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Network for Victim Recovery of DC (NVRDC)
Rights in Systems Enforced (RISE) Project

Crime Victims' Rights in the Emergency Room: A Vulnerable Moment Creates an Opportunity for the Future

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Executive Summary

Choice Research Associates (CRA) was engaged by Network for Victims Recovery of DC's (NVRDC) Rights in Systems Enforced (RISE) Project to conduct an exploratory evaluation of the NVRDC pilot program -- Crime Victims' Rights in the Emergency Room (CVR-ER). Through this program, NVRDC is expanding access to crime victims' rights attorneys through a unique medical-legal partnership with Medstar Washington Hospital Center's (MWHC) Community Violence Intervention Program (CVIP).

Hospital-based violence intervention programs (HBVIPs) such as CVIP seek to reduce violent victimizations by assisting violently injured patients with additional services (e.g., intensive case management via social worker) and connections to concrete resources within the community post-discharge. Overall, research shows that HBVIPs improve victims' experiences in the hospital and serve as an effective program to reduce repeat violent victimization and the associated financial strain on trauma services (e.g., Emergency Departments).

This unique medical-legal partnership between NVRDC and MWHC CVIP provides survivors of crime with a free legal "Know Your Rights" consultation with a crime victims' rights attorney. The main purpose of this research project is to provide descriptive information about the experience of hospitalized victims given access to legal support.

Methodology
This research project includes both quantitative data (obtained from MWHC and NVRDC) and one-on-one qualitative interviews with six CVIP team members. This project highlights the need for a direct connection to legal services within a hospital setting, describes patient-participant reception to the introduction of legal services (from the point-of-view of the attorney and hospital staff), and provides a larger context about the target population.

Quantitative Findings
There were 20 low-barrier legal clinic Crime Victims' Rights RISE clients who received victims' rights attorney services from NVRDC between April and July, 2021. Among those 20 clients, 14 were participants in the HBVIP program at MWHC (CVIP RISE clients) and 6 were referred to or made contact with NVRDC outside of any interaction with the hospital (Non-CVIP RISE clients). CVIP RISE clients differ somewhat in demographic characteristics, victimization experience, and legal needs from Non-CVIP RISE clients. CVIP RISE clients are more likely to be male, Black or African American, and are younger than Non-CVIP RISE clients.

In terms of legal needs, both CVIP RISE and Non-CVIP RISE groups needed assistance understanding the criminal legal system, their rights, compensation, and safety. There were several differences between the groups related to guidance around their rights, restitution-seeking, and privacy.

CVIP staff provided CRA with data on 290 patients with a CVIP qualifying injury between December 2020 and July 2021, of which 62% (179 people) were approached by the CVIP Navigator to gauge their interest in the program. Of those 179, 12% (22 people) consented to

participate. Comparing those who consented to participate in CVIP to those who did not, while the injury profiles and gender were similar, there are small differences in other demographics.

Qualitative Findings
Through interviews with six team members and information collected by the MedStar CVIP Social Worker, six key lessons were learned about both the program and clients, including:

- Victimization is a daily part of CVIP clients' lives.
- CVIP clients are unique both in their experience of victimization, and in their experience with the law.
- Law has been a tool of the opposition, used against CVIP clients and undermining their trust in it.
- Clients present with a distinct and knowable set of needs that can be met, both legally and in their daily lives.
- Clients often feel betrayed by the systems designed to help victims, and rebuilding trust – which an attorney can help to accomplish – can be the cornerstone of success.
- Success for this program is defined by independence, empowerment, and trust – illustrated by observing the client reframe problems, learn to meet struggles head-on, and find confidence in the law, formal systems, and people who can help.

CVIP and NVRDC worked together to reduce barriers and achieve success by establishing rapport with clients, building trust between the team and the clients, and repairing trust lost in other formal systems. To do this, the team has established and practiced specific communication styles, and share the core value of providing clients with information and resources in a trustworthy and reliable manner.

Recommendations
- The program should consider including additional 'trusted others' in their core team of reliable actors to fill critical gaps such as other medical-legal needs, housing, and workforce development.
- The team should formalize the lessons learned with respect to rapport- and trust-building by developing a communications training curriculum including language, style, and content.
- Training goals, learning styles, and plans must be implemented to achieve specific goals in understanding legal matters.
- Data collection should be based on ongoing performance metrics and collaboratively defined goals.

Limitations
The current analysis is an initial one, looking at quantitative data on a limited number of clients. With a short period of study, leaving little time to recruit and interview clients – thus the findings related to client needs, experiences, and successes are based entirely on CVIP team perspectives; this study would have been enhanced by interviews with CVIP clients to provide additional context.

Conclusion

Overall, including the NVRDC embedded Attorney on the CVIP project had a positive impact on both the team and the clients. Clients reported increased confidence and knowledge about who to call for help or answer questions, now or in the future. Team members reported they now actively considered how the attorney might add to goal planning and attainment for clients. This unique collaboration can continue to evolve – with areas of growth including improved team cohesion, internal communications, and ongoing training efforts. If future evaluations of this program continue this trend, particularly studies which include data and/or interviews directly with clients, then other hospital based/connected violence intervention programs may want to consider this type of beneficial partnership.

Overview

Choice Research Associates (CRA) was engaged by Network for Victims Recovery of DC (NVRDC)' Rights in Systems Enforced (RISE) to conduct an exploratory evaluation of the NVRDC pilot program -- Crime Victims' Rights in the Emergency Room (CVR-ER). This report sheds light on the initial program processes and outcomes, providing insight and opportunities for the ongoing improvement of a program that may prove a key element in client outcomes. Through this program, NVRDC is currently expanding access to crime victims' rights attorneys through a medical-legal partnership with Medstar Washington Hospital Center's Community Violence Intervention Program (CVIP).

This unique medical-legal partnership allows survivors of crime, who are treated in the Emergency Department as a result of being a victim of a crime, to a free legal "Know Your Rights" consultation with a crime victims' rights attorney. The main purpose of this research project is to provide descriptive information about this unique experience of victims who are seen at the hospital Emergency Department as a result of a crime, and given access to legal support.

Introduction

Hospital-based violence intervention programs (HBVIPs), like the Community Violence Intervention Program (CVIP) at Medstar Washington Hospital Center (MWHC), aim to reduce violent victimizations by providing for violently injured patients additional services (e.g., intensive case management via social worker) and connections to concrete resources within the community post-discharge. Overall, research shows that HBVIPs improve victims' experiences in the hospital and serve as an effective program to reduce repeat violent victimization and the associated financial strain on trauma services (e.g., Emergency Departments) (Cooper, Eslinger & Stolley 2006; Julliard et al., 2015; Purtle et al., 2013).

NVRDC partnered with MedStar MWHC's CVIP to take this type of effort a step further and provide an immediate connection for patients to a crime victims' rights (CVR) attorney – referred to as an "embedded attorney". There are few studies examining the many barriers in service provision for crime victims, especially those pertaining to legal needs and services (Bouffard et al., 2017). This often-overlooked need deserves greater attention as these types of services can be essential to crime victims' safety and well-being after experiencing a violent victimization (e.g., an intentional injury by another).

For example, survivors of a violent victimization may have legal needs necessary to ensure their safety (e.g., obtaining temporary restraining orders and civil protection orders), address housing stability (e.g., support regarding their tenant's rights if they need to move), as well as asserting victims' rights (e.g., submitting a Victim Impact Statement in a criminal legal case) (Bouffard et al., 2017). Although recent legislative strides have increased legal protections for crime victims (e.g., passage of Violence Against Women Act (VAWA), research suggests that strong

legislative protection, alone, is not sufficient. There remains a need for victim awareness and knowledge of these legal protections, and the direct delivery of legal services regarding crime victims' legal rights (Travis, 1998; Bouffard et al., 2017).

Although HBVIPs are known to vary in design and scope (Cooper et al., 2006; Purtle et al., 2013), to date CRA is unaware of any other program leveraging the hospital setting to connect victims with legal services to enforce their crime victims' legal rights. Thus, this project serves as an exploratory step in understanding how creating a connection between crime victims and legal services in a hospital setting improves both their overall experience in the hospital and their use of legal services post-discharge.

Methodology

This research project includes both quantitative[1] data (obtained from MWHC and NVRDC) and qualitative interviews with six CVIP team members. This project highlights the need for a direct connection to legal services within a hospital setting, describes patient-participant reception to the introduction of legal services (from the point-of-view of the attorney and hospital staff), and provides a larger context about the target population.

Research protocols were approved by the University of Southern Maine Institutional Review Board on June 8, 2021. A copy of that approval is attached in Appendix A.

Qualitative interviews were conducted with the CVIP team members (including the Social Worker, Program Manager, Community Navigator, Trauma Surgeon, and NVRDC embedded Attorney). These interviews were one-on-one discussions via video (i.e., zoom), utilizing the approved semi-structured interview questions (copies of the data collection instruments created for this project are included in Appendix B). Each session was recorded with subject consent. To process the interview data, the investigator transcribed each interview, reviewing each thoroughly to discern themes, key ideas, and focal points made by individuals and as a collective. Additionally, the investigator reviewed post-session notes from each interview for tone, body language, and overall impressions.

At the time of the study, there were 290 people eligible for CVIP who were seen in the Emergency Department. Among the 290, the CVIP team contacted 179 people (62%), and of those, 22 (12%) agreed to be part of the program. At the time data was collected, 14 of the 22 clients (63%) entered the CVIP program were referred to the embedded attorney and received legal services. Unfortunately, due to the very short time frame available to conduct client interviews, none of these 14 clients were interviewed.

[1]Due to privacy constraints, the data are deidentified, thus our analysis does not link information across data sets.

Findings

Quantitative: Description of Clients Served by CVIP, RISE, and NVRDC

Tables 1 and 2 reflect information about the 20 low-barrier legal clinic Crime Victims' Rights (CVR) RISE clients[2] who worked with NVRDC between April and July, 2021.[3] These tables compare 14 RISE clients who received victims' rights attorney services because of their injury and participation in the HBVIP program at MWHC (CVIP RISE clients) to 6 people who received victims' rights attorney services because they were referred to or made contact with NVRDC outside of any interaction with the hospital (Non-CVIP RISE clients).

