
CRISIS ASSISTANCE, RESPONSE & ENGAGEMENT FOR SURVIVORS OF HOMICIDE

C.A.R.E.S.



ABOUT THE C.A.R.E.S. PROGRAM



Crisis, Assistance, Response & Engagement for Survivors (CARES) provides crisis response and service connections for those who have lost loved ones to homicide. CARES, which began providing services in 2019, is housed in the Philadelphia District Attorney's Office and funded by the PA Commission on Crime and Delinquency (PCCD). What makes CARES uniquely effective is that all of their staff have lived experience – they know what it's like to lose someone to homicide.

ABOUT THE RESEARCH



This document provides highlights of CARES, drawn from a PCCD-funded process evaluation, conducted by researchers in the Temple University Department of Criminal Justice with assistance from faculty at Drexel University. The research took place between 2019 and 2021. The full report will be available in late 2021.

Criminal Justice

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ACKNOWLEDGMENTS

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HOMICIDE CO-VICTIMS & THEIR SERVICE NEEDS

The family members, relatives, kin and close friends of the deceased are known as “co-victims” and survivors of homicide. Many have complex needs. The unique trauma of a violent and sudden death may be further exacerbated by the co-occurring consequences of the systemic and structural barriers that many people face.

Families may also experience social harms from public scrutiny and the stigma associated with homicide, which can lead to grief that is not openly acknowledged, socially validated, or publicly supported. The short- and long-term harms of co-victimization can include anxiety and depression, post-traumatic stress disorder, difficulty for children in school and social settings, physical symptoms, drug or alcohol abuse, dependence, or addiction, family disruption, and severe economic hardship.

WHAT IS A PEER CRISIS RESPONDER?

CARES Peer Crisis Responders, the staff providing CARES services, are people who have lost loved ones to homicide. Their lived experience contributes to their effectiveness in addressing homicide-related grief. The peer counseling model is becoming increasingly recognized as an essential component of recovery-focused systems. When asked to describe attributes of CARES Peer Crisis Responders, the program's administrative staff, who themselves are survivors of homicide, gave a variety of answers, displayed below.

COMPASSIONATE
CLIENT CENTERED
RESOURCEFUL **LIVED** **PREPARED**
PROBLEM SOLVER
RELIABLE **EXPERIENCE** **GOOD COMMUNICATOR**
GOOD LISTENER
EMPATHETIC **CULTURALLY SENSITIVE**
ADAPTS QUICKLY
TEAM PLAYER **KNOWLEDGEABLE**
COMMITTED

HOW DO PEER CRISIS RESPONDERS HELP?

Co-victims reeling from a traumatic loss have a variety of needs, which CARES staff work to fulfill. CARES administrative staff receive real-time "push" notifications from the Philadelphia Police Department for all homicides, enabling Peer Crisis Responders to respond immediately. Below are some of the most crucial services the program provides:



PEER ADVOCACY & EMOTIONAL SUPPORT



CRISIS RESPONSE & ENGAGEMENT



VICTIMS' RIGHTS INFORMATION



NOTIFICATION OF CASE UPDATES



REFERRAL TO OTHER SUPPORT SERVICES



MEDICAL EXAMINER ACCOMPANIMENT

CARES staff provide peer support and advocacy directed towards the specific needs of each family member. In the initial 24-hours, Peer Crisis Responders may accompany co-victims to the hospital or Medical Examiner's Office, help co-victims understand police protocol, navigate communication with the media, assist in contacting family and friends, provide peer counseling, arrange childcare, and secure medical or psychiatric services. Their trauma-informed experiences enable empathetic, respectful, non-judgmental interactions.

After the initial crisis period, Peer Crisis Responders work with families to develop plans to ensure that a reliable support system is in place, that families are knowledgeable about their rights to apply for the Victim Compensation Assistance Program (VCAP), are connected to an array of services, are receiving clear, helpful communication from the police and wider justice system, and that they are taking steps to care for their own health and wellness. Typically within 60 days, families are referred to a community-based victim service provider for long-term services and application support for VCAP.

"I let them [families] know what the services are. That they are not limited in what they can receive. Or in how they receive them. They can have all of it."

-CARES Peer Crisis Responder

SNAPSHOT & 2020 IMPACT

CITYWIDE HOMICIDES

499

In 2020, there were 499 homicides in Philadelphia, plus 18 incidents of vehicular manslaughter. Peer Crisis Responders attended to all incidents where next-of-kin and contact information were determined.

