



DCBAR

**2023
District of Columbia
Judicial & Bar Conference**

APRIL 28, 2023



How the Advancement of Crime Victims' Rights Can Create a More Equitable District of Columbia

April 28, 2023
2:15 p.m. – 3:45 p.m.



Continuing Legal Education

**How the Advancement of Crime Victims' Rights Can Create a More
Equitable District of Columbia**

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How the Advancement of Crime Victims' Rights Can Create a More Equitable District of Columbia

About the Speakers (Listed Alphabetically)

Kristin Eliason, Esq. (Moderator) is Legal Director at Network for Victim Recovery of DC (NVRDC), where she has been since starting as one of the first staff attorneys at NVRDC in 2013. Kristin began representing crime victims as a student attorney while in law school, has served as a DC Superior Court law clerk, and, for over a decade, has litigated on behalf of crime victims at legal services organizations in the District and Maryland in protection order matters, campus disciplinary proceedings under Title IX and the Clery Act, and in the assertion of crime victims' rights in criminal legal matters. Kristin's experience in policy advocacy, strategic litigation, and conducting local and national CLEs and pro bono training on representing crime victims in a variety of matters. In 2022, Kristin received the Washington Council of Lawyers' Legal Services Award.

Seema Gajwani is Special Counsel for Juvenile Justice Reform and Chief of the Restorative Justice Program Section at the D.C. Office of the Attorney General. Prior to this position, Gajwani ran the Criminal Justice Program at the Public Welfare Foundation in Washington, D.C., funding efforts to improve criminal and juvenile justice systems across the country, with a focus on pretrial detention reform and prosecutorial culture change. Gajwani started her career as a trial attorney at the D.C. Public Defender Service representing juvenile and adult defendants for 6 years. She was chosen as a 2019 Obama Fellow for her work on restorative justice.

Bridgette Stumpf, Esq. is the Executive Director of Network for Victim Recovery of DC (NVRDC), a position she has held since co-founding the organization in May 2012. Bridgette has spent her legal career advocating at the local and national levels to ensure those impacted by crime are afforded meaningful rights and access to supportive services to mitigate the negative effects of trauma post-victimization. Bridgette has an extensive record training professionals on trauma-responsive care after becoming a certified police instructor in 2009 and is currently an adjunct associate professor at the University of Maryland Global Campus, where she teaches the Study of Victimology. Bridgette was honored in 2002 with the Sandra H. Robinson Women's Caucus Award from the Trial Lawyers Association of DC. Under her leadership, NVRDC's work was also recognized in 2019 with the ABA's Frank

Carrington Crime Victim Attorney Award and 2015 by the National Crime Victim Law Institute.

TAB ONE

How the Advancement of Crime Victims' Rights Can Create a More Equitable District of Columbia



Lead Sponsor: NATIONAL CENTER FOR VICTIM RECOVERY OF DC (NVRDC)
Co-Sponsors: DISTRICT OF COLUMBIA OFFICE OF THE ATTORNEY GENERAL, LAW AND INDIVIDUAL RIGHTS DIVISION, DISTRICT OF COLUMBIA COMMUNITY

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Introductions



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Meet the Panelists

Bridgette Stumpf, Esq.



Executive Director
NVRDC



Seema Gajwani, Esq.



Special Counsel for Juvenile Justice Reform & Chief of the Restorative Justice Program Section
DC OAG



Kristin Eliason, Esq.



Head of Services
NVRDC



Language & Content Disclaimer

Victim v. Survivor

Triggering Material

Handouts



- History of crime victims' rights in the District
- DC Superior Court Criminal Rules 17 and 60
- Crime Victims' Rights Act 18 USC § 3771
- DC Code § 23-1901 -- 1911
- 4)A copy of the Expanding Supports for Crime Victims Amendment Act of 2022
- 5)A handout detailing DC OAG's Restorative Justice Program
- 6)A handout detailing Medstar Washington Hospital Center's Community Violence Intervention Program

Crime Victims' Rights



Crime Victims' Rights

Evolution of Rights



- From private prosecution to piece of evidence
- Fight to constitutional amendment
- Creation of local and federal crime victims' rights legislation
- Current shift from punitive to restorative approach
- Common victims' rights

