

The Advocate & Crime Prevention Strategies

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Objectives

- ◆ Discuss the different terminologies utilized in crisis intervention when working with crime survivors or critical incidents.
- ◆ Explain communication skills used by advocates when interacting with crime survivors of various cultures and socioeconomic backgrounds.
- ◆ Briefly discuss suicidal prevention assessments and techniques for crime survivors.
- ◆ Identify self-care practices and techniques for crime survivor advocates.

Definitions

- ◆ Crime prevention: different, based on policies, cultures, values.
- ◆ Crime control: efforts to prevent crime versus prevention of the crime.
- ◆ Human development : communities, families, schools, labor markets, legal institutions of policy and criminal justice.



Three Elements for a Crime

- ◆ A motivation
- ◆ A suitable target is available.
- ◆ Presences of someone encouraging the crime, or nothing or no one to discourage it.

- ◆ People
- ◆ Places
- ◆ Situations



Understanding Crime Prevention

- ◆ Crime control
- ◆ Crime prevention

- ◆ Primary: improving the well-being.
- ◆ Secondary: groups at risk for crime.
- ◆ Tertiary: after a crime.



Strategies for Crime Prevention

- ◆ Community to change social conditions.
- ◆ Families, peers, social norms, clubs, organizations.



Community Graffiti



- ◆ Change in community infrastructure, culture, or physical environment.
- ◆ Diversity of approaches may include but not limited; neighborhood watch, community policing, urban, or physical design, & comprehensive multidisciplinary efforts.

- ◆ Most serious crimes geographically.
- ◆ Family Based.
- ◆ Community Based.



Lawyers for alleged Manhattan Heights rapist ask for extension

By Aaron Martinez / El Paso Times
POSTED: 01/07/2014 10:57:54 PM M



- ◆ Robbery
- ◆ Sexually Assaulted
- ◆ Physically Assaulted
- ◆ Linked to Sexual Assaults in Fort Worth.

Targeting Early Risk Factors

- ◆ Unemployment
- ◆ An antisocial parent
- ◆ Peer delinquency
- ◆ A young mother
- ◆ Poor parental supervision
- ◆ Large Families
- ◆ Low parental reinforcement
- ◆ Low family income
- ◆ A broken home

Community Crime Prevention Strategies

- ◆ Changes in community infrastructure
- ◆ Culture
- ◆ Environment
- ◆ Multidisciplinary approach.
- ◆ Strategies at various levels.
- ◆ Enhancing knowledge and public awareness.
- ◆ Funding & sustainability (accountability).

Family the Central Unit of Society

- ◆ Provide the basic needs
- ◆ Government assistance:
- ◆ Cultural conflict
- ◆ Education for the parental roles
- ◆ Community-based activities
- ◆ Understanding the rapid and uneven economy.
- ◆ Understanding disruptive changes.
- ◆ Securing the traditional rearing and nurturing.



Paso Del Norte Bridge/ Bridge of the Americas



- ◆ Basic needs: care, protection, ensuring the physical & mental well-being of the family.

- ◆ Family the central unit responsible for the **primary socialization** of children.
- ◆ The governmental/social efforts to preserve the integrity of the family & extended family members should be the **beginning**.



**Bowie High Assistant Principal linked to EPISD Cheating
Scandal Resigns**
By Zahira Torres / El Paso Times
POSTED: 11/10/2012 12:00:00 AM MST

Picture

**Roman Catholic Sexual Abuse
Scandal**

Picture

**Pope Francis Asks Child Abuse Victims
for Forgiveness**

Picture

IRS gives Bonuses to Workers with Disciplinary Issues (not paying taxes)

Picture

“When in Doubt”



Education for All

- ◆ Public education accessible to all.
- ◆ Teaching basic values, respect, human rights.
- ◆ Develop & promote personality talents, mental/physical talents.
- ◆ Involvement of families.
- ◆ Provision of emotional positive support.
- ◆ Avoidance of harsh disciplinary measures
- ◆ Promoting a sense of identity (belonging)
- ◆ Fundamental freedom
- ◆ Promoting the prevention of alcohol/drugs
- ◆ Train the educators

Community Involvement

- ◆ Services and programs (counseling & guidance).
- ◆ Community centers, & recreational facilities.
- ◆ Adequate shelters.
- ◆ Enhancing the awareness of government assistance.