With only 20 people in the data, these findings cannot be generalized to a larger population. Nonetheless, the data provides anecdotal information about this low-barrier group of RISE clients served by NVRDC. Table 1 shows that more CVIP RISE clients are male than Non-CVIP RISE clients (64% vs 17%, respectively), and the majority are Black or African American (86%) while Non-CVIP RISE clients are more diverse in racial/ethnic representation.

Compared to RISE clients who were not part of CVIP, the CVIP RISE clients are younger with an average age of 28.79, overall ranging from 18 to 48, yet clustering between 18 to 30. Non-CVIP clients vary more in age, ranging from 7 to 58 years old, but on average are older at 32.83 years old. People experiencing homelessness are seen in both groups of RISE clients.

In terms of the relationship between the victim and the offender, when only considering the cases where the relationship was known (CVIP clients 11 of 14; Non-CVIP 5 out of 6) the most notable difference was that 7 of 11 (or 64%) of the CVIP RISE clients were victimized by a stranger or unknown assailant, while 5 of 5 (or 100%) of Non-CVIP RISE Clients were victims by those known to them (e.g., current or former spouse or intimate partner, other family or household member, or acquaintance).

The most notable findings in Table 1 are:

- People served through RISE within CVIP are less likely to be in a relationship or live in the household with the person who victimized them.[4]
- Almost all of the CVIP RISE clients are victims of assault, rather than the more diverse injury types seen in the Non-CVIP RISE client group.[4]
- RISE is more likely to serve intimate partner and sexual assault victims outside of CVIP, and within CVIP they are likely to see other types of victimization incidents.

[2] NVRDC developed this "low barrier" CVR Clinic services group in response to the needs of the CVIP clients, thus the data provided was of a subset of the total RISE services. NVRDC also provides full representation services and brief advice services that are not represented in these data. (S. Taylor, Personal communication, August 31, 2021).
[3] See Appendix B, Instrument A, "Data Collected by NVRDC Lead Program Attorney" for more information.
[4] These first two points may be related, and should be considered further as the program progresses.

Table 1: Demographics of NVRDC RISE Clients – Referred by CVIP vs Non-CVIP (N=20)

	Participated in NVRDC Services Apr-Jul, 2021			
	CVIP Clients (n[5]=14)		Non-CVIP Clients (n=6)	
	Freq.	**Percent**	**Freq.**	**Percent**
Gender				
Male	9	64%	1	17%
Female	5	36%	5	83%
Race/Ethnicity				
Black/African American	12	86%	3	50%
White	0	0	1	17%
Hispanic/Latinx	0	0	1	17%
More than 1	0	0	1	17%
Unknown/Unlisted/Prefer Not to Indicate	2	14%	0	0
	Range	**Mean (SD)[6]**	**Range**	**Mean (SD)**
Average Age	*18 to 48*	*28.79 (8.4)*	*7 to 58*	*32.83 (16.3)*
	Freq.	**Percent**	**Freq.**	**Percent**
Age by Category				
Under 18	0	0	1	17%
18 to 25	5	36%	0	0
26 to 30	4	29%	2	33%
31 to 50	5	36%	2	33%
Over 50	0	0	1	17%
Other Demographics				
Victim with Disability	1	7%	0	0
Experiencing Homelessness, Housing Instability or Unhoused	3	21%	2	33%
Relationship to Offender				
Acquaintance	3	21%	1	17%
Unknown Relationship	3	21%	1	17%
Stranger	7	50%	0	0
Current/Former Spouse/Intimate Partner	1	7%	3	50%
Other Family or Household Member	0	0	1	17%
Victimizations Experienced[7]				
Adult Assault (Simple & Aggravated)	13	93%	2	33%
Child Sexual Assault/Abuse	0	0	3	50%
Adult Sexual Assault	0	0	1	17%
Domestic Violence or Family Violence	1	7%	2	33%
Survivor of Homicide	0	0	1	17%

[5] N=Number of those with data available to assess.

[6] SD="Standard Deviation" indicating the level of variation in the data. A larger SD relative to the mean denotes more variation in the data; a smaller SD value more consistency or clustering around the average.

[7] Some clients experienced more than one type of victimization; total will not equal to n-size for the group.

Table 2 highlights that legal assistance needs are wide ranging and the needs the NVRDC attorney responded to within the time constraints of the project.

Specifically, clients in both groups (CVIP and Non-CVIP) needed assistance understanding and navigating the criminal legal system, DC courts, and the US Attorney's office,[8] as well as understanding their rights, compensation, and their own safety issues. On average, CVIP clients had 1.79 needs while Non-CVIP clients had 2 legal needs (both ranging from 1 to 3 needs). Specific areas that the embedded Attorney covered with clients in both the CVIP and Non-CVIP groups varied widely. CVIP clients had on average 2.43 rights addressed (ranging from 1 to 7) compared to an average of 2.83 rights (ranging from 1 to 6) for Non-CVIP clients.

Though the group sizes are small, these findings reveal that CVIP clients were more likely to receive a general overview, however, as this is a core element of the CVR-ER program, this is not unexpected. In contrast, Non-CVIP clients were more likely to engage with NVRDC attorneys due to the need to assert their rights, and thus may have been more informed about crime victims' rights at the outset of engagement.[9]

Beyond the rights overview, it is worth noting there were differences between the groups related to the issues addressed.[10] For example, restitution[11] and seeking information about the case were more commonly seen in Non-CVIP clients; meanwhile, privacy was a key issue for many CVIP clients. Privacy refers to victims gaining a better understanding of how their private and personal information might become public, and how they can protect their privacy.[12]

[8] In Washington, DC, the US Attorney (USAO) is the prosecutor for nearly all felony cases, rather than a local or state attorney.

[9] As noted above in describing Table 1, there are demographic differences between the CVIP and Non-CVIP groups. For example, the average age of CVIP clients was 29, while Non-CVIP was 33 years old. The Non-CVIP group was also slightly more racially/ethnically diverse, while the CVIP group was more represented by people who identified as Black or African American. There may be other differences (e.g., life experience and/or prior criminal justice involvement) that influence the decision of when (or if) to seek legal assistance.

[10] One of the limitations of this study is that the available data did not include the date of victimization. Consequently, it is unknown if these differences in services provided/needed are the result of the length of time since the victimization occurred. One example is provision of assistance with developing a Victim Impact Statement (VIS). As the VIS is filed post-conviction, and given the shorter time elapse for CVIP clients, they likely did not yet need a VIS. Future evaluation efforts of the CVR-ER program should include additional information such as date of victimization, date and time arrived in the Emergency Room, and the date of contact with the NVRDC Attorney.

[11] Examples of restitution are found in Appendix C. Restitution differs from compensation, as restitution is a direct or indirect payment or service rendered by the person convicted of the offense, rather than state-allocated dollars that flow through the crime victim compensation program within the rules and oversight of that program.

[12] For example, the victim's mental health records, medical records, or private communications could become an issue. A CVR attorney can help the victim understand the circumstances when this private information could become part of the case, and thus accessible to the prosecutor, defense, and judge. It is especially important to advise victims on timing of retaining counsel, as responding to these requests often involves a motion on behalf of the victim to limit and/or redact information in records that are not directly relevant to the case.

Table 2: Legal Services - NVRDC RISE Clients Referred by CVIP vs Non-CVIP (N=20)

	Participated in NVRDC Services since Apr-Jul, 2021			
	CVIP Clients (n^5=14)		Non-CVIP Clients (n=6)	
	Freq.	**Percent**	**Freq.**	**Percent**
Legal Advice Related Needs				
Assistance Navigating DC Superior Court as Victim	3	21%	2	33%
Crime Victims Compensation	8	57%	2	33%
Communicating with the USAO	2	14%	1	17%
Safety Issues	1	7%	2	33%
General Crime Victims' Rights	7	50%	3	50%
Privacy Concerns	2	14%	0	0
Reporting the Crime	2	14%	1	17%
Grand Jury	0	0	1	17%
	Range	**Mean (SD)[6]**	**Range**	**Mean (SD)**
Total Legal Needs	1 to 3	1.79 (.80)	1 to 3	2.00 (.63)
	Freq.	**Percent**	**Freq.**	**Percent**
Rights Addressed[13]				
Rights Overview	13	93%	0	0
Privacy	6	43%	2	33%
Heard	3	21%	1	17%
Restitution	0	0	3	50%
Protection	1	7%	2	33%
Information	3	21%	2	33%
Present	2	14%	1	17%
Confer	4	29%	3	50%
Notice	2	14%	3	50%
	Range	**Mean (SD)**	**Range**	**Mean (SD)**
Total Rights Addressed	1 to 7	2.43 (2.4)	1 to 6	2.83 (1.9)
	Freq.	**Percent**	**Freq.**	**Percent**
Advice Given or Addressed				
Information about Criminal Legal System/Process	9	64%	4	67%
Information about Rights	4	28%	1	17%
Assistance with Victim Impact Statement	0	0	2	33%
	Range	**Mean (SD)**	**Range**	**Mean (SD)**
Total Advice Given/Addressed	0 to 2	1.07 (.73)	0 to 3	1.50 (1.3)

[13] Rights addressed can also be found specifically described by NVRDC in Appendix C. Note that clients may have multiple rights addressed; therefore, the total for this column will not equal n-size for the group.

In addition to RISE client data above, CVIP staff provided CRA with data detailing patients seen in the ER for any violent injury between December 2020 and July 2021. While many people were seen in the trauma bay during that time, not all were approached to participate in CVIP. Due to resource constraints, timing, and other factors, the team approached a subset of all eligible patients and offered them enhanced services through the CVIP program.

Further, not all those approached elected to participate. While 290 patients seen in the trauma bay had a CVIP qualifying injury, 62% (179 people) were contacted by the CVIP Navigator to gauge their interest in the program. Of those, 12% (22 people) consented to participate. While the team conducts up to three follow up calls to clients, successful engagement into the program is a challenge.