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Crime Victims' Rights

Rights for Victims in the District of Columbia



- 1988: DC Victims Right Amendment Act
- 1994: DC Omnibus Criminal Justice Reform Act
- 2001: DC Crime Victims' Rights Act
 - Applies to DC Gov't Employees & Judiciary
- 2004: Federal Crime Victims' Rights Act as part of Justice for All Act passage
 - Applies to Federal Employees and Judiciary (Federal & DC Courts)
- 2014: DC Sexual Assault Victims' Rights Amendment Act
- 2015: Federal Justice For Victims of Trafficking Act amends 18 USC § 3771
- 2017: Rules 17 and 60 of DC Superior Court Rules of Crim. Proc. are amended
- 2019: DC Sexual Assault Victims' Rights Amendment Act of 2019
- 2022: Introduction of Federal Courtney Wild Crime Victims' Rights Act of 2022
- 2023: DC Expanding Supports for Crime Victims Act of 2022 signed into law

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Crime Victims' Rights

Addressing Inadequate Rights & Protections for Victims of Sexual Assault & Gun Violence



- Sexual Assault Victims' Rights Amendment Act of 2014
 - Why was it needed?
 - What was the process?
- Sexual Assault Victims' Rights Amendment Act of 2019
 - Why was it needed?
 - Victim participation?
 - What was the process?
- Expanding Supports for Crime Victims Act of 2022
 - Why was it needed?
 - What was the process?
- Why are crime victims' rights important?
- Don't crime victims' rights conflict with defendants' rights?
- Why would a victim need an attorney when a criminal case is between the government and the accused/defendant?

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Transformative Approaches to Healing



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Transformative Approaches to Healing

Expanding Options for Justice Beyond Punitive Measures



- What is restorative justice?
- What are the benefits of restorative justice?
- What are the general guiding principles of restorative justice?
- What are the various types of restorative justice programs?
 - Victim-Offender Reconciliation/Mediation
 - Conferencing
 - Victim-Offender Panels
 - Victim Assistance
 - Prisoner Assistance
 - Community Crime Prevention

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Transformative Approaches to Healing

Restorative Justice in the District of Columbia



- **What RJ options are currently available for cases prosecuted by DC's OAG?**
 - How did the process to bring RJ to juvenile cases begin?
 - What is the current process? How are cases selected?
 - What are the biggest lessons learned since beginning the RJ process?
 - What about cases that don't qualify but might be a good fit for RJ?
 - What data exists regarding outcomes and satisfaction levels?
- **What RJ options are currently available for cases prosecuted by USAO-DC?**
 - What is the current process?
 - What cases are eligible?
 - Who is involved in this program?
- **What RJ options are currently available outside of the criminal legal system?**

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QUESTIONS? FEEDBACK?



FOR FEEDBACK ON TODAY'S PRESENTATION, VISIT:
bit.ly/NVRDC-Feedback



TAB TWO

Code of the District of Columbia

§ 23–1901. Crime victims’ bill of rights.

(a) Officers or employees of the District of Columbia engaged in the detection, investigation, or prosecution of crime or the judicial process shall make their best efforts to see that victims of crime are accorded the rights described in subsection (b) of this section.

(b) A crime victim has the right to:

(1) Be treated with fairness and with respect for the victim’s dignity and privacy;

(2) Be reasonably protected from the accused offender;

(3) Be notified of court proceedings;

(4) Be present at all court proceedings related to the offense, including the sentencing, and release, parole, record-sealing, and post-conviction hearings, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony or where the needs of justice otherwise require;

(5) Confer with an attorney for the prosecution in the case which does not include the authority to direct the prosecution of the case;

(6) An order of restitution from the person convicted of the criminal conduct that caused the victim’s loss or injury;

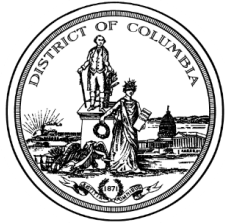
(7) Information about the conviction, sentencing, imprisonment, detention, and release of the offender, and about any court order to seal the offender’s criminal records;

(8) Notice of the rights provided in this chapter and under the laws of the District of Columbia; and

(9) Be notified of any available victim advocate or other appropriate person to develop a safety plan and appropriate services.

(c) This section does not create a cause of action or defense in favor of any person arising out of the failure to accord to a victim the rights enumerated in subsection (b) of this section.