Recreation Centers for Families



Mass Media/Social Media

- ◆ Portray positive information.
- ◆ Disseminate existence of services.
- ◆ Minimize: pornography, drugs, violence, demeaning.
- ◆ Promote egalitarian.
- ◆ Promote a balance approach.



A Balance of Crime Prevention

- ◆ Honesty starts with us.
- ◆ Combine crime prevention modules in government programs.
- ◆ Combination of programs, policies, and agencies (government & civil).
- ◆ Adopting and responding with a balance.
- ◆ Allocating/sustaining funds.



Can We Prevent Crime?

- ◆ Crime prevention starts.
- ◆ Strategies varies.
- ◆ Every day-to day living.
- ◆ Common senses is KEY.
- ◆ Protect yourself.
- ◆ Protect your property.
- ◆ Report suspicious activity
- ◆ Report crime



Hispanic Socioeconomics

- ◆ Live in poverty (2 out of 10 families).
- ◆ Understanding the effects of poverty.
- ◆ Religion: Catholic faith (40% Catholic membership).



African American Family

- ◆ One parent household.
- ◆ Strong families bonds.
- ◆ Balanced mutual-aid systems by extended family members (emotional/economic).
- ◆ Elders highly respected and pass tradition (religion/manners).
- ◆ Younger family members take care of the elders (strength/ support).

African American Family

- ◆ Non-blood family/friends bonding (cousin, aunt, uncle, brother, sister, mother/mama).
- ◆ Deeply rooted respect of elders
- ◆ May be complete strangers.



American (Anglos)

- ◆ Culture North America.
- ◆ Common language is English.



American (Anglo)

- ◆ Independent to make decisions.
- ◆ Higher education.
- ◆ Strong achievers focus on achievement.
- ◆ Accepting responsibilities enhances outcomes.
- ◆ Respects socializations that can affect achievements.

Putting it all Together

- ◆ Knowledge of different cultures.
- ◆ Feeling comfortable.
- ◆ Identifying the need based on the individual believes, values, traditions.



Crime Prevention Techniques

- ◆ Family-based crime prevention.
- ◆ Most serious crimes are geographically (small areas).
- ◆ Family units (antisocial parents, rejecting parents, parents in conflict, cruel punishment, lack skills for supervision).

Crime Prevention Risk Factors Multi-modal Interventions

- ◆ Violence/nonviolence offences.
- ◆ Mental health problems.
- ◆ Alcohol and drug problems.
- ◆ School failure.
- ◆ Unemployment.



Crime Prevention

- ◆ Multi-modal interventions (different models, classifications, strategies).
- ◆ Different conceptions (promoting culture of lawlessness/justice).
- ◆ Different methodologies (different needs as gender/vulnerable).

Crime Prevention

- ◆ Government leadership.
- ◆ Integrated into all levels social and economic policies and programs (employment, health, housing, families, children/youth at risk and communities).
- ◆ Partnerships between authorities, community organizations, non-gov., organizations, business sectors/private citizens.

Crime Prevention and Mass Media-Social Support

- ◆ Ensure all have access to information and material from a diversity of national and international sources.
- ◆ Disseminate information on the existence of services, facilities, and opportunities.
- ◆ Mitigate pornography, violence, drugs, and others.
- ◆ Balance approach.



Picture

Picture

Health Care Advocates

- ◆ Can make a difference.
- ◆ We are respectful, accountable, non-bias (non-judgmental), accepting, own awareness).
- ◆ Understanding and taking care of ourselves is imperative and significant.
- ◆ Who is Number ONE?



Definition

- ◆ Critical Incidents:
- ◆ Trauma
- ◆ Stress
- ◆ Crisis
- ◆ Grief



Critical Incident

- ◆ An event/situation which causes disruption to an organization/person creating a significant danger/risk where the person feels unsafe, vulnerable, and under stress.
- ◆ Can be expressed: physically, cognitively behaviorally, or emotionally.