Table 3 describes the characteristics of the 179 patients contacted by the CVIP Navigator or team member, and compares those who consented to participate in CVIP to those who did not consent. The Navigator is the CVIP first point of contact, inviting patients and engaging those that consent into the program process. (Appendix D outlines the basic process, including the role of the Navigator.) At the end of data collection period, 16 of 22 (73%) consenting clients had been referred to NVRDC, of which 14 of 16 (88%) spoke with the NVRDC attorney.[14]

Categories of injury types were quite similar across the consenting and non-consenting groups, though the number of participants included in the data are too few to draw statistical conclusions. Nonetheless, all CVIP participants were African American, compared to Non-CVIP participants who were more racially/ethnical varied. Compared to race, gender is a bit more representative of females consenting, with a similar portion of women being approached for inclusion as there are consenting to participate.

Overall, looking at these 3 tables, these data indicate that CVIP RISE clients differ somewhat in demographic characteristics, victimization experience, legal needs, and legal services provided from the Non-CVIP RISE clients. In addition, the CVIP RISE clients also differ from ER/trauma patients who are eligible for CVIP, are approached, but who do not elect to participate in the program.

Given the small number of cases, we provide the foregoing descriptions merely as a first look at those who interacted with MWHC and/or NVRDC in this time period. The next section of the report details the findings from interviews from NVRDC and CVIP staff. These interviews provided not only a wealth of information regarding the process, but valuable insight into the challenges and successes of the CVR-ER program.

[14] NVRDC data in Tables 1 and 2 provide detailed information about the 14 clients. One of the limitations to this project is that we are unable to link CVIP participants to the NVRDC legal services data because the data were deidentified (e.g., did not contain names to link across these datasets). As such, we cannot directly compare information about an individual in the CVIP data (e.g., type of injury) to their legal needs or services provided.

Table 3: Demographics of MedStar Clients Approached by CVIP (N=179)

	Contacted by CVIP Services December 2020-July 2021			
	Consented to CVIP (n^5=22)		Did not Consent to CVIP (n=157)	
	Freq.	**Percent**	**Freq.**	**Percent**
Gender				
Male	17	77%	140	89%
Female	5	23%	17	11%
Race/Ethnicity				
Black/African American	22	100%	134	85%
White	0	0	7	5%
Hispanic/Latinx	0	0	7	4%
Other or Unknown	0	0	9	6%
Injury Type				
Assault	2	9%	13	8%
Gunshot Wound	16	73%	102	65%
Stabbing	3	14%	42	27%
Gunshot Wound & Stabbing	1	4%	0	0

Qualitative Findings

Through interviews with six team members[15] and information collected by the MedStar CVIP Social Worker, there are several themes that help us to understand the perspective of the clients, the team members, and help define the opportunities present at this early point in the implementation of the program. Team interviews helped define why the program is well-suited to a hospital setting, as well as the uniqueness of CVIP clients and their needs. The team also identified what "success would look like", and how that success could be realized in the near term. Specifically, the team identified improving trust in both the legal system and other formal systems designed to help crime victims, as well increasing client's confidence in the value and power of their own voice.

Caution should be exercised in overstating the interpretation of these qualitative data as the views here are limited to those interviewed. Further – as with any qualitative analysis – the themes identified here are only those uncovered through a set of semi-structured interviews, and findings are not mutually exclusive; some reinforce and overlap with one another.

<u>Unique Vulnerability Creates an Opportunity</u>

Through interviews with members of the MedStar CVIP team, CRA learned about the lives, needs, and opportunities available to the clients in the program. While CRA was unable to

[15] See Appendix B, Instrument C, "Semi-Structured Interviews with Hospital Staff and Attorneys".

pursue interviews with any of the clients at this early stage, the insights of the CVIP team offered a first glimpse of the promise of this program.

As a unit, this team brings together a combination of experiences and expertise that work to help people realize a fuller life, one they did not always know was possible. Given that hospitals provide services focused on treating a specific (often urgent) physical or mental problem, it may seem strange to find a group of hospital staff who value more of a holistic perspective of the patient and the patient's needs. Team members pointed out that medical services are limited, and can only do so much; the whole person deserves attention. As one put it, medical attention is a knowable set of solutions to address the acute need, while the way to help the rest of the person is still nebulous:

> *"Your liver is cracked, it is bleeding, so you stuff it with things, and make it stop. It is very hands-on, and it works, immediate gratification. You can do the most amazing kick ass [sic] surgery in the world, but when at the end of it the person says 'hey, can you get me a job at the hospital?' what have you really done?"*

When staff were asked why they felt this program was important, and why they felt the need to introduce an attorney to the patient at this point in the process, several team members described the vulnerability of being in a medical emergency. One person talked about their own experience as a victim of violence, and when faced with possible death, they realized the motivation needed to make real changes. This inflection point can offer a chance to change things going forward.

> *"We identify this incredibly vulnerable person, and perhaps before they develop diabetes, and before they are too deep in the criminal justice system, how can we wrap and protect them to avoid that and inflect their trajectory upward instead of down?"*

But vulnerability must be met carefully, with respect for the individual's rights and needs. Injecting the CVIP team, and specifically the attorney, into the circumstances can help to change the trajectory – from one where a person continues to be the passive part of their own story, to one where a person can take an active role in their own future. In order to do this, the team works to establish trust and to show clients that there are supportive persons who can help the client to thrive as opposed to simply survive.

Overall, even at this early stage of the CVR-ER program, there were six key lessons learned about both the program and clients. These lessons include:

- Victimization is a daily part of CVIP clients' lives.
- CVIP clients are unique both in their experience of victimization, and in their experience with the law.

- Law has been a tool of the opposition, used against CVIP clients and undermining their trust in it.

- Clients present with a distinct and knowable set of needs that can be met, both legally and in their daily lives.

- Clients often feel betrayed by the systems designed to help victims, and rebuilding trust – which an attorney can help to accomplish – can be the cornerstone of success.

- Success for this program is defined by independence, empowerment, and trust – illustrated by observing the client reframe problems, learn to meet struggles head-on, and find confidence in the law, formal systems, and people who can help.

Across interviews, team members frequently used words such as "fear", "coercion", "oppression", "justice", "control", "vulnerability", "marginalization", "needs", and "trust" when describing their clients, the client's experiences with the legal system, and needs. The CVIP team is a passionate group that sees opportunities to improve outcomes for both the individual client and the community. Individually, team members see both unique and similar ideas that signal an effective program. These themes are discussed in detail below.

Victimization is Part of the Daily Lives of CVIP Clients

Victimization is exceptional in so many lives, yet it is a rarity. According to the NCVS, less than 1% of the US population is the victim of a serious violent crime[16] in given year (Morgan & Truman, 2020). But crime can be a daily event for a segment of society. Experiencing crime can be a constant stressor (rather than preventable) in an already stressful life. This can add to a host of situations where people are vulnerable (e.g., living in places with high rates of poverty and community violence and constant social marginalization). Team members described client's experiences of constantly trying to keep their heads above the high-water line, tending to the needs of loved ones before themselves, and seldom having the opportunity to make a life for themselves outside of mere survival. Frequent marginalization can often be exacerbated by the law. In the course of being victimized, the team felt CVIP clients are commonly treated differently than victims from other social classes, excluded from services, or judged as wrong-doer from the outset.

CVIP clients are often different from those whom society typically identifies as crime victims. Historically, victimology researchers point to a continuum of 'acceptable victims,' delineating people who others in society are more likely to have sympathy for (Doerner & Lab, 2011). Recently, a study showed that *where* a person is victimized can impact how those in the public eye view the importance of the victimization (White, Forrest, & Morrissey, 2021). In addition, the *type* of victimization can impact available resources. For example, pro bono victims' right

[16] Including rape and sexual assault, robbery, and aggravated assault. Does not include simple assault.

organizations most commonly represent sexual assault and domestic violence survivors. The CVIP mission is different. CVIP clients are more likely to be in the hospital due to other forms of violence, such as a stabbing, a shooting, or an assault. The quantitative data discussed in Table 1 (above) describes the differences between RISE clients who are CVIP compared to RISE clients who are Non-CVIP. These distinctions were echoed by the CVIP team members, as detailed below.

In the Emergency Room, People in CVIP are Distinct

CVIP clients in the trauma bay are crime victims, but first and foremost they are patients and community members. Thus, they deserve to have the care and compassion that anyone in those shoes has earned. However, CVIP team members noted that people who come through the trauma bay with violence-related injuries are typically looked at differently in the Emergency Department than "*the boy from Georgetown with a broken arm*."

When a person enters the Emergency Department, something has happened, and the people who coordinate their care rarely know the details of the situation. Nonetheless, system actors (such as hospital staff) may have a hard time separating their own assumptions about the types of injuries, and the types of people who come in with a violent injury. They may assume a person is on the wrong side of the situation, rather than simply being neutral.

> *"This person deserves fairness, compassion, due process – allow them to be a victim and a survivor before going to the realm of suspect, or what took place. There is a victimization, and you cannot skip over it and go right to investigation."*

Upon first contact, medical staff may not see the violently injured patient as an "acceptable victim", but rather as a difficult patient who needs to be expedited and sent on their way; move along, move through, and move out of the Emergency Department. One team member indicated that alternatively, medical teams should focus on how to help a person instead of judging them and moving them out the door. As one member termed it -- "*treated and streeted*". Another complication is raised when patients are resistant to help. Compassion and understanding are needed in these cases. System actors need to stop judging a person's behavior in these settings, as patients in the trauma bay are in a very stressful, and often scary, situation. Not only is the patient experiencing current trauma, but they may have past unfavorable experiences which add to their level of fear and resistance.

> *"They are scared and feel powerless in the emergency room, or they know people who have been shot and treated here, or they themselves may have already been through this hospital."*

While system actors may learn to do a better job holding their assumptions at bay, the client may also feel defensive or marginalized due to the questions team members and hospital staff must

ask. For example, when working with a new CVIP client, the team member asks about unrelated ongoing legal matters. This information is necessary because the existence of other legal issues could impact decisions on how to best navigate the current victimization. Given the intrusive nature of the questions, system actors must be sure the client knows that this is the reason for asking, otherwise clients may be more wary of the team. As the pattern of stress, trauma, and fear unfolds, team members – and all those encountering the clients in the trauma bay – have the opportunity to show each person with a violent injury care and patience. It presents a chance to show that they understand where the person is coming from instead.