[\(June 8, 2001, D.C. Law 13-301, § 302\(b\), 47 DCR 7039; May 5, 2007, D.C. Law 16-307, § 3\(b\)\(1\), 54 DCR 868; Oct. 23, 2010, D.C. Law 18-239, § 206\(c\), 57 DCR 5405.\)](#)



Council of the **DISTRICT OF COLUMBIA**

Code of the District of Columbia

§ 23–1908. Sexual assault victims' rights.

(a) In addition to the rights set forth in [subchapter I of this chapter](#), a sexual assault victim shall have the right to have:

(1) A PERK performed at no cost;

(2) To have their PERK and any additional probative or evidentiary contents preserved, without charge, for 65 years from the date the crime is first reported to the law enforcement agency, as that term is defined in [§ 5-113.31\(9\)](#);

(3) For sexual assault victims 18 years of age or older, a sexual assault victim advocate, and for sexual assault victims ages 13 to 17, a sexual assault youth victim advocate, present during any:

(A) Forensic medical, evidentiary, or physical examination;

(B) Point during the hospital visit; provided, that the presence of a sexual assault victim advocate or a sexual assault youth victim advocate does not pose health or safety risks to the sexual assault victim, the sexual assault victim advocate, or the sexual assault youth victim advocate; and

(C) Interview.

(b) A sexual assault victim shall have the rights provided in subsection (a)(3) of this section even if the sexual assault victim previously declined the presence of a sexual assault victim advocate or a sexual assault youth victim advocate.

[\(Nov. 20, 2014, D.C. Law 20-139, § 101\(c\), 61 DCR 5913; Mar. 3, 2020, D.C. Law 23-57, § 8\(c\), 66 DCR 15914.\)](#)

Applicability

[Section 402 of D.C. Law 23-274](#) provided that the amendments made to this section by Law 23-57 shall apply as of January 1, 2021.

[Section 3 of D.C. Act 23-552](#) provided that the amendments made to this section by Law 23-57 shall apply as of January 1, 2021. Therefore those amendments shall be implemented for this section on January 1, 2021.

[Section 3 of D.C. Act 23-412](#) provided that the amendments made to this section by Law 23-57 shall apply as of January 1, 2021. Therefore those amendments shall be implemented for this section on January 1, 2021.

[Section 9\(a\) of D.C. Law 23-57](#) provided that the amendments made to this section by Law 23-57 shall apply as of October 1, 2020. Therefore those amendments shall be implemented for this section on October 1, 2020.

PUBLICATION INFORMATION

Current through

Mar. 10, 2023

Last codified Emergency Law:

[Act 25-9 effective Feb. 1, 2023](#)

Last codified D.C. Law:

[Law 24-314 effective Mar. 10, 2023](#)

Last codified Federal Law:

[Public Law 115-334 approved Dec. 20, 2018](#)

[<https://github.com/dccouncil/law-xml>]

[<https://github.com/dccouncil/law-html>]

[<http://www.openlawlib.org/>]

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Administrative Procedure Act to provide that information about employees and officers of public bodies who are participants in the Address Confidentiality Program shall not be made public; to amend the Victims of Violent Crime Compensation Act of 1996 to expand eligibility for victims of certain crimes to receive compensation, to expand the types of mental health counseling expenses and to add veterinary expenses as medical expenses eligible for compensation, to provide additional methods for claimants to satisfy the reporting requirement for compensation, and to increase the compensation available to claimants who are or were the parent, guardian, custodian, or primary caregiver to more than 2 children; to amend the Sexual Assault Victims' Rights Act of 2014 to strengthen the duties of the independent expert consultant, and to require the Sexual Assault Response Team to establish minimum standards of care for entities participating in the continuum of services for sexual assault victims; to amend An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children to clarify the rules surrounding mandatory reporting, to exempt domestic violence counselors, human trafficking counselors, and sexual assault counselors from certain reporting requirements, to exempt certain individuals employed or supervised by a lawyer from certain reporting requirements, and to require that the Office of the Attorney General provide training to mandatory reporters; to amend the District of Columbia Mental Health Information Act of 1978 to clarify that a mental health professional includes a sexual assault counselor who is under the supervision of a licensed social worker, nurse, psychiatrist, psychologist, or psychotherapist; to amend the Firearms Control Regulations Act of 1975 to clarify that applicants seeking relief from a firearms disqualifier under District law may only obtain such relief if the disqualifier is based on a voluntary admission, commitment, incapacity determination, or adjudication that occurred in the District, and to provide that a person disqualified under 18 U.S.C. § 922(d)(4) may petition for relief from disqualification; to amend Title 14 of the District of Columbia Official Code to require domestic violence counselors, human trafficking counselors, and sexual assault counselors to report crimes in certain situations, to establish crime victim counselor programs and hospital-based violence intervention programs and to make communications between victims and crime victim counselors or members of hospital-