Mitchell, J. T. 2006

Trauma: Bodily Injures or Emotional Shock



Stress: Body Response to the demand, change or perceived Threat



Crisis: A Sudden time-limited unexpected threat to lose or basic resources of life goal



Grief: Physical, emotional, spiritual, cognitive, social, and behavioral response to loss (death, of function, or change of body image).



Crisis Intervention

- ◆ Rapid assessment
- ◆ Here and now
- ◆ Developing trust
- ◆ Clients' families' strength
- ◆ Identify presenting problem (s)
- ◆ Mutual agreement

- ◆ Replacing adapting coping mechanisms
- ◆ Multiple practices



Crisis Intervention

- ◆ Current problem (precipitated the crisis).
- ◆ Prioritizing problem.
- ◆ Assessing coping mechanisms.

- ◆ Allow/encourage expression of feelings.
- ◆ Paraphrasing, reflecting, listening.
- ◆ Past Crisis

Crisis Intervention

- ◆ Post crisis evaluation.
- ◆ Always have plan (follow-up)
- ◆ Overall functioning.
- ◆ Physical condition.
- ◆ Recommendations varies: anniversary date.



Perception

- ◆ How do they feel?
- ◆ Hopeless, helpless, and vulnerable.
- ◆ Injury/death triggered by another event.
- ◆ What do they know?
- ◆ Pediatric patients perception (life threat when it didn't exist.)
- ◆ Age or level of development.
- ◆ Psychological development.
- ◆ Emotional development.
- ◆ Coping abilities.
- ◆ Previous experiences.
- ◆ Environment
- ◆ Culture
- ◆ Parental attitude

Communication & Active Listening

- ◆ Listen first then communicate.
- ◆ Let the patient speak.
- ◆ Do not use medical jargon.
- ◆ Do not patronize patient.
- ◆ There is no "One Size Fits All".



Communication Techniques

- ◆ Preparing for listening.
- ◆ Questioning.
- ◆ Listen actively.
- ◆ Show that you have heard.
- ◆ Responding.
- ◆ We do not have an answer to all questions.
- ◆ Its' OK not to know.

Preparing for Listening

- ◆ Courtesy
- ◆ Good manners.
- ◆ Introduction
- ◆ Hand shake.
- ◆ Physical context (sit down/stand).
- ◆ Eye contact.
- ◆ Remove physical objects.
- ◆ Posture
- ◆ Ask permission to touch at least once.
- ◆ Be sensitive.
- ◆ Avoid touching below waist.

Questioning

- ◆ Close questions versus open questioning.
- ◆ "How do you feel?"
- ◆ Effective listening will facilitate.
- ◆ Allow/encourage patient to speak.
- ◆ Do not interrupt unless absolutely necessary.
- ◆ Ask if you can hug/touch their hand.
- ◆ Tolerate short silences.

Emotions

- ◆ Strong emotions make communication impossible if you try to ignore them.
- ◆ Always try to identify and acknowledge strong feelings.

Examples: Patient who has been waiting for hours prior to her services/exam.

"I have been waiting too long!" (upset).

"It may be extremely frustrating to be kept waiting for so long."

Silence

- ◆ Facilitate the communication.
- ◆ Your silence provides permission for patient to regroup, to feel, to express, or display emotions.
- ◆ Most therapeutic response, but the most difficult to provide.
- ◆ Be yourself, recognize, accept, and move forward.

Review of Resilience

- ◆ Integrated approach will make difference.
- ◆ Building on bolstering ones' inner strength.
- ◆ Empowerment strategies.
- ◆ Providing non-bias support.

Recognizing and Assessing Suicide Incidents

- ◆ Suicide = a deliberate act of self-destruction in which the chance of surviving is uncertain.
- ◆ 10% to 20% attempting suicide eventually kill themselves.
- ◆ 500,000 people commit suicide.
- ◆ 3rd Leading cause of death (15 – 19 year old).
- ◆ Suicide in college campuses is the leading cause of death.