The Law as a Tool of the Opposition

For many who suffer a victimization, engaging with the legal system is the gateway to help – even when they do not trust that system.[17] Victims need help paying for medical bills, seeking guidance as they navigate the course of a case against the alleged perpetrator, protecting themselves from additional harm through protection orders, or with an employer who may not be responsive to the unique challenges a victim faces. CVIP participants appear to be reluctant to engage in or exhibit trust in the legal system.

Given this apparent reluctance and lack of trust, CVIP team members note that CVIP clients' first instinct is not to view the law as a solution to their situation (referred to as "law-as-solution"). One team member made an astute comparison: when a rich person has something happen in their life that calls for concern, one of the first things they may do is call a lawyer. In contrast, CVIP clients likely have personal experience and/or know of those in their communities or within their families who spent years in prison, and/or see that generations of their community are missing due to high rates of incarceration. When their day-to-day lives are affected by interaction with the legal system and with law enforcement,

> *"Their first instinct is **not** to call a lawyer… they don't see lawyers as an approach to their problems."*

Staff recalled speaking with legal experts around other work, and they echoed these thoughts:

> *"a wealthy person who runs into any legal issue at all, they will ask an attorney -- 'is this a legal need?' The communities that we work with don't have that same access."*

For many people, including the CVIP client population, the law is just out of reach. Often people do not understand their rights (or need reassurance of those rights), or they suspect they have rights but are not sure how to assert them. Consequently, ignorance of the law becomes an

[17] A review of data from the Office for Victims of Crime, which publishes federal dollars spent annually supporting state programs for victim services, shows that about ¾ of these dollars go to non-profits. The rest of the funds go to government entities – with the bulk going to prosecutors' offices. Annual state reports can be found here: https://ovc.ojp.gov/states

impediment. CVIP clients, in particular, may not feel empowered to learn about or assert their rights. A team member shared that in their own community and personal experience, not understanding their rights meant not being connected, informed, or free to know what their choices were in the situation. This lack of knowledge does not start from the point of asserting one's rights, but instead begins when crime victims are involuntarily thrust into a situation where those rights matter. Not only are many people unsure of their rights; they may also be wary of the law from their own experiences with the legal system.

It goes beyond simply not using the law and attorneys as a default response to resolving legal issues (law-as-solution). Team members asserted that they share the perspective of their clients -- having seen the law used against them and/or as a tool to oppress and to marginalize people in their communities. The CVIP team feels the that perspective of the clients is that law is a barrier, rather than a tool – that the law is used "*to render them powerless*." Several team members shared anecdotes of law enforcement using the law to manipulate program clients into participating in investigations, or into pressing charges when they did not want to. Clients did not know they had the option to simply say no, or to consider their options -- often capitulating when unaware they have choices. According to the CVIP team, CVIP participants view lawyers as being on the side of the government, holding them at arm's length, and using them as means to the attorneys' ends rather than as individuals with their own lives and rights. This coercion has rendered segments of the community powerless; leaving them distrustful of the law itself.

Legal Needs Begin, But Extend Beyond Those Created by Victimization

Team members pointed out that while clients need help as crime victims, they also have other medical-legal needs which become apparent while in the trauma bay, and these needs and rights should be respected. Medical-legal needs include both crime victims' rights, as well as issues typically medical in nature, such as medical records, which arise out of the circumstances.

First – and directly at issue here – while CVIP clients have rights as a crime victim, their lack of knowledge of those rights is problematic. For example, crime victims often do not realize they are not required to do everything they are told by someone in authority, such as law enforcement.

> *Clients say, "hey the prosecutor keeps calling me, telling me I have to come down, and I don't know what this means. My leg is half off, and the prosecutor is telling me I have to come down to the building and I don't want to come down to the building."*

> *[Clients] "get these calls and some of the victims think they have to do things, and it puts some of the participants in such a vulnerable state that they get fearful. The government hasn't helped this far, and then they say they have to come down to do this and that – they don't know they can tell some or most of these people no, or I don't want to."*

Embedding the NVRDC attorney in the CVIP program helps both to assure clients and to represent their rights at a critical point in the Emergency Department process. This is particularly important when patients are interviewed by those in authority while in the trauma bay.

> [When clients are subject to] *"interrogation around questioning victims of violence, especially in the trauma bay. When they are incapacitated or medicated in some way, someone needs to advocate for them."*

CVIP clients may need to consider whether cooperating with the police is in their best interest. They may also need guidance to understand when a warrant is required prior to the confiscation of personal property. In these circumstances, the embedded attorney can play a vital role because not only are victims not always aware of their rights, and they may be fearful of not cooperating with authorities. This is further complicated by the setting and circumstances.

Second - victim-related legal needs are not the end of the legal needs of CVIP clients. The current evaluation is one of several the CVIP team has been part of, and team members mentioned previous study findings that brought them to realize the true extent of legal needs of the CVIP clients. The Project Manager and the Social Worker both shared past experiences with a client assessment called IHELLP[18], which includes several questions designed to detect various types of legal needs. The legal indicators included questions around transportation and safety concerns – issues which can easily indicate various stress points that may or may not be related to the law. The CVIP team was struck by the insufficiency of these types of questions, feeling they might trigger the need for other resources either in addition to, or instead of, the assistance of an attorney.

This experience inspired the CVIP team to provide more than the standard protocol for a Hospital-Based Violence Interruption program. In conducting their own study and reviewing other studies, the CVIP team found that the majority of clients have both criminal and civil legal needs. Several team members indicated that patients, almost universally, initially experienced medical-legal needs, which then extended to issues such as property confiscation by law enforcement, communicating with the police while under sedation, responding to subpoenas, and criminal investigations of the clients themselves.

This continuum of legal needs experienced by patients led the team to bring on a victims' rights advocate into the project, but only as a **first step**. Through the course of the program, the victims' rights specialist demonstrated that there are so many specialties in the law, and patient needs were so diverse, that a single attorney would not be sufficient to meet every client's need. Team members shared that they were unaware of the intricacies of law and as one team member pointed out, CVIP client legal needs are like a Venn diagram with overlapping and intersecting spheres of need. Another team member said,

[18] https://sdh-tools-review.kpwashingtonresearch.org/screening-tools/ihellp-questionnaire

> *"Think about the guy who just got stabbed, assaulted, or shot, and he comes to the hospital. We don't know what took place…what got him hurt, but immediately from a community standpoint we want to support him, he is injured. What can we do? Who can we contact? You have rights in all of that."*

Overall, the Emergency Room experience is one where victims, families, medical staff, and legal system actors are thrust together in an emotionally charged atmosphere. Each has their role to play and specific goals to accomplish. From the flow of medical information, to seeing a loved one's remains if they have been killed, and/or tension between family, police, and hospital staff, tasks are accomplished, and tensions must be defused, while simultaneously respecting the rights of those involved. In that process, there are numerous rights to be considered -- including crime victims' rights, medical privacy rights, civil rights, and more. The NVRDC embedded attorney, who specializes in the rights of a crime victim, and who provides crucial services at critical moments, only scratches the surface of the overall need of these clients.

Existing Overlapping Web of Needs, Requiring Attention

Often, one set of needs renders a person more likely to be victimized, and in turn, that victimization may further exacerbate their situation or problems. The team outlined several areas beyond legal consultation in which clients need help, including housing, workforce development, and ongoing medical care. One or more of these needs, coupled with legal needs as a result of victimization, can further intensify those issues which stand in a person's way to achieving long term health and success.

For example, housing was raised by several team members as an issue for clients both before and after their interaction with the program in the Emergency Department. The need for housing goes beyond simply finding a place to sleep – it is about educating clients on obtaining and maintaining permanent safe housing. For many clients, housing was unstable before victimization, and may not be able to and/or may not feel safe to return to that home after their injury.

Team members also conveyed that there were occasions where if the client was homeless at the time of victimization, the Crime Victims Compensation (CVC) fund does not help them find housing because they were not displaced at the time (or as a result) of the incident. In addition, if the CVIP patient was staying temporarily at someone's house, or if their name is not on a lease, there is no protection or support offered through CVC compensation.[19] Another housing related concern is for those suffered a debilitating injury, and were living in a shelter and/or or in a housing situation that is no longer accessible due to the injury. Importantly, this situation is not limited to being unable to walk up a flight of stairs. The team indicated that based on experience,

[19] Compensable costs in DC for the Crime Victims' Compensation program include relocation when a person's health or safety is at risk (see: https://www.dccourts.gov/services/crime-victims-compensation-matters/compensable-costs). However, the team reported prior experiences when a client must document their residence, but the client is unable to comply if they are homeless or not the leaseholder.

some shelters simply are not well-prepared to accommodate a person with a physical challenge, even if they are legally required to provide accommodations.

As noted above, a person may feel unsafe returning to their prior living situation after being injured, particularly if the person who injured them is not a stranger and lives in the home, or nearby. The perpetrator may also continue to be a threat to the victims' family or friends, particularly if the victim returns home. CVC allows funds to rehouse a person following victimization to ensure their continued safety provided they report the crime and cooperate with the police.[20] However, as previously noted, the team indicated that if the client is not on the lease, the CVC program cannot provide financial assistance.[19]

In addition to housing, across CVIP clients there is a need for workforce development. While providing referrals and assistance in completing job applications are a good start, a robust workforce development effort requires staff who are trained, and who specialize in finding and maintaining a steady stream of trusted community-based resources to connect jobseekers with substantive opportunities (preferably in their neighborhoods). Job readiness programs are also critical to ensure individuals have not only a resume which is concise and relevant, providing interview tips, but also the soft skills[21] necessary to maintain the job once hired.

Team members indicated that once the client meets with existing team members, clients should be able to meet with someone who is a skilled and community-connected workforce specialist to help them find and connect with real opportunities. The team envisioned that at least two workforce development personnel were necessary to meet workforce goals.