CARES DEPLOYMENTS

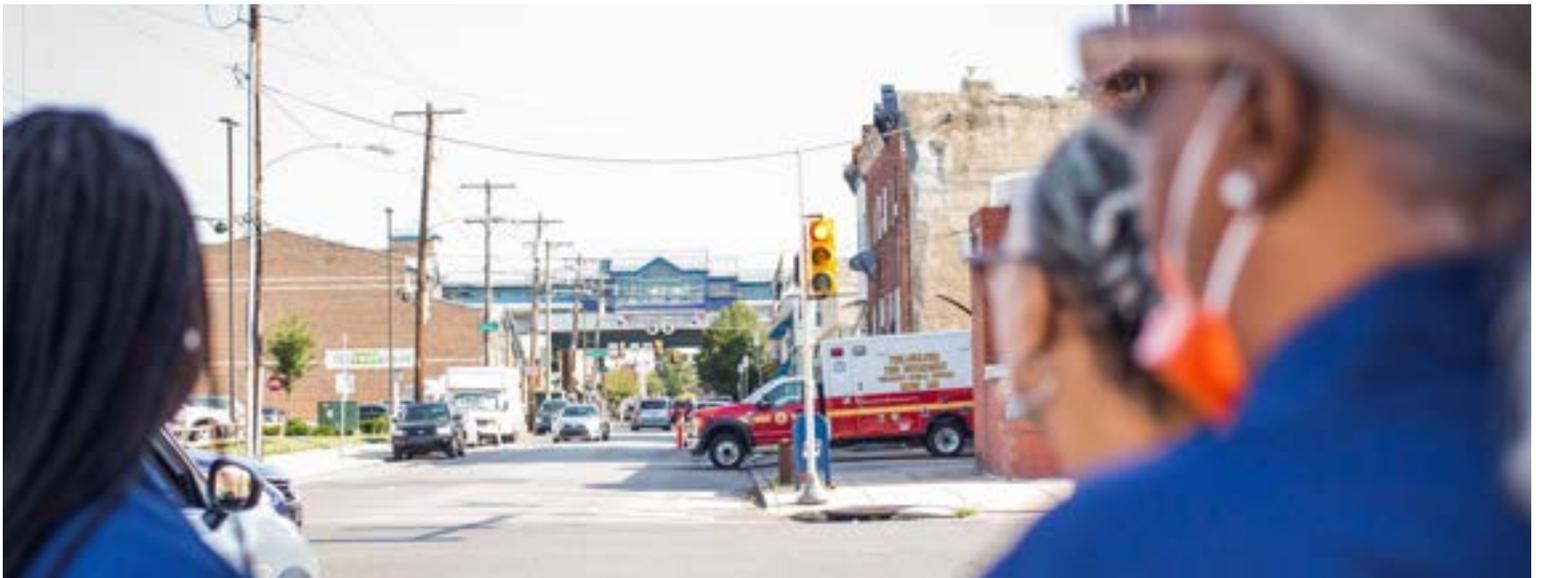
465

CARES staff recognize co-victims of homicide as a unique population whose grief and trauma do not fit within traditional frameworks. Staff reach out to next-of-kin after every homicide and attempt to engage co-victims immediately in the 24-hour crisis period, going wherever needed to meet family members. Responders were deployed to 465 families, making successful contact and providing at least one service across 431 incidents. This translates into an engagement rate of 93% in 2020. Almost half of all deployments (45%) occurred within one day.

CO-VICTIMS SERVED

621

Because CARES is designed to reach the whole family with tailored services, more than one co-victim per family can be served. In 2020, CARES staff recorded service provision to 621 individuals.



