family, and that if he were to do so it would be a violation of his probation. Additionally, the Victim Assist Helpline Coordinator encouraged the mother to obtain a protective order which would make it a crime for her son to attempt to contact her, and provided her with the information on how to go about doing so. Finally, the Victim Assist Helpline Coordinator provided the mother with the contact information of her Regional Victim Advocate with the Department of Corrections so that she would be able to report any violations of the protective order and receive information on her son's status. The mother expressed great relief at learning that her son's whereabouts were being monitored and empowered by the knowledge that a protective order could help to ensure he did not contact her or another member of the family. Her anxiety level was significantly decreased and she was very appreciative for the resources and knowledge that had been provided to her through the Victim Assist Helpline.

SEXUAL ASSAULT

1. Southside Survivor Response Center, Inc. (SSRC) of Martinsville, Virginia is a premier organization in Southwest Virginia geared towards providing diverse services to combat the negative impacts of domestic violence, sexual violence, and homelessness. Their VOCA-funded services are primarily used to address two priority areas to include domestic violence and sexual assault. During the 7/1/2018-9/30/2018 reporting period, the full-time Sexual Assault Victim Advocate (SAVA) provided extensive services to a victim of sexual assault in a neighboring locality. The victim was a 10 year old child that had been raped repeatedly by a neighbor who had broken into her family's home. The SAVA was consulted to meet the victim within the hospital setting given the locality did not have an appropriate professional to administer such services. Following her forensic examination, she warranted ongoing inpatient treatment due to the severe trauma she had experienced as a result of her victimization. After discharge, the SAVA continued to provide the minor-aged victim and her mother with services to include court accompaniment as well as crisis intervention. The SAVA provided support during appointments with law enforcement by encouraging the victim to maintain honest and open communication. In addition to accompaniment services and education on the legal system, the SAVA provided the victim and her family with emotional support, developing a safety plan, facilitating the filing of a protection order, and providing resource referral. The case has been certified, but a trial date has not been set. Given the significant depression and anger issues demonstrated by the victim following the event, the SAVA maintains regular communication and anticipates providing ongoing supports following the trial to the victim and her family.
2. "M" came to the Child Advocacy Center (CAC) for a forensic interview due to allegations that she had been sexually abused on three different occasions by three different people. Prior to her involvement in the child sexual abuse case, she had not had any involvement with any services in the City - no mental health treatment, no involvement with child welfare or the criminal justice systems. Though the first incident of abuse was more than eight years ago, she disclosed in January for the first time. When M met with the Community Services Board (CSB) clinicians for her clinical assessment, she disclosed that she had suicidal thoughts and that she had not shared these thoughts with anyone

else including her family, school staff, or others involved in her case right now. The fact that the CAC clinical consultation with CSB staff was timely and automatic (due to her participation in a forensic interview) meant that there was someone asking the right questions of M when otherwise there may not have been a reason to do such a comprehensive assessment.

3. An adult sexual assault victim had awaited trial for nearly a year. The victim had received services, including: explanation of the criminal justice process, Protective Order assistance, courtroom assistance and tours, separate waiting areas, crisis referrals, forensic medical exams, relocation assistance to a residential treatment program, prosecution interview assistance, individual counseling, support groups, case status updates, prisoner status updates, advanced notifications, closed preliminary hearing, etc. The victim appeared for trial along with 10 other witnesses for the prosecution including mental health experts and sexual trauma experts. The case was brought to a close when the victim recanted her testimony after spending two hours on the stand. All 11 charges were dismissed with prejudice and the case was closed. This was a very difficult case for the many victim services providers that were involved. The victim has remained in a residential therapeutic program, and ongoing support services will be provided.