based violence intervention programs confidential, and to require that clients have notice of and an opportunity to object to potential disclosures of confidential communications; to amend Chapter 10 of Title 16 of the District of Columbia Official Code to allow adults with physical custody of a minor to petition for a civil protection or on the minor's behalf; to amend the Anti-Sexual Abuse Act of 1994 to explicitly criminalize the first or second degree sexual abuse of an arrestee or detainee; to amend Title 23 of the District of Columbia Official Code to authorize the warrantless arrest in certain circumstances of a person who intentionally violates a condition of release that the person stay away, or have no contact with, an individual or location, to prohibit a person on supervised release, probation, or parole from intentionally violating any condition of release that the person stay away from, or have no contact with, an individual or location, to provide victims of gunshot and stabbing wounds the right to have a member of a hospital-based violence intervention program present during any forensic medical, evidentiary, or physical examination at the hospital or interviews with law enforcement at the hospital, to require the Office of Victim Services and Justice Grants to establish a Task Force on Hospital-Based Violence Intervention Programs to study nationally recognized best practices and develop recommendations for hospital-based violence intervention programs, to require the Office of Victim Services and Justice Grants to issue grants for a pilot program to develop policies, protocols, and trainings relating to hospital-based violence intervention programs, to allow sexual assault victims to pursue injunctive relief against District agencies for violations of certain rights, and to restrict the use of custodial arrests on sexual assault victims and victims who have an intentionally inflicted gunshot or stabbing wound seeking emergency medical treatment or medical forensic care; to amend An Act To provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes to make conforming amendments; and to establish by law the Office of Victim Services and Justice Grants and provide for its organization and duties.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Expanding Supports for Crime Victims Amendment Act of 2022".

TITLE I. EXPANDING SERVICES AND PROTECTIONS FOR VICTIMS OF CRIME

Sec. 101. Section 206(a)(1) of the District of Columbia Administrative Procedure Act, effective March 29, 1977 (D.C. Law 1-96; D.C. Official Code § 2-536(a)(1)), is amended to read as follows:

“(1) The names, salaries, title, and dates of employment of all employees and officers of a public body, except for any employee or officer of a public body who is a participant, as that term is defined in section 101(12) of the Address Confidentiality Act of 2018, effective July 3, 2018 (D.C. Law 22-118; D.C. Official Code § 4-555.01(12)) (“Address Confidentiality Act”), in the Address Confidentiality Program established by section 102 of the Address Confidentiality Act, and submits a request to the Department of Human Resources

(“Department”), through a process to be established by the Department, that their information not be made public.”.

Sec. 102. The Victims of Violent Crime Compensation Act of 1996, effective April 9, 1997 (D.C. Law 11-243; D.C. Official Code § 4-501 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 4-501) is amended as follows:

(1) The lead-in language is amended by striking the phrase “act the” and inserting the phrase “act, the” in its place.

(2) Paragraph (2) is amended as follows:

(A) Subparagraph (A) is amended by striking the semicolon and inserting the phrase “; or” in its place.

(B) Subparagraph (B) is amended by striking the phrase “; or” and inserting a period in its place.

(C) Subparagraph (C) is repealed.

(3) Paragraph (3) is amended to read as follows:

“(3) “Collateral source”:

“(A) Means a source of benefits or compensation available to a claimant for economic loss resulting from a crime; and

“(B) Includes payments or benefits from:

“(i) The offender;

“(ii) The United States, District of Columbia, a state or territory of the United States or its political subdivisions, or an agency of the foregoing, including Social Security, Medicare, Medicaid, workers’ compensation, public employees’ disability compensation, the Department of Human Services, the Department of Health, the Child and Family Services Agency, or Court Social Services;

“(iii) A wage continuation program of an employer;

“(iv) A contract of life, health, disability, liability, or fire and casualty insurance, or a contract providing prepaid hospital or health care benefits;

“(v) Proceeds of a lawsuit brought as a result of the crime; or

“(vi) Life insurance proceeds of more than \$50,000.”.