Wright, 2011

Identify Suicide

- ◆ Related to feelings of self-image that has been assaulted & they are trying to avoid shame, defeat, humiliation or disgrace.
- ◆ They do not feel any affiliation with anyone.
- ◆ Experience excessive: anger, rage and hostility.
- ◆ Often due to a person whose needs for dominance/aggression has been block.

Red Flags of Suicide

- ◆ "It is the only thing I can think of."
- ◆ "The only solution is....."
- ◆ "It's the only way I can solve the problem."
- ◆ Any concerns, red flags, or, gut feelings.





Recognizing and Assessing Suicide Incidents

- ◆ Safety (most essential element)
- ◆ Recognize depression, sadness, feeling of despair.
- ◆ Expressing suicidal ideations: person's only solution.
- ◆ Do not ignore any talk of suicide.



Assessing Suicide

- ◆ Consult
- ◆ Report
- ◆ Document
- ◆ Ensure safety.
- ◆ Do not make promises.
- ◆ Be nonjudgmental.
- ◆ Listen and allow expressions of feelings.



Self - Care

- ◆ Self care starts with YOU!



Self – Care Awareness

- ◆ Experiencing stress: over thinking & worrying.
- ◆ Exposure to pain and suffering of the victims.
- ◆ Graphic description: Physical Symptoms.
- ◆ Lasting impressions: wanting to help more.



Self – Care Awareness

- ◆ Feelings: shock, sadness, anger, outraged.
- ◆ How do you release these symptoms?
- ◆ Feelings of helplessness.
- ◆ Emotional exhaustion.



Self - Care

- ◆ Recognizing: denial, feelings of failure.
- ◆ Acknowledge: Training helps, socializing.
- ◆ Changing the system: (not our job).
- ◆ Convicting the perpetrator (boundaries/limits)



Self - Care

- ◆ Collaborative efforts: will decrease stress. (do not over identify yourself)
- ◆ Seek feedback: peer support. (meeting with friends, family members, church members.)
- ◆ What do you expect? Provide the best you can.
- ◆ Reward (do not expect any).



Do Not Expect Rewards!

Picture

SELF - CARE

- ◆ Balance: work, family, school, social events.
- ◆ Time Management: humor, hobbies, exercise.
- ◆ Recognizing and acknowledging self behaviors.
- ◆ Practicing healthy habits: journal, calendar, self-talk, avoid self-defeating thoughts.



Humor
Is
Healthy

Right People
Right Place
Right Time

STRESS & BURN - OUT

- ◆ Most common occupational diseases.
- ◆ Psychological morbidity affects.
- ◆ Precipitating factors: lack of time, inadequate training.
- ◆ Develop healthy behaviors: peer support, family, skills.
- ◆ Do not ignore your gut feelings:

Stress or Burnout

<u>Physical</u>	<u>Emotional</u>	
<ul style="list-style-type: none">◆ Anorexia◆ Dry mouth◆ Chest discomfort◆ Back pain◆ Stiff neck◆ Insomnia and fatigue	<ul style="list-style-type: none">◆ Frustration◆ Isolation◆ Anxiety◆ Hopelessness◆ Blaming◆ Short temper◆ Grief/fear/irritable	

Self-care Interventions:

- ◆ Maintaining a sense of humor.
- ◆ Hang around people who are not toxic.
- ◆ Practice “forgiving” others.
- ◆ Engage in positive conflict resolution.
- ◆ Looking after yourself in-return allows others to care for themselves.

Health Providers Self-care

- ◆ Relaxing rituals
- ◆ Meditating/message
- ◆ Writing journal
- ◆ Reading
- ◆ Healthy eating
- ◆ Exercising
- ◆ Sleeping
- ◆ Professional help
- ◆ Church/activities
- ◆ Setting boundaries
- ◆ Breaks from technology (lap-tops, phone, PC)
- ◆ Fun projects
- ◆ Hobbies
- ◆ Laughter/Talk
- ◆ Family/friends/peer quality time (Reach-out)

Love yourself!

- ◆ Live as if you will die tomorrow!
- ◆ Enjoy each day!
- ◆ Help others in need.
- ◆ Time to heal.

Personal Picture

Family/Fun/Love/Memories

Personal Pictures

Co-workers

Personal Pictures

What makes you HAPPY?