UNDERSERVED

1. The client in this case is a 56 year-old African-American gay man, who is diagnosed with HIV, cancer, and C.O.P.D, also experiences difficulty with mobility and uses a walker. This person reports a history of intimate partner violence with his current partner that has resulted in a number of physical injuries and hospitalizations. He also has a history of mental health illness including depression and suicidal ideations. He was connected to the Virginia Anti-Violence Project (VAVP) through a medical facility after he was hospitalized with broken ribs due to a physical altercation with his partner. The client expressed fear for his life and anxiety about having to move back into the home he shared with his partner. This client also decided that he wanted to seek legal support and obtain a protective order against his abuser. A VAVP advocate accompanied this client to court on several occasions to support with the legal process of filing charges and applying for a protective order. He decided it would be best to not renew his lease and look for other housing options. The client moved in with his elderly mother and other family members while he searched for a new place to live. This client's only income is from social security benefits and social services assistance. He has a budget of \$300 dollars for housing and utilities. VAVP connected the client to Commonwealth Catholic Charities as a resource for housing support, and Hanover Safe Place for therapy and counseling services. This person was able to access therapeutic services and housing resources by connecting to these two agencies, and he was also able to find stable and affordable housing and has also gained access to transportation services.
2. During this quarter, we had a case where a family relocated to Virginia from El Salvador. The mother and 14 year old daughter did not speak English, and met an adult male, with whom the mother and daughter moved in as a tenant. At some point, the man started a sexual relationship with the child, impregnating her. Mother and child did not understand that this was criminal in the U.S. and did not report the incident as a crime. The abuse was discovered after the child was brought to the emergency room for medical care and the pregnancy was discovered. The mother and child both came to the CAC for forensic services, and met with our bi-lingual victim liaison. The liaison

conducted the interview with the child, and met with the parent to provide education and support related to the criminal justice system.

3. A 16-year old bi-racial female client has been in the Thrive program for nine months due to being a victim of family violence, primarily witnessing domestic violence between her parents. The client did not present with PTSD symptoms as assessed on the National Stressful Events Survey PTSD Short Scale (NSESSS), but presented with depressive and anxiety related symptoms. The client suffers from stress related seizures, which kept her from attending school, instead requiring homeschooling. The client set goals to decrease her anxiety and feel better about herself by addressing her depression. The therapy sessions have focused primarily on using Cognitive Behavioral Therapy to address the client's negative self-talk and intrusive thoughts. Since being in therapy, the client reports her depressive symptoms have decreased. The client shared that she used to cry daily and recently reported she cannot recall the last time she cried. Her relationships with family and friends have improved as well. The client reports that her friends have noticed an improvement in her mood and attitude. The client also reports that her anxiety has decreased and has resulted in fewer worries, a happier mood, and no seizures. She has been able to return to school and is excited and pleased about it.
4. A 13 year-old Korean American girl was sexually assaulted by her father's friend at her house, and she was referred to the Korean Community Services Center (KCSC) from another agency in June 2018. This child victim and her family have limited English proficiency, so KCSC is involved in all processes to address their legal matters by interpreting and translating.

KCSC has accompanied them to the court three times to emotionally support the family when they have interviews with police officers, a prosecutor, and County social workers. Through these meetings for the trial of the criminal case of child sexual abuse, law enforcement tried not only to get more facts and information from her and the family but also to comfort the child victim who was very nervous in the courtroom to testify appropriately. Also, KCSC staff has met her regularly for her emotional support and to help her to be ready to get mental health counseling to deal with her traumatic experiences.

In addition, the family had to relocate because of the traumatic incident at their house, but they had financial difficulties. KCSC offered rent assistance for the first month through safety net project. Also, KCSC provided mental health counseling and supportive counseling to the victim and her family.

Especially, the father of the victim was seriously shocked and mentally unstable because of the incident. He has been struggling with digestive disorder and could not work. KCSC referred him to Grace Clinic where KCSC's low income families who don't have health insurance can get medical services to address his traumatic medical conditions.

KCSC has a plan to provide any necessary services for the victim and her family to overcome the traumatic experiences.