(4) Paragraph (6) is amended to read as follows:

“(6) “Crime” means the following offenses, or the attempt to commit the following offenses, whether prosecuted under the District of Columbia Official Code or substantially similar offense defined in the United States Code, and whether committed in the District against any person or outside of the United States against a resident of the District:

“(A) An act of terrorism, as described in section 103 of the Omnibus Anti-Terrorism Act of 2002, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 22-3153);

“(B) Arson, as described in section 820 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1323; D.C. Official Code § 22-301);

ENROLLED ORIGINAL

“(C) Assault with intent to kill, rob, or poison, or to commit first degree sexual abuse, second degree sexual abuse or child sexual abuse, as described in section 803 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-401);

“(D) Assault with intent to commit mayhem or with a dangerous weapon, as described in section 804 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-402);

“(E) Assault with intent to commit any offense, as described in section 805 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-403);

“(F) Assault or threatened assault in a menacing manner; stalking, as described in section 806 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-404);

“(G) Aggravated assault, as described in section 806a of An Act To establish a code of law for the District of Columbia, effective August 20, 1994 (D.C. Law 10-151; D.C. Official Code § 22-404.01);

“(H) Assault on member of police force, campus or university special police, or fire department, as described in section 432 of the Revised Statutes of the District of Columbia (D.C. Official Code § 22-405);

“(I) Burglary, as described in section 823 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1323; D.C. Official Code § 22-801);

“(J) Carjacking, as described in section 811a(a)(1) of An Act To establish a code of law for the District of Columbia, effective May 8, 1993 (D.C. Law 9-270; D.C. Official Code § 22-2803(a)(1)); or

“(K) Armed carjacking, as described in section 811a(b)(1) of An Act To establish a code of law for the District of Columbia, effective May 8, 1993 (D.C. Law 9-270; D.C. Official Code § 22-2803(b)(1));

“(L) Criminal abuse of a vulnerable adult or elderly person, as described in section 203 of the Senior Protection Amendment Act of 2000, effective June 8, 2001 (D.C. Law 13-301; D.C. Official Code § 22-933);

“(M) Financial exploitation of a vulnerable adult or elderly person, as described in section 203a of the Senior Protection Amendment Act of 2000, effective November 23, 2016 (D.C. Law 21-166; D.C. Official Code § 22-933.01);

“(N) Criminal negligence, as described in section 204 of the Senior Protection Amendment Act of 2000, effective June 8, 2001 (D.C. Law 13-301; D.C. Official Code § 22-934);

“(O) Cruelty to animals, as described in section 1 of Chapter 106 of the Acts of the Legislative Assembly, approved August 23, 1871, (D.C. Official Code § 22-1001), when committed against the victim’s animal;

“(P) Cruelty to children, as described in section 3 of An act for the protection of children in the District of Columbia and for other purposes, approved February 13, 1885 (23 Stat. 303; D.C. Official Code § 22-1101);

“(Q) The following offenses that resulted in death or bodily injury to a person, notwithstanding that the offender lacked the capacity to commit the offense by reason of infancy, insanity, intoxication, or otherwise:

“(i) Speeding and reckless driving, as described in section 9 of the District of Columbia Traffic Act, 1925, approved March 3, 1925 (43 Stat. 1123; D.C. Official Code § 50-2201.04);

“(ii) Fleeing from a law enforcement officer in a motor vehicle, as described in section 10b of District of Columbia Traffic Act, 1925, effective March 16, 2005 (D.C. Law 15-239; D.C. Official Code § 50-2201.05b);

“(iii) Leaving after colliding, as described in section 10c of District of Columbia Traffic Act, 1925, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2201.05c);

“(iv) Object falling or flying from vehicle, as described in section 10d of District of Columbia Traffic Act, 1925, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2201.05d);

“(v) Driving under the influence (DUI) of alcohol or a drug, as described in section 3b of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.11);

“(vi) Driving under the influence of alcohol or a drug; commercial vehicle, as described in section 3c of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.12);

“(vii) Operating a vehicle while impaired, as described in section 3e of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.14);

“(viii) Operating under the influence of alcohol or a drug (horse-drawn vehicle), as described in section 3g of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.16);