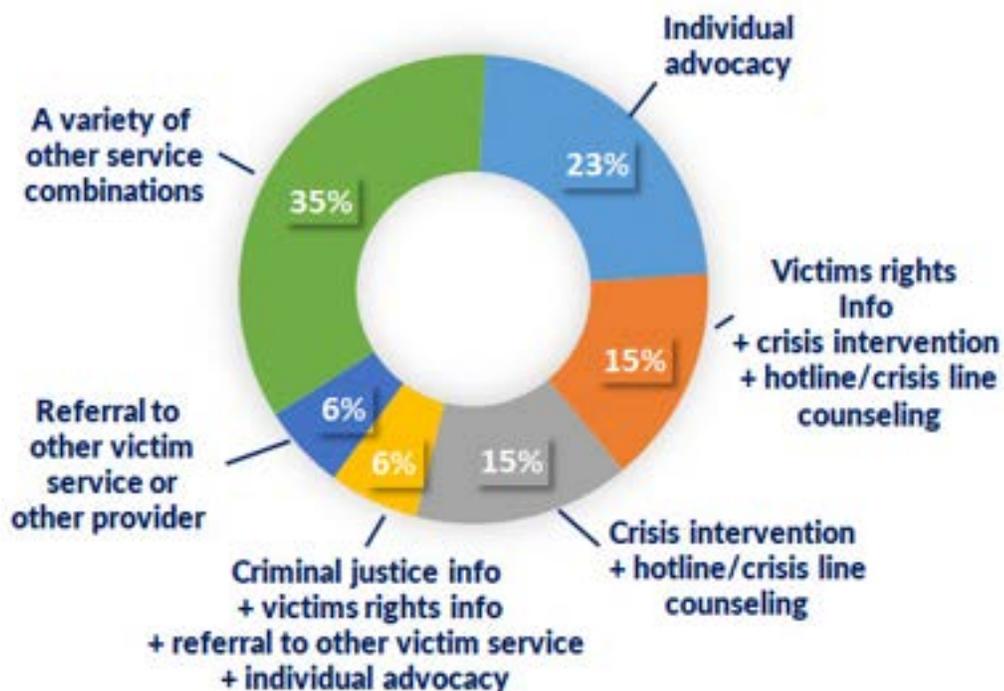
C.A.R.E.S BY THE NUMBERS

In roughly two years of operation, CARES has had a meaningful impact, serving the majority of homicide and vehicular manslaughter co-victims in Philadelphia. As shown below, the majority of co-victims served are women and people of color. The average age of adult co-victims is 41. Co-victims have received anywhere from 1 to 36 services, with an average of 6.5 services per individual.



In any given program quarter, the most frequently provided services are: individual advocacy, victims' rights information provision, hotline/crisis line counseling, crisis intervention and referral to other provider. These services are most often delivered in combination during a service visit or phone call, as shown below.

Figure 1. Services/service combinations provided in a given visit



C.A.R.E.S. INTENDED OUTCOMES

CARES outcomes accrue at multiple levels in the eco-system of human services: to individuals, children, families, neighborhoods and the organizational system itself.

SHORT-TERM

(Changes in knowledge & attitudes)

Reduced trauma from death notification process;
Increased knowledge of victim services,
compensation process, mental health
and crisis services;
Reduced likelihood of anger as a response to violence;
Increased satisfaction with services



INTERMEDIATE

(Changes in behavior and practices)

Reduced school drop-out (youth)
Increased co-victim engagement in CJ system processes;
Reduced duplication of services;
Greater range of co-victims needs met;
Larger number of applications for VCAP;
Increased collaboration across service partners



LONG-TERM

(Improved well-being)

Lower levels of depression and anxiety;
Continued youth-school engagement;
Increased trust and sense of CJ system legitimacy;
Wider community access to trauma-informed services;
Reduced individual and community exposure to trauma;
Increased movement toward health equity

ANTI-VIOLENCE PARTNERSHIP

The Anti-Violence Partnership (AVP) is a core partner in CARES operations, staffing a part-time LCSW to assist with and support many aspects of CARES services. AVP has a long history of providing victim services to crime victims and co-victims in Philadelphia. In summer 2021, AVP gave CARES staff access to office space at their West Philadelphia Community Center location (South 56th and Chestnut Street), expanding the array of services that can be offered to co-victims and enabling CARES staff to have a convenient satellite office as a community-based alternative to the DAO.

OTHER COMMUNITY PARTNERS

Because CARES was designed to fill the gap in immediate aftermath of a homicide, a key component of the CARES model is coordination with and referral of co-victims to the appropriate community-based victim services provider. This "soft" handoff typically occurs within two months after the homicide. Philadelphia has a geographically-focused model that operates according to Police Division for some of the core victim services. Community-based providers located in each Police Division receive funds from PCCD to support victims. But ultimately, co-victims can choose or be matched with a range of providers.

CRIMINAL JUSTICE PARTNERS

CARES works closely with criminal justice partners to meet co-victims' varied needs. In addition to the push notifications of homicides that CARES receives from the police department, CARES leaders have established solid relationships with police detectives to facilitate communication with families, when needed. CARES also coordinates closely with the Medical Examiner's Office and the DAO's Victim/Witness Services Unit. The Victim/Witness Services Unit supports victims through the court process when there is an arrest in the case. The Unit also can support victim relocation, in certain instances. CARES staff indicate an increasing need for relocation services.

"Families are torn apart, the sadness they experience lasts them for a lifetime. ... We've had over 1,000 shootings so far this year.

Given where we live, a program like this is essential."

- DAO Leadership Staff

STRENGTHS & SUCCESSES

DEEP SUPPORT

Comprehensive support and wrap-around services help fill a gap for a typically-underserved population. Purposeful connections, through referrals, are made for longer-term victim services.

PEER SUPPORT

With lived experience, staff bring their understanding of complex grief, as well as numerous other strengths and skills.

RAPID CRISIS RESPONSE

Response is immediate and tailored to the needs of individuals and family members. This includes fulfilling basic needs such as the provision of meals and water.

LOW REFUSAL RATE

CARES has documented few service refusals. Of co-victims who say they are not ready for help immediately after the death, most engage in services weeks or months later.