> *"[One] workforce person [would] tweak their resume, geared to [the] job they desire and … the other workforce development person would be outreach spending 4-6 hours a day in the community connecting with your local stores, Targets, Locker Rooms, in … community establishments – [where] available jobs are. He or she would go out and make those connections and relationships with our surrounding community … [and] be able to say 'I have a guy with a skill set, entry level, we'll connect them'.*"

Medical care was another major need identified among CVIP clients. Often clients are dealing with chronic illnesses that have been prioritized behind everyday survival -- illnesses that predate the trauma that brought them to the attention of CVIP. Arriving in the trauma bay in need of emergency treatment, one or more of these existing conditions may stand in the way of long-term health and wellness. Team members also pointed out that clients reported having limited or no insurance. This is a barrier not only to seeking follow-up care for the immediate injury, but they

[20] According to DC Code, a person may only qualify for compensation if they reported the crime to the police, and can be denied an application for compensation if they fail to cooperate with law enforcement, including when a person does not help sufficiently in apprehending the suspect. See Title 4, Chapter 5, Subchapter I § 4–506-508.

[21] For an example of different types of soft skills, see https://www.dol.gov/agencies/odep/publications/fact-sheets/soft-skills-the-competitive-edge

also may lack a primary care physician to provide ongoing care to establish and maintain the client on a healthy track. Further, navigating the system of referrals and insurance requirements is a complex endeavor. This can be an obstacle for many, but particularly for those with more immediate basic survival concerns such as where they will sleep, what they will eat, and maintaining personal safety. In these circumstances, primary care and follow-up medical treatment can be less of a priority.

Trust Built and Restored

CVIP clients are often hesitant and fearful to trust the CVIP program generally, and legal experts specifically. This perspective extends from both a distrust of the law as well as other experiences of broken trust within formal systems. As noted previously, a core of the distrust of the law stems from marginalization and coercive experiences.

Another source of distrust is ignorance of the law. People often fear what they do not know. This is true even if they were not already wary of strangers calling and asking questions. Thus, when an attorney calls clients to inform them of their rights and answer questions, it may be met with confusion or lack of interest. Sometimes the client responds "*can I call you back?*", but then never returns the attorney's call. One possible explanation for this lack of engagement is that while an attorney is ostensibly calling to provide help, instead the client hears the voice of the system that has disappointed them – or worse.

In addition to distrust in the legal system, trust of other formal systems is often hindered by prior personal experiences. Even well-meaning organizations can have instances where the phones go unanswered, messages are not returned, and staff fail to fulfill promises. The CVIP team expressed that in a myriad of ways, and throughout their daily lives, clients who took the step to ask for help or information have been disappointed.

> *"I don't like to refer [clients] and then they don't get the help; I don't like referring people to services that I don't have a direct contact … [if our clients] don't get to speak with someone directly, our clients never get responses back or have bad experiences… [and] when they call someplace once and they don't answer, they are not calling back. Or if they tried to get an appointment, and there is an issue, they are not going back."*

Generally, people do not want to look ignorant, nor weak. This is also true for CVIP clients. Consistently, team members pointed out that often clients appear to maintain a particular persona – one of strength -- where they neither need, nor ask for, help. This toughness may be part of the reason why when approached to participate in the program, approximately 85% of potential clients refuse (as reflected in Table 3 (above), where of 179 potential clients, only 22 (or 12%) consented to participate). However, while only a small portion of potential clients participated, definitions of success evolved over the program period; this is discussed below.

Definitions of Success Include Independence, Empowerment, and Trust

The CVIP team share an overarching goal to provide clients resources to be both independent and empowered to reframe the difficulties that face them, including legal issues. Embedding the NVRDC attorney into their program structure was viewed as an important step to meeting that goal.

The CVIP team's role is primarily one of support. One team member pointed out that the team does not really do the work, whether it is the doctor, the Social Worker, the Navigator, or the embedded attorney. The real work is done by the clients, with support from the team members. The general process is that eligible patients are introduced to the program by the CVIP Navigator. For those who consent to participate, the Social Worker conducts an intake, assessing their immediate needs and strengths. To address these needs, the Social Worker provides referrals to programs and services – including housing, employment, or other assistance. The Social Worker will also advise the client about the embedded attorney, who will then contact the client. After the meeting with the attorney, the Social Worker then revisits the client and works with them to set and assist with short- and long-term goals. CVIP clients are discharged after approximately 6 months. (See Appendix D for flowchart outlining the process.)

Throughout this process, a core team value is to provide clients with information and resources in a trustworthy and reliable manner. This ongoing effort demonstrates to the client that the team is there to help; particularly in supporting clients to resolve difficulties for themselves. A key measure of success is the client no longer needing the team at the end of 6 months. Along the way, success is defined by ensuring the client knows that they can call team members when they have questions, and that asking for help is okay.

This effort to engender empowerment and independence through the provision of support and trust building also applied to the embedded attorney. All team members echoed that the goal of embedding the attorney was to help clients see that the law could be on *their* side, not solely against them. Consequently, another definition of success was observing the client learn to "*flip the script*", and be more confident in their right to a just system. To team members, successful clients are those who learned to ask *how* a lawyer can help, rather than assuming the client is are on their own.

> *"So, to reframe the things that are happening in their lives, they might say they can get a lawyer to help with this thing, or that."*

An important distinction relayed by several team members is that it is not a question of whether clients remember the specific details or rights that the lawyer explained to them. It is more important that clients understand that today, next week, next month, or next year, if they have a question, they have someone they know and trust that they can call for help.

CVIP and NVRDC Worked Together to Reduce Barriers and Achieve Success

Throughout the interviews with team members, all concur that the team achieved some of the successes outlined above. To reach these goals, the team needed to establish rapport, and build or rebuild trust.

Rapport building is a critical component of program engagement because if clients cannot connect with key program staff on their first contact, they will not consent to participate. One staff member uses their own life experiences and communication style to create a comfortable exchange where potential clients more clearly see similarities (rather than differences) with CVIP team staff.

Overall, the team works well together, in part because they have established and practiced specific communication styles. For example, one of the team members noted that the Attorney has embraced the rapport building method, working with the team members in order to connect with clients using this communication style to help put clients more at ease. The Attorney's efforts in this area have proven fruitful, as CVIP team members identified that as the Attorney learned to communicate in this way, clients grew more willing to connect with the attorney. One strategy proven to be an absolute necessity to engaging the client is that from the moment the client answers the phone, the Attorney's immediate and consistent opening is to state they are not a representative of the system (e.g., not a prosecutor, defense attorney, or the police), but instead, the attorney "*is on their side*".

Another crucial component for program success is trust. Trust plays two major roles here: first, the team builds trust between the team and the clients. Second, the team's actions help to repair trust lost in other formal systems. In building trust, from the initial engagement with the Navigator, to ongoing interactions with the Social Worker and the embedded Attorney, team communications must be transparent, empathetic, and clear. From the time a client consents to participate, the team lets them know that any member of the team might respond to a call for help or for a referral. This way, the clients do not have to wait if someone is off for the day or is unavailable. The team – including the Attorney – also relay the message that they are there for the best interest of the client; this is reinforced when clients see that they receive the help they need in a timely and efficient way. This, in turn, establishes a web of trust.

Importantly, this web of trust can operate as a feedback loop, building and reinforcing trust among and between the team members. For example, when the Navigator assures the client they can trust the Social Worker, the hope is the client has an initially higher degree of trust in the Social Worker prior to meeting. When the Social Worker provides services to the client reliably and consistently, this confirms that trust was warranted. In turn, the Social Worker advocates that the Attorney is a trusted member of the team. Upon the Attorney's positive interactions with the client, the trust between the client and the other team members is fortified. As one team member relayed that the NVRDC Attorney was an integral part of this trust building process:

> *"it is like, hey, [the attorney] did what [they] said [they] were going to do. The people that the [CVIP staff] sent me to followed up and did what they said"*

There are also occasions when the client reveals a need which is outside the purview of the Attorney's role. Instead of letting that information lay fallow, the Attorney informs (or loops back) those details to the CVIP team. Provided all the team members are reliable, responsive, and transparent, this process evolves into an unbroken chain of trust.

The second important role of trust is rebuilding confidence in formal systems outside of the CVIP team. The key is that when a member of the CVIP team assures a client that can trust another actor (e.g., a lawyer, a service provider) – then the client should be able to trust that next link in the chain to be equally as responsive and supportive as the CVIP team. When this occurs, trust is built not only in the CVIP team, but may also help repair the broken trust others in the formal system have left in their wake.

People's trust in systems erode when they are "*told a lot of things and promised a lot of things by a lot of people*," which do not materialize. Team members related incidents of referring clients for help with housing, for example, where no one ever called the client back, or the response was delayed. While not all needs can be met, nor every possible personal goal can be realized by any one program, trust is built when *effort* is exerted. This was evident when the team relayed how clients trust those who show they are willing to take the time to try to help, even if it does not work out as desired. Overall, trustworthiness is a hallmark that will likely continue to pay off.

The Embedded Attorney Plays a Positive Role

Impact on the Team

One finding from this evaluation was that some of the CVIP team members had initial expectations regarding how the embedded Attorney would impact the project which were not realized. For example, one objective was to utilize the attorney to enhance team cohesion and build a united approach to meet the client's needs. To do this, team members expected active information loops with the Attorney during team meetings, including sharing what was learned from clients. Despite not meeting their expectations concerning information sharing, CVIP team members advised that the Attorney played a positive role in improving client outcomes.

CVIP staff noted that client's feedback about their experience with the Attorney has been overwhelmingly positive. The most salient example of a client benefiting from participation of an attorney was from a client where the team members initially felt they had little to offer, and was less receptive to CVIP staff because the client was in the midst of a legal crisis. After receiving assistance from the embedded Attorney, the remaining team members realized a greater level of connection with the client, and consequently, were able to more effectively assist that client's needs.

Another example of the Attorney benefiting the project was when a team member reflected on observing a client's attitude shift similar to their own experience. Specifically, the team member stated that being reassured of their legal rights was helpful -- for both the team member and the client.