“(ix) Operating under the influence of alcohol or a drug (watercraft), as described in section 3j of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.31); and

“(x) Operating a watercraft while impaired, as described in section 3l of the Anti-Drunk Driving Act of 1982, effective April 27, 2013 (D.C. Law 19-266; D.C. Official Code § 50-2206.33);

“(R) Manufacture, transfer, use, possession, or transportation of Molotov cocktails, or other explosives for unlawful purposes, as described in section 15A of An Act To control the possession, sale, transfer, and use of pistols and other dangerous weapons in the District of Columbia, to provide penalties, to prescribe rules of evidence, and for other purposes, approved July 8, 1932 (47 Stat. 654; D.C. Official Code § 22-4515a);

“(S) Forced labor, as described in section 102 of the Prohibition Against Human Trafficking Amendment Act of 2010, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-1832);

“(T) Trafficking in labor or commercial sex acts, as described in section 103 of the Prohibition Against Human Trafficking Amendment Act of 2010, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-1833);

“(U) Sex trafficking of children, as described in section 104 of the Prohibition Against Human Trafficking Amendment Act of 2010, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-1834);

“(V) Unlawful conduct with respect to documents in furtherance of human trafficking, as described in section 105 of the Prohibition Against Human Trafficking Amendment Act of 2010, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-1835);

“(W) Benefitting financially from human trafficking, as described in section 106 of the Prohibition Against Human Trafficking Amendment Act of 2010, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-1836);

“(X) Kidnapping, as described in section 812 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-2001);

“(Y) Malicious burning, destruction, or injury of another’s property, as described in section 848 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1327; D.C. Official Code § 22-303), that:

“(i) Resulted from the discharge of a firearm into the victim’s residence or vehicle; or

“(ii) Was committed by an intimate partner;

“(Z) Mayhem or maliciously disfiguring, as described in section 807 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-406);

“(AA) Manslaughter, as described in section 802 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-2105);

“(BB) Murder in the first degree (purposeful killing; killing while perpetrating certain crimes), as described in section 798 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-2101);

“(CC) Murder in the first degree (placing obstructions upon or displacement of railroads), as described in section 799 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-2102);

“(DD) Murder in the second degree, as described in section 800 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-2103);

“(EE) Murder of law enforcement officer, as described in section 802a of An Act To establish a code of law for the District of Columbia, effective May 23, 1995 (D.C. Law 10-256; D.C. Official Code § 22-2106);

“(FF) Negligent homicide, as described in section 802(a) of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1321; D.C. Official Code § 22-2203.01);

“(GG) Where a person was compelled to engage in prostitution:

“(i) Engaging in prostitution or soliciting for prostitution, as described in section 1 of An Act For the Suppression of prostitution in the District of Columbia, approved August 15, 1935 (49 Stat. 651; D.C. Official Code § 22-2701);

“(ii) Abducting or enticing child from the child’s home for purposes of prostitution; harboring such child, as described in section 813 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-2704);

“(iii) Pandering; inducing or compelling an individual to engage in prostitution, as described in section 1 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved June 25, 1910 (36 Stat. 833; D.C. Official Code § 22-2705);

“(iv) Compelling an individual to live life of prostitution against the individual’s will, as described in section 2 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved June 25, 1910 (36 Stat. 833; D.C. Official Code § 22-2706);

“(v) Procuring; receiving money or other valuable thing for arranging assignation, as described in section 3 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved June 25, 1910 (36 Stat. 833; D.C. Official Code § 22-2707);

“(vi) Causing spouse or domestic partner to live in prostitution, as described in section 4 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved June 25, 1910 (36 Stat. 833; D.C. Official Code § 22-2708);

“(vii) Detaining an individual in disorderly house for debt there contracted, as described in section 5 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved June 25, 1910 (36 Stat. 833; D.C. Official Code § 22-2709);

“(viii) Procuring for house of prostitution, as described in section 6 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved January 3, 1941 (54 Stat. 1226; D.C. Official Code § 22-2710);

“(ix) Procuring for third persons, as described in section 7 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved January 3, 1941 (54 Stat. 1226; D.C. Official Code § 22-2711); and

“(x) Operating house of prostitution, as described in section 8 of an Act In relation to pandering, to define and prohibit the same and to provide for the punishment thereof, approved January 3, 1941 (54 Stat. 1226; D.C. Official Code § 22-2712);