- ◆ Allow time for you, family, friends.
- ◆ Enjoy work, enjoy life, enjoy yourself.
- ◆ Remember who is **Number One**?
- ◆ Remember you **cannot** solve the world!

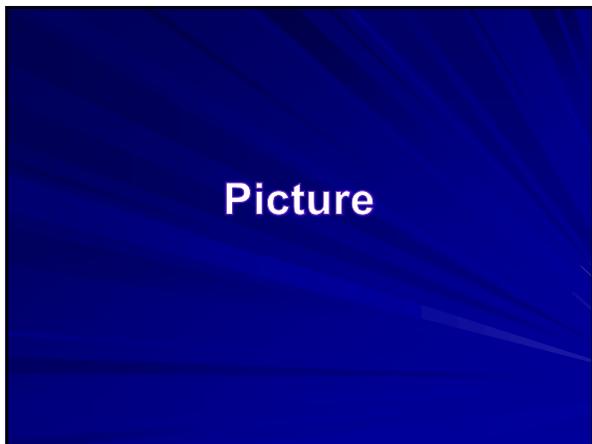








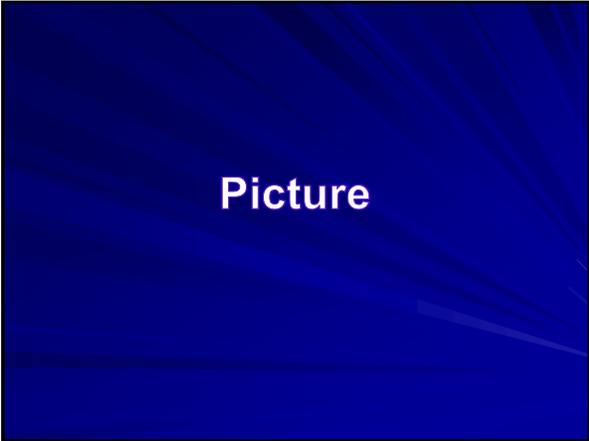


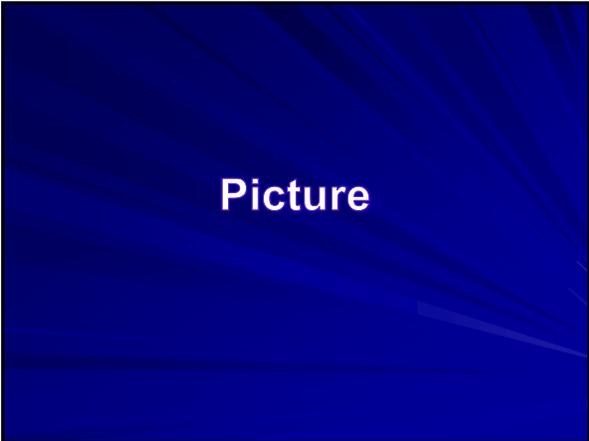