CULTURE OF SELF CARE

Self-care is a priority. Training, resources, and support for self-care undergird the program. Staff routinely check-in with each other to assess for symptoms of vicarious trauma.

DIVERSITY OF STAFF

Staff represent diverse cultural, racial and ethnic backgrounds and come from a wide range of neighborhoods across Philadelphia.

STRONG LEADERSHIP

Program leaders have decades of experience in victim services, extensive connections and are themselves survivors of homicide.

TRAUMA-INFORMED

Staff utilize evidence-based practices and principles of trauma-informed care. AVP's on-staff clinical social worker provides regular trainings framed around promoting recovery and healing, developing connections, building trust and resiliency, and making time for self-care.

SUSTAINABLE PARTNERSHIPS

Strong partnerships with AVP, the Police Department, the Medical Examiner's Office, and community-based victim services leverage resources to improve outcomes.

DATA-DRIVEN

Case management software enable staff to track services as they are delivered, assess any gaps, and document performance.

"Vicarious trauma as a provider is a workplace hazard. We factor that in."

- CARES Administrative Staff



PEER CRISIS RESPONDERS SAY:

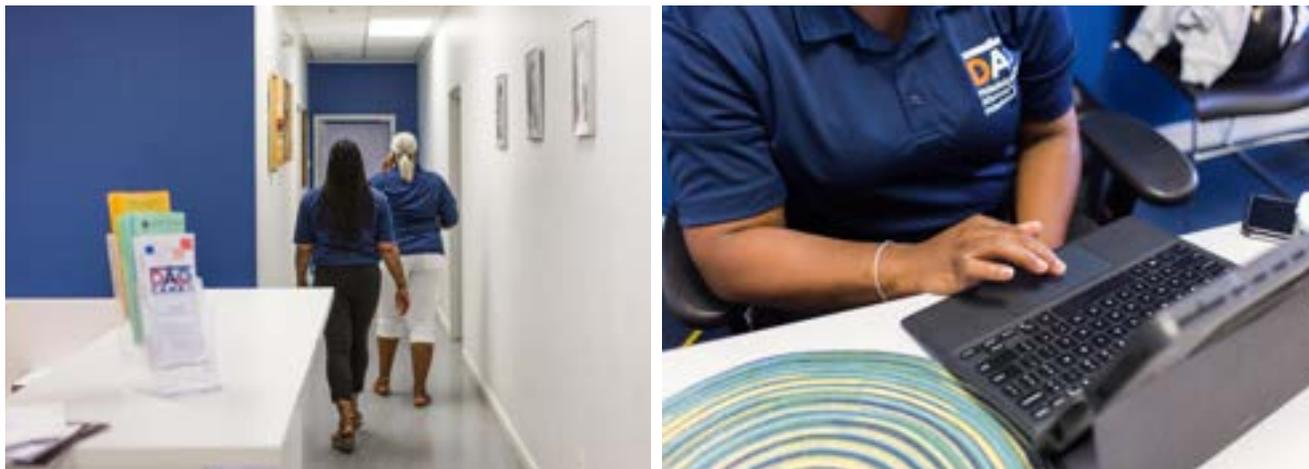
"We are not meant to be a cure-all. We are meant to be people showing up in the moment of need...
...in those immediate moments when you need someone, we are there."

"Murder is an interruption, so unless you've been through it before, you don't know about it [the services]."

"Sometimes they [co-victims] just need to hear that we are here for them."

"It's not a time for therapy...it's a time for grief/bereavement counseling, psychological triage, assessing day to day needs."

"People can fall through the cracks. We serve the victims everyone misses."



CLOSING THE GAP

For residents living in neighborhoods characterized by disadvantage and poverty, health inequities have been well-documented. CARES has filled a large gap in services and support for co-victims of homicide. Prior to the formation of CARES, outreach to co-victims was inconsistent and the process of accessing services and applying for VCAP was daunting. National and local studies show that the majority of violent crime victims, including co-victims, simply don't know that services are available to them at no cost. But even those victims who know that services exist may not access them due to a wide range of challenges and barriers. CARES not only opens the door to a host of services, but also provides flexible and reliable support and encouragement when needed—from staff who draw from their personal experiences. This can lead to greater engagement and satisfaction with services, as well as overall improvements in quality of life.

"Co-victims ask: 'How did you get through this?' When they ask, I share. I am an open book. What has helped me was being consumed and busy. 'I will share what I went through and perhaps it will help you,' I say.

My son has been dead 18 years. But you have to go day by day, week by week, year by year to get through those years."

- CARES Peer Crisis Responder

Temple University
Department of Criminal Justice
5th Floor, Gladfelter Hall
1115 Polett Walk
Philadelphia, PA 19122

Photography by Kate Kelly