“(HH) Rioting or inciting to riot, as described in section 901 of An Act relating to crime and criminal procedure in the District of Columbia, approved December 27, 1967 (81 Stat. 742; D.C. Official Code § 22-1322);

“(II) Robbery, as described in section 810 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-2801);

“(JJ) Attempt to commit robbery, as described in section 811 of An Act To establish a code of law for the District of Columbia, approved March 3, 1901 (31 Stat. 1322; D.C. Official Code § 22-2802);

“(KK) First degree sexual abuse, as described in section 201 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3002);

“(LL) Second degree sexual abuse, as described in section 202 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3003);

“(MM) Third degree sexual abuse, as described in section 203 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3004);

“(NN) Fourth degree sexual abuse, as described in section 204 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3005);

“(OO) Misdemeanor sexual abuse, as described in section 205 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3006);

“(PP) First degree child sexual abuse, as described in section 207 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3008);

“(QQ) Second degree child sexual abuse, as described in section 208 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3009);

“(RR) First degree sexual abuse of a minor, as described in section 208a of the Anti-Sexual Abuse Act of 1994, effective April 24, 2007 (D.C. Law 16-306; D.C. Official Code § 22-3009.01);

“(SS) Second degree sexual abuse of a minor, as described in section 208b of the Anti-Sexual Abuse Act of 1994, effective April 24, 2007 (D.C. Law 16-306; D.C. Official Code § 22-3009.02);

“(TT) First degree sexual abuse of a secondary education student, as described in section 208c of the Anti-Sexual Abuse Act of 1994, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-3009.03);

“(UU) Second degree sexual abuse of a secondary education student, as described in section 208d of the Anti-Sexual Abuse Act of 1994, effective October 23, 2010 (D.C. Law 18-239; D.C. Official Code § 22-3009.04);

“(VV) Enticing a child or minor, as described in section 209 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3010);

“(WW) Misdemeanor sexual abuse of a child or minor, as described in section 209a of the Anti-Sexual Abuse Act of 1994, effective April 24, 2007 (D.C. Law 16-306; D.C. Official Code § 22-3010.01);

“(XX) Arranging for a sexual contact with a real or fictitious child, as described in section 209b of the Anti-Sexual Abuse Act of 1994, effective June 3, 2011 (D.C. Law 18-377; D.C. Official Code § 22-3010.02);

“(YY) First degree sexual abuse of a ward, patient, client, arrestee, detainee, or prisoner, as described in section 212 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3013);

“(ZZ) Second degree sexual abuse of a ward, patient, client, arrestee, detainee, or prisoner, as described in section 213 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3014);

“(AAA) First degree sexual abuse of a patient or client, as described in section 214 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3015);

“(BBB) Second degree sexual abuse of a patient or client, as described in section 215 of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3016);

“(CCC) Sexual performances using minors, as described in section 3 of the District of Columbia Protection of Minors Act of 1982, effective March 9, 1983 (D.C. Law 4-173; D.C. Official Code § 22-3102);

“(DDD) Stalking, as described in section 503 of the Omnibus Public Safety and Justice Amendment Act of 2009, effective December 10, 2009 (D.C. Law 18-88; D.C. Official Code § 22-3133);

“(EEE) Threats to do bodily harm, as described in section 2 of An Act To confer concurrent jurisdiction on the police court of the District of Columbia in certain cases, approved July 16, 1912 (37 Stat. 193; D.C. Official Code § 22-407);

“(FFF) Voyeurism, as described in section 105 of the Omnibus Public Safety Amendment Act of 2006, effective April 24, 2007 (D.C. Law 16-306; D.C. Official Code § 22-3531); and

“(GGG) Use, dissemination, or detonation of a weapon of mass destruction, as described in section 105 of the Omnibus Anti-Terrorism Act of 2002, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 22-3155).”.

(5) Paragraph (7)(A) is amended as follows:

(A) Sub-subparagraph (i) is amended by striking the phrase “the District of Columbia” and inserting the phrase “the District” in its place.

(B) Sub-subparagraph (xi) is amended by striking the phrase “cost of a rental car for” and inserting the phrase “cost of alternate transportation, including a rental car or rideshare, for” in its place.