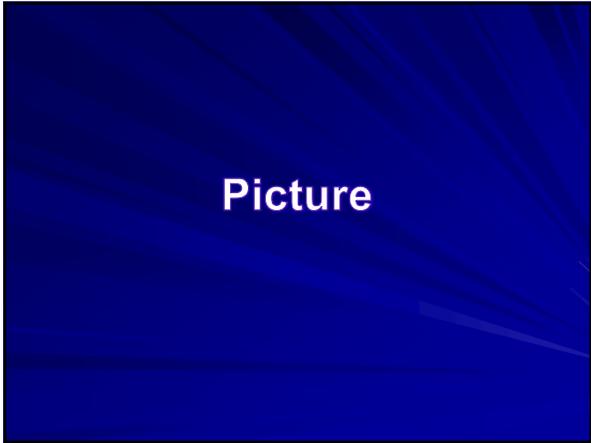




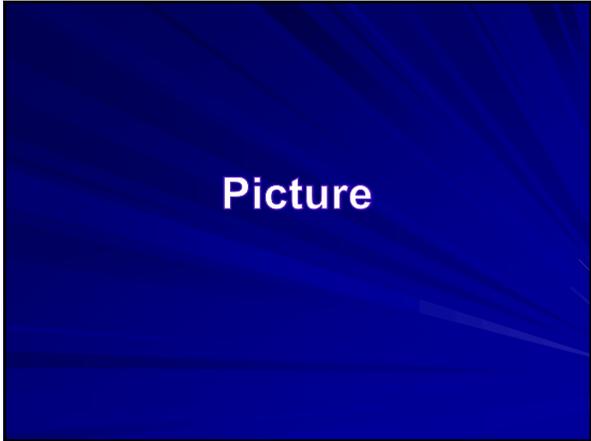




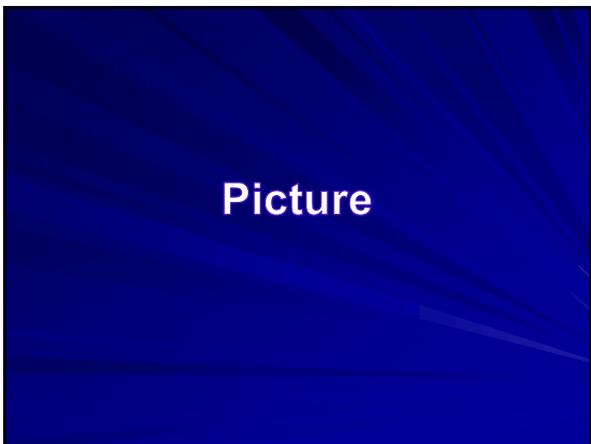


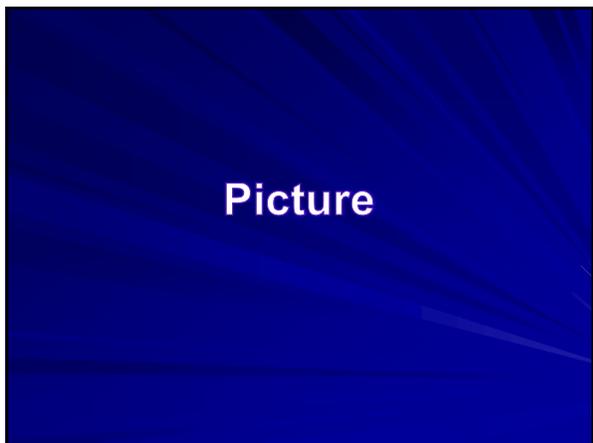


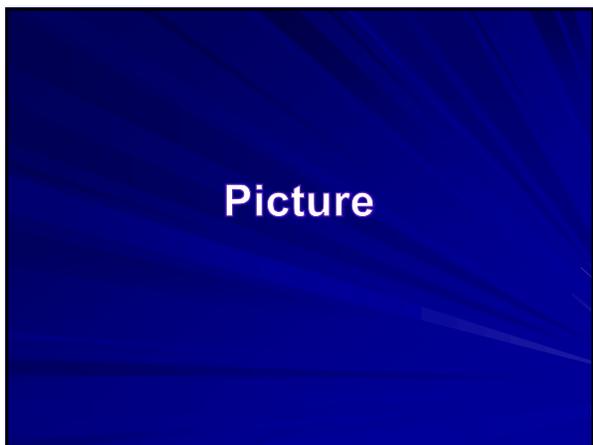


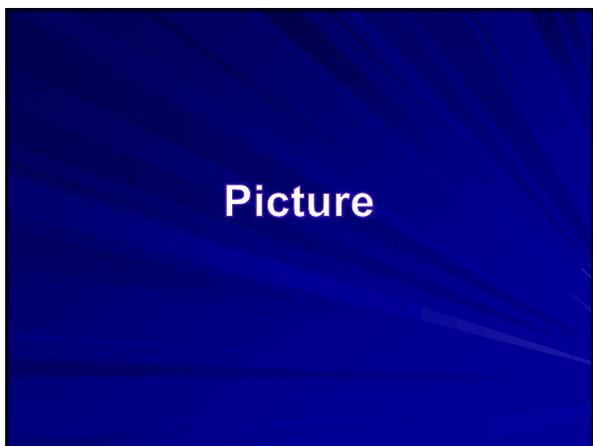












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