> *"I knew I had a [legal] right, but I feel better having a professional tell me that my instinct is right. … [Access to the embedded Attorney] helps people find their voice, find power in their rights, or even just to be reassured*."

Further, knowledge is empowering.

> *"A lot of people don't know what their rights are, they don't feel comfortable asserting themselves whether it be with police, if they want to press charges or not, if they want their property back. They don't know who to call for help, especially [since] that has been the biggest takeaway – they feel better knowing…if I am not sure, I know who to call to ask."*

Team members also noted that the presence of the Attorney changed their interactions with clients, because this resource was now immediately available as a part of the program. Having the embedded Attorney as part of the team also influenced case-planning, as team members actively considered how the attorney might add to goal planning and attainment for clients. Thus, not only did team members incorporate the embedded Attorney as a resource and partner in meeting client needs, but they also advised the client to trust the Attorney and actively encouraged clients to consider how access to an attorney could help them, even if there was not a specific need in the present moment.

Impact on the Clients

Over several weeks, the Social Worker collected information[22] from the seven clients who had an interaction with the embedded Attorney. All seven reported that the Attorney was helpful and provided them with useful information. Several clients reported that the attorney talked to them about issues with the police, while others reported receiving help in understanding the overall criminal case process. All confirmed they were provided information about their crime victims' rights. These findings, while limited to just seven clients, reveal anecdotal progress toward the definitions of success as outlined previously – independence, empowerment, and trust.

When asked to identify the most helpful aspect of the Attorney interaction, clients reported an increase in confidence, knowing who to call in the future, understanding more about benefits that they could access, and how to determine the status of the case. One of the most telling comments was from a client who reported that the police made them feel '*uncomfortable or like I'm a suspect*' because the client did not want to talk to them. However, after speaking with the

[22] See Appendix B, Instrument A, "Data Collection by CVIP Social Worker" for more information

embedded Attorney, the client felt comfortable, confident, and now knew more about their choices. All seven reported that they would be or had been in contact with law enforcement.

Overall, these seven clients not only recalled their interaction with the embedded Attorney with respect to discussing their rights, and many reported increased confidence and knowledge about who to call for help or answer questions, now or in the future. Based on these findings, it appears that engagement with the NVRDC Attorney helps clients to move forward on the right path.

Additional Training May Further Overall Goals

There are two areas of the project that would benefit from additional training to meet program goals. Legal needs "issue-spotting" and information sharing across team members. These issues are discussed below.

The ability for non-legal CVIP team members to actively spot legal needs when they might not be readily apparent (referred to "issue-spotting") is not required for CVIP clients to benefit from the inclusion of the embedded Attorney on the team. This is because the current process (see Appendix D: CVIP Flowchart) involves asking all clients if the Attorney can contact them. In addition, clients are encouraged to accept this assistance, as the Attorney might be able help in ways clients might not realize. This universal approach ensures that all clients have the opportunity to connect to the Attorney, and alleviates the pressure on the team to discern legal needs prior to providing a referral to the Attorney. This is important, given the number of non-legal needs and issues the CVIP team assess and identify for action.

However, during interviews, the team members maintained that issue-spotting is a skill that they could use to better understand the best moments to engage the embedded Attorney into the process. Currently, most issue-spotting is conducted by the Attorney either through the standard process of referrals by the Social Worker[23] or during the client case reviews conducted at weekly team meetings where victims' rights issues are often raised. Consequently, these weekly meetings present an opportunity to conduct ongoing issue-spotting training, as discussing the case, including legal concerns, helps all team members better understand the circumstances of how and when an attorney can assist clients. One barrier to implementing this strategy is that, to date, there have been an insufficient number of clients with legal issues to serve as good training examples. Therefore, it will take time before this real-time issue-spotting training can be fully realized. In the interim, team members have begun to develop an "if-then" flow chart. This chart includes summary descriptions of a client's characteristics and/or needs, as well as questions that help the team decide if this is a potential referral to the attorney.

[23] While the Attorney seeks to engage every client referred by the Social Worker, not all of these clients speak with the Attorney, in part due to communication or contact issues.

An important consideration with respect to the issue-spotting training is to respond to all team members' learning styles, while simultaneously considering attorney-client confidentiality. The CVIP team members were divided on the best approach, but fell into two general categories:

- Some team members felt that real-time training (based on case review discussions) was the best way to help non-attorney team members learn to recognize legal needs. This approach requires that the Attorney share information discussed with clients, as well as the related solutions and outcomes.

- Other team members felt that scenario-based training (e.g., utilizing hypothetical situations, solutions, and outcomes) would be as effective as real-time training. One team member observed that hypothetical scenarios may be the only legal way if attorney-client privilege limits the Attorney's ability to discuss client case-specifics.

While the CVIP program is relatively new, and given that it takes time for a team to coalesce and for the individual members to become comfortable in their roles, several team members raised the issue of communications between the team. While staff-to-client communications are a priority and are effectively conducted, there is room for improvement with respect to communication across team members, particularly information from the Attorney back to the team during team members. There were team members who expected that the embedded Attorney would share more detailed information concerning their interaction with the client.

Other team members considered that the limited information shared by the Attorney was likely due to confidentiality -- that the Attorney is not legally allowed to share client information, even within the CVIP team. Overall, the team would benefit from training detailing the impact of attorney-client privilege on communications. Where allowed, team members felt they would benefit from additional information from the Attorney.

As the team evolves, it is important they continue to approach the project from the perspective of how to understand the clients better. Every barrier – including legal ones – must be on the table so that the team can work cohesively, while not compromising the privacy of clients. This is a delicate balance that will take time and continued work as a team to accomplish. However, this will also allow the team to move even closer to a whole-person approach for CVIP.

Recommendations: Opportunities Going Forward

The following recommendations are based on themes identified during team member interviews. Consistently, the team agreed that training should be reinforced regularly to ensure the information is embedded in both their thinking and client interactions.

A. Given the overall positive impact of including the NVRDC embedded Attorney into the MWHC CVIP process, the program should consider including additional 'trusted others' in their core team of reliable actors to fill critical gaps. Team members consistently identified the following needed services:
    - Medical-legal needs and/or a general practitioner attorney who can refer to other legal subspecialties that are not necessarily victim-specific;
    - Housing/shelter;
    - Workforce development; and
    - Primary medical care.

B. The team should formalize the lessons learned with respect to rapport- and trust-building by developing a communications training curriculum, for all team members, including the Attorney. Team members noted that as more staff are hired, and as additional roles are defined and developed, there is a need for ongoing training. This training would include successful communication strategies, including language, style, and content. Institutionalizing this communication style will help ensure that future and present staff continue this successful strategy. Specifically:
    - New team members would benefit from an introductory training on tone, content, and clarity;
    - Training for all Emergency room staff on bias, to ensure that clients -- and all trauma patients -- are met with compassion and nonjudgmental treatment; and

C. Training goals, learning styles, and plans must be implemented to achieve specific goals in understanding legal matters. This should include:
    - Basic training on limitations that attorney-client privilege including the impact on in-team communications; and
    - Issue-spotting to the extent the team agrees it is necessary and/or with specific team members, as not all team members felt this was needed.

D. Data collection should be based on ongoing performance metrics and collaboratively defined goals.
    - Team members should be provided training on effective data measurement and the context of why it is important. Training should detail the data routinely gathered, why that data is needed, and how the information will be used to support the overall goals of the program.

Study Limitations

This study is a starting point for assessing the process and impact of the CVR-ER pilot program. As such, the focus of this effort is descriptive, noting current program progress and suggested improvements, with the overall goal of maximizing client success. The period of study for this project was short -- incorporating data from MWHC from December 2020 to July 2021 and NVRDC from April 2021 to July 2021. At this early stage of the project, there were few participating clients -- the CVIP team engaged 22 (or 15% of patients approached). In turn, the NVRDC Attorney assisted 14 of 22 of these clients. In terms of interviews conducted, this report is based on the opinions of 6 CVIP team members. Given these small sample sizes, it is important not to overstate or extrapolate these findings too broadly. The information detailed in this report should be largely regarded as anecdotal, until such time when additional data can be incorporated.

Another limitation to this study was the data provided by the MWHC and NVRDC were deidentified and could not be linked across the two sources of data. The sharing, linking, and using data is allowed provided the researchers follow privacy[24] protocols and receive approval for identifiable data from a Federally recognized Institutional Review Board (IRB). However, this requires not only a higher level of review by the IRB but likely executed data sharing agreements between the relevant parties and CRA. Given the time constraints for this project, obtaining permission for identifiable data was not feasible.

An additional casualty of the limited time frame was the lack of CVIP client interviews. While CRA intended to interview clients directly, none accepted the invitation to be interviewed. The findings in this report related to client needs, experiences, and successes are based entirely on CVIP team perspectives. While very helpful, nonetheless, this study would have been enhanced by interviews with CVIP clients to provide additional context.

Further study should include analysis of specific and measurable project performance measures collectively defined by the team. The analysis of the interviews revealed several consistent and important ways team members define success for client and program success; all of which hold value. If team members play a substantive role in creating these definitions of success – embedding their own lens in understanding the client experience – they will likely be more vested in the consistent measurement of outcomes. In turn, that investment renders long-term program improvement more certain.

[24] Privacy considerations include federal laws such as the Health Information Portability and Accountability Act (commonly referred to as HIPAA). For more information on HIPAA: https://www.hhs.gov/hipaa/index.html

Conclusion

Through an analysis of available data and interviews with the MWHC CVIP and NVRDC staff, this study describes a pilot program exhibiting not only preliminary positive outcomes for clients, but offering opportunities to build and improve long term CVIP team cohesion. The team described their clients, including the ways in which they are unique, and identified areas where clients may need additional services. An important undercurrent emerged around rapport-building, as well as the building and restoring of trust in systems that have historically either let CVIP clients down, and/or have actively been used as tools of opposition.

Overall, including the NVRDC embedded Attorney had a positive impact on both the team and the client. This collaboration can continue to evolve – with areas of growth including improved team cohesion, internal communications, and ongoing training efforts.

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Appendix A: IRB Approval

UNIVERSITY OF SOUTHERN MAINE
Institutional Review Board

NOTICE OF IRB REVIEW AND APPROVAL

DATE:	June 08, 2021
TO:	Flower, Shawn, External McCann-Sfecla, Ellen
FROM:	Mangin, Joshua, Social Behavioral IRB
PROTOCOL TITLE:	Network for Victim Recovery of DC (NVRDC) Crime Victims ' Rights in Emergency Room (CVR ER) Program Evaluation
FUNDING SOURCE:	None
PROTOCOL NUMBER:	21-05-1693
APPROVAL PERIOD:	Approval Date: June 08, 2021 Expiration Date: June 07, 2022

The project identified above has been reviewed by the University of Southern Maine 's Institutional Review Board (IRB) using an expedited review procedure per 45 CFR 56.110. This approval is based on the assumption that the materials submitted to the IRB contain a complete and accurate description of all ways in which human subjects are involved in the research.

This approval is given with the following terms:

You are approved to conduct this research only during the period of approval cited above;
You will conduct the research according to the plans and protocol submitted;
You will immediately inform the Office of Research Integrity and Outreach (ORIO) of any injuries or adverse research events involving subjects;
You will immediately request approval from the IRB of any proposed changes in your research, and you will not initiate any changes until they have been reviewed and approved by the IRB;
As applicable, you will only use the informed consent, informed assent, and/or parental permission document(s) that have the IRB approval period marked in the footer;
As applicable, you will give each research subject a copy of the informed consent, informed assent, and/or parental permission document(s);
As applicable, you will comply with the University of Maine System Information Security Policy and Standards, the Muskie School of Public Service Securing Protected Information Policies and Procedures, and any other applicable USM policies or procedures;
If your research is anticipated to continue beyond the IRB approval dates, you must submit an Annual Renewal at least 60 days prior to the IRB approval expiration date; and
You will submit a Final Report upon completion or discontinuation of the research.

This project has been granted an alteration of the informed consent process for the following reason:

General
The research or clinical investigation involves no more than minimal risk to subjects;
The research or clinical investigation could not practicably be carried out without the requested alteration;
If the research or clinical investigation involves using identifiable private information or identifiable biospecimens, the research or clinical investigation could not practicably be carried out without using such information or biospecimens in an identifiable format;

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The alteration will not adversely affect the rights and welfare of the subjects; and
Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

The University appreciates your efforts to conduct research in compliance with the federal regulations that have been established to ensure the protection of human subjects in research.

Sincerely,
Mangin, Joshua

P.O. Box 9300, Portland, ME 04104-9300 | (207) 780-4517, TTY (207) 780-5646, FAX (207) 228-8405 | www.usm.maine.edu | A member of the University of Maine System

Appendix B: Data Collection Instruments

INSTRUMENT A: COLLECTED DURING PROGRAM PARTICIPATION

Data Collected by NVRDC Lead Program Attorney During Intervention

- Date of legal advice call
- Time spent on call
- Referring organization
- Race/ethnicity
    - Black/African American, White, African, Hispanic/Latinx, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Two or More Races/Ethnicities, Unknown, Other, Prefer Not to Disclose
- Gender
    - Female, Male, Transgender Female/Trans woman, Transgender Male/Trans man, Gender Queer/Non-Binary, Two-Spirit, Unlisted/Other, , Prefer Not to Disclose
- Age (in years)
- Victimization (Select all that apply):
    - Adult physical assault (include aggravated and simple assault)
    - Adult sexual assault
    - Adults sexually abused/assaulted as children
    - Arson
    - Bullying (verbal, cyber, or physical)
    - Burglary
    - Child physical abuse or neglect
    - Child pornography
    - Child sexual abuse/assault
    - Cyber crimes
    - Domestic and/or family violence
    - DUI/DWI incidents
    - Elder abuse or neglect
    - Gang violence
    - Hate crime: Racial/religious/gender/sexual orientation/other
    - Human trafficking: Labor
    - Human trafficking: Sex
    - ID theft/fraud/financial crime
    - Kidnapping (noncustodial)
    - Kidnapping (custodial)
    - Mass violence (domestic/international)
    - Other vehicular victimization (hit and run)
    - Robbery
    - Stalking/harassment
    - Survivors of homicide victims
    - Teen dating victimization
    - Terrorism (domestic/international)
    - Other

- Victim relationship to offender
    - Current or former spouse or intimate partner
    - Dating relationship
    - Other family or household member
    - Acquaintance (neighbor, employee, co-worker, schoolmate, student, etc.)
    - Stranger
    - Relationship unknown
    - Other
    - Prefer not to disclose
- Did crime occur in DC? Yes/No
- Did you report the crime to the police? Yes/No
    - If no, do they plan to? Yes/No
- Is your case being prosecuted? Yes/No
- Do any of the following describe the client? (select all that apply)
    - Experiencing Houselessness, Housing Instability, or is Unhoused
    - Immigrant/Refugee/Asylum Seeker
    - Limited English Proficiency/Not English Proficient
    - Deaf/Hard of Hearing
    - Active Duty Military
    - Veteran
    - Victims with disability: Cognitive/Physical/Mental
    - Incarcerated
    - Deaf/Hard of Hearing
    - College Student
    - Intern Living in DC
    - LGBTQIA+
    - Polyvictim (2 or more violent victimizations committed by different offenders)
    - Lives in a Rural Area
    - Other
    - Not applicable
- What are the client's legal-advice related needs? (select all that apply)
    - Reporting Crime
    - Safety Issue(s)
    - Crime Victims Compensation
    - Assistance in navigating a criminal case that is pending at DC Superior Court where client is the Victim (Examples-understanding process, upcoming court hearing, plea offers, sentencing)
    - Communication with the US Attorney's Office (client needs information or has upcoming meeting)
    - Subpoena
    - Grand Jury
    - Privacy Concerns
    - General Crime Victims' Rights
    - Other (If not in scope of NVRDC services, the RISE contact will reach out to you to discuss options for the client)

- Which legal rights were addressed[25] during the call? (select all that apply)
    - This was a Rights Overview Call
    - Access
    - Notice
    - Accommodation
    - Present
    - Confer
    - Privacy
    - Fairness/Dignity/Respect
    - Prompt Disposition
    - Heard
    - Protection
    - Information
    - Refuse Discovery
    - Interpreter
    - Restitution
- Which of the following services were provided during the call? (select all that apply)
    - Information about the criminal justice process
    - Information about victims' rights, how to obtain notifications, etc.
    - Assistance with victim impact statement
    - Assistance with restitution
    - Prosecution interview advocacy/accompaniment (accompaniment with prosecuting attorney and with victim/witness)
    - Other legal advice and/or counsel
- What collateral legal needs does the client have resulting from their victimization? (select all that apply)
    - Adult Legal Guardianship/Conservatorship
    - Custody/Child Support
    - Divorce
    - Education
    - Employment
    - Expungement
    - Financial Fraud/Abuse
    - Credit remediation related to fraud
    - Housing
    - Immigration
    - Protective Orders
    - Public Benefits
    - Victim Compensation Fund
    - Title IX
    - Other
- How did the NVRDC attorney assist the client during the call? (select all that apply)
    - Advocate Assisted Client
    - No Service or Referral Provided
    - Provided In-House

[25] The right is considered 'addressed' if it is discussed during the call.

  - Referral to Pro/Low-bono Attorney
  - Referral to Outside Legal Services Provider
  - Referral to RISE Project Partner[26]
  - Other

- Did you know you have rights as a crime victim?
  Yes/No
    - Level of knowledge (Good understanding, some understanding, did not know)

- Have you heard of victim compensation?
  - Level of knowledge (Good understanding, some understanding, did not know)
  - Level of interest in applying (Very interested, somewhat interested, no interest, does not qualify)

- From Attorney's POV: Victims' receptiveness to the call with you:
  - Receptive
  - Not receptive
  - Not Sure

Introducing CRA:

As part of the Crime Victims' Rights work we are doing, we want to find out whether legal assistance is a helpful addition for people who have been victims and have come through the emergency room. We want to get your perspective and ideas so we can make sure it is useful to other crime victims like you. If you are okay with having Choice Research Associates (CRA), the researcher that we are working with contact you, we will provide them your contact information. It is not required, but it would be very helpful, and we will only give them enough information to know you participated, not your medical history or anything else personal. Would it be OK for CRA to contact you?

Your participation would include one or more phone calls and/or an interview with the researcher. They will call you in the next few weeks to discuss the study they are doing for us, how your information will be used, and if you feel comfortable at that time they will interview you. And if you discuss it with them and are no longer interested, that is okay too. If you participate, you will likely have one or two calls with them since they may need to follow up after the first call, and you will be given $10 for your time.

[26] RISE Partners include any organization included in NVRDC's MOU. (e.g., CVIP, DCVLOP, CASS, CTS, etc.)

Data Collection by CVIP Social Worker

Introduction: *After you were initially seen in the ER, you might have received a call from an attorney from the Network for Victim Recovery of DC or NVRDC. The purpose of the call was to educate you about your legal rights as a victim of crime. I would like to ask you a couple of questions about that call.*

1. *First, do you recall the conversation you had with the attorney of NVRDC?*
   a. *If yes,* can you describe the legal call?
   b. If no, is that because you didn't speak? If so – why?
      - I don't remember receiving a call from the attorney or NVRDC.
      - Someone left a message but I didn't call back.
      - Other (Specify)_____

   NOTE: Tionna - If participant said **no** they didn't speak to the attorney and after you get the information about why not – **skip the rest of these questions.**

2. Was the brief legal advice you received helpful?
   a. If the participant says yes follow-up with:
      What was the most helpful piece of advice that the attorney told you?
   b. If the participant says no – follow-up with:
      Will you tell me why it did not feel helpful? For example, would this information be more helpful at a different time?
   c. If the participant response is more ambivalent or seems unsure, follow-up with:
      Will you tell me more about why it did not seem to be either helpful or unhelpful?

3. *Do you plan to follow-up with NVRDC to use the legal services (NVRDC) offered?*
   - Yes
   - No
   - Unsure at this time
4. *Have you had additional contact with the attorney?*
   - Yes
     - If yes, *how many times have you spoken with the attorney?*
   - No
   - I am not sure.

5) *Have you/Do you plan on speaking with law enforcement?*
   - Yes
   - No
   - Unsure at this time

Introducing CRA to the Patient-Participant:
The attorney of NVRDC may have mentioned to you that Choice Research Associates (CRA) is working with NVRDC to help figure out whether the legal assistance is a helpful for people who have been victims and have come through the emergency room. Would it be for OK for CRA to contact you to get your perspective and ideas about the NVRDC legal assistance program? If yes, the Social Worker would notify the Attorney to forward the participants information to CRA.

INSTRUMENT B – SEMI-STRUCTURED INTERVIEWS WITH CONSENTING PATIENT-PARTICIPANTS

- What interactions did you have with the attorney, and what did you learn from those interactions?
- Did this impact your recovery overall?
- Did this impact how the legal process went for you? (i.e., pursue CVCC, VIS, etc.)
- During the legal process, did you feel any more or less safe, prepared, confronted[27], etc. as a result of a lawyer giving you information?
- Did the attorney play any role in helping you to feel your voice was heard, or your needs expressed? If you were victimized again, would you want this help?
- Would you perhaps tell others about getting a lawyer to help them?

INSTRUMENT C – SEMI-STRUCTURED INTERVIEWS WITH HOSPITAL STAFF AND ATTORNEYS

For Participating NVRDC Attorneys

- How do you feel your interactions with clients went?
- What types of offenses had the people you spoke with experienced? Were any of the contacts with secondary victims (family of a victim, significant other, children)?
- What tools[28] were most useful to you in making the legal triage effort work? (If you think it worked)
- What do you think was the biggest barrier you faced in helping people who needed it? Do you think this work has helped people? Why?

For Participating CVIP Hospital Staff

- Do you feel that adding the availability of legal assistance in the CVIP process do anything to change the process you have already been engaging in? If so, how so? (better, worse, different)
- Have you noticed any changes in the trajectory[29] of the clients who contact the attorney for information? If so, how so?
- One of the things that NVRDC has been working to accomplish is helping your team spot issues and handle things when the attorney is not present or is not available. Did you participate in training, conversations, and/or practice scenarios? Did you feel you know more, can help more, or not?[30]
- If you could add other services to what you are making available to crime victims, what would that be?

[27] Victims often report they are "confronted" by the potential second insult of system involvement, which may manifest as having to relive the event, having to defend oneself to an opposing attorney, etc.

[28] We will need to narrow down the tools utilized in this program: 1) clear picture of the curriculum for the phone call, 2) Zoom calls versus over the phone, etc.

[29] I.e., How did the participant progress through the system? Did they press charges? Pursue compensation? Medical assistance? Counseling? Etc.

[30] Even if the respondent did not participate in any training, exposure to this work may have had an impact.

Appendix C: Brief Description and Examples of Crime Victims' Rights Advice

When we address any of the following needs, we:

1) inform the client that they have this particular right; and
2) we explain how they can enforce that right.

The following are examples of each individual right, and the circumstances that may flag those rights.

Protection - Examples: The victim is afraid to go to court because the defendant and/or their family will be there. The victim is concerned that release conditions are not adequate to keep them safe. The attorney could advise on what type of protection the victim can ask the prosecutor for: (i.e., you can talk to the prosecutor about asking that the defendant be on GPS if they are released pending trial. Here's how you go about that...)

Notice - Example: The victim feels they do not know what is going on in the case. The victim finds out about a hearing they were not aware of. The attorney would advise the client on who to speak with at the prosecutor's office to make sure that their correct contact information is on file and ask to be updated at each point in the case.

Present - Example: The victim wants to be present during trial. The attorney could talk about the victim's right to be present and why there might be pushback from the other parties involved, and how to advocate for being present.

Heard - Example: The victim wants to tell the judge what they think of releasing the defendant, a potential plea, sentence, or conditions of parole. The victim wants to give a victim impact statement. The attorney could advise on how to speak with the judge about a plea or how to write a victim impact statement.

Confer - Example: The victim wants to talk to the prosecutor about the potential plea or sentence. The attorney could advise on how to speak with the prosecutor about a plea or sentence.

Restitution - Example: The victim's property was damaged during the crime and they are interested in reimbursement or the victim has medical bills beyond what can be covered by CVCP. The attorney could advise on what types of expenses are eligible for CVC, which are eligible for restitution, and which would not be eligible for either (and therefore require a civil suit). They would advise on how to ask the prosecutor or the judge to order restitution and what documentation would be required for that.

Privacy - Fairness/Respect for Victim's Dignity and Privacy - Example: The victim's mental health records, medical records, or private communications could become at issue. Attorney could help the victim understand if their above private information could become part of the case and accessible to the prosecutor, defense, and judge. Especially important here to advise on when to retain an attorney because this situation often involves a motion on behalf of the victim to limit / redact information in these records not directly relevant to the case.

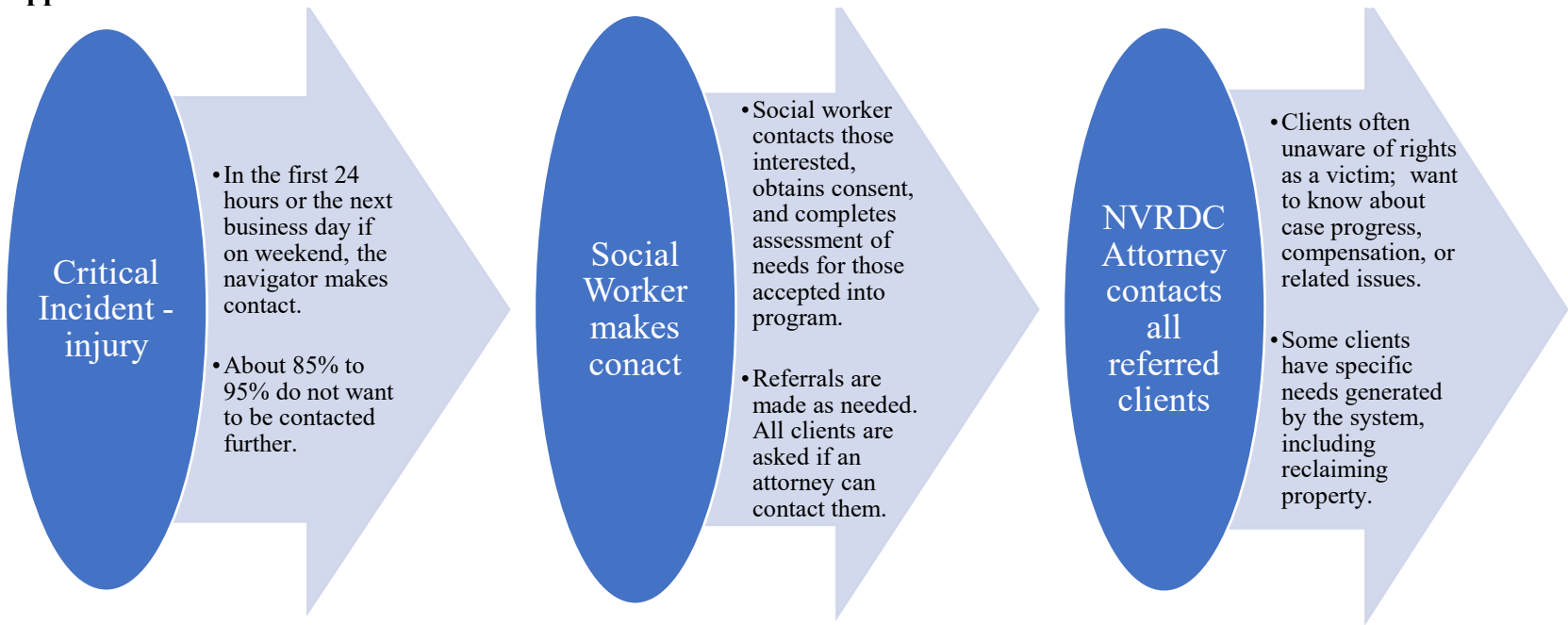
Information - The victim has questions about what their rights are as a victim of crime. The victim doesn't know if they qualify as a victim of crime (they are the loved one of a victim of homicide, the parent of a minor victim, the caretaker of a disabled victim, etc., and have not been advised of their rights.) Attorney would answer basic questions around being a crime victim.

5th Amendment Rights - Example: The victim was doing something illegal at the time of the crime and is afraid to report or testify. Attorney would advise about rights in the above situation.

General CVR - Victim is interested in general information about their rights as a victim of crime.

Reporting to Law Enforcement - Victim is afraid to report a crime or has questions about reporting a crime. Attorney would talk about the reporting process and things to consider.

Appendix D: CVIP Flowchart



At this stage the Navigator meets with patients who are potential CVIP clients to introduce the program. Patients may decide to have no further contact, or they may elect to take part in the program. For those who agree to participate, the Social Worker is notified of their interest, and clients proceed to the next step.

At this stage the Social Worker makes contact with interested patients, and obtains consent for participation in the program. Clients are assessed (ideally completed in-house, however, with COVID assessments have primarily been conducted by telephone, post-discharge. At this point, clients are made aware that NVRDC would like to contact them. Goal planning begins here but does not occur until after the legal contact is made. Referrals for other resources may occur at this time.*

At this stage the NVRDC attorney makes initial contact -- with the "Know Your Rights" call, and may include referrals to attorney services for other specializations. The NVRDC CVR attorney may continue to contact or fulfill needs of the CVIP client at this time, or establish the person as a client with NVRDC.

*There are 2 tiers to the intervention at the Social Worker point of contact. While some are interested in more follow-up, CVIP may not have the capacity to fully engage these clients into the program. One alternative is if the patient resides in an area with reliable and established agencies that offer similar case management services, then the patient is referred for support with this known entity. CVIP refers patients to a variety of resources, including NVRDC, Crime Victims' Compensation Fund, Department of Employment Services, Office of Neighborhood Safety and Engagement, and the DC Inclusionary Housing Program, as well as job training and GED service organizations.