(6) A new paragraph (8A) is added to read as follows:

“(8A) “Intimate partner” means a person:

“(A) To whom the offender is or was married;

“(B) With whom the offender is or was in a domestic partnership;

“(C) With whom the offender has a child in common; or

“(D) With whom the offender is, or was, or is seeking to be in a romantic, dating, or sexual relationship.”.

(7) Paragraph (9) is amended as follows:

(A) Subparagraph (C) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(B) Subparagraph (D) is amended as follows:

(i) Sub-subparagraph (ii) is amended by striking the phrase “; or” and inserting a semicolon in its place.

(ii) Sub-subparagraph (iii) is amended by striking the period and inserting the phrase “; or” in its place.

(iii) A new sub-subparagraph (iv) is added to read as follows:

“(iv) Individual licensed by the Board of Professional Counseling as a:

“(I) Professional counselor, as described in section 710(a) of the District of Columbia Health Occupations Revision Act of 1985, effective July 22, 1992 (D.C. Law 9-126; D.C. Official Code § 3-1207.10(a));

“(II) Professional counselor, as described in section 710(c) of the District of Columbia Health Occupations Revision Act of 1985, effective July 22, 1992 (D.C. Law 9-126; D.C. Official Code § 3-1207.10(c)); or

“(III) Graduate professional counselor, as described in section 710(b) of the District of Columbia Health Occupations Revision Act of 1985, effective July 22, 1992 (D.C. Law 9-126; D.C. Official Code § 3-1207.10(b)); and”.

(C) A new subparagraph (E) is added to read as follow:

“(E) Veterinary expenses in claims where the victim’s animal was a victim of cruelty to animals, as described in section 1 of Chapter 106 of the Acts of the Legislative Assembly, adopted August 23, 1871 (D.C. Official Code § 22-1001).”.

(8) A new paragraph (9A) is added to read as follows:

“(9A) “Minor” means a person under 18 years of age.”.

(9) Paragraph (13)(A) is amended by striking the phrase “step, and adopted” and inserting the phrase “step, foster, and adopted” in its place.

(10) Paragraph (14) is amended as follows:

(A) The lead-in language is amended by striking the phrase “the District of Columbia” wherever it appears and inserting the phrase “the District” in its place.

(B) Subparagraph (C) is amended by striking the semicolon and inserting the phrase “; or” in its place.

(C) Subparagraph (D) is amended by striking the phrase “; or” and inserting a period in its place.

(D) Subparagraph (E) is repealed.

(b) Section 3 (D.C. Official Code § 4-502) is amended by striking the phrase “claims of victims of violent crime” and inserting the phrase “claims of victims and secondary victims” in its place.

(c) Section 4 (D.C. Official Code § 4-503) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “the Superior Court of the District of Columbia (“Court”)” and inserting the phrase “the Court” in its place.

(2) Subsection (c) is amended as follows:

(A) Paragraph (6) is amended by striking the phrase “the Crime Victims Compensation Appeals Board (“Board”), the District of Columbia Metropolitan Police Department, the U.S. Attorney’s Office, the Corporation Counsel of the District of Columbia” and inserting the phrase “the Board, the Metropolitan Police Department, the Office of the Attorney General for the District of Columbia, the Office of the United States Attorney for the District of Columbia” in its place.

(B) Paragraph (7) is amended by striking the phrase “both English” and inserting the phrase “at least both English” in its place.

(d) Section 5 (D.C. Official Code § 4-504) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “Commission (“Commission”) is established” and inserting the phrase “Commission is established” in its place.

(2) Subsection (b) is amended to read as follows:

“(b) The Commission’s members shall:

“(1) Serve for a term of 3 years;

“(2) Be eligible for reappointment;

“(3) Serve without compensation; and

“(4) Elect any additional officers necessary for the efficient discharge of their duties.”.

(3) Subsection (c) is amended as follows:

(A) Paragraph (1) is amended by striking the phrase “Committee on the Judiciary of the Council of the District of Columbia” and inserting the phrase “Council committee with jurisdiction over victims’ compensation” in its place.

(B) Paragraph (2) is amended by striking the phrase “the Corporation Counsel” and inserting the phrase “the Attorney General for the District of Columbia” in its place.

(C) Paragraph (3) is amended by striking the phrase “U.S. Attorney’s Office” and inserting the phrase “Office of the United States Attorney for the District of Columbia” in its place.

(D) Paragraph (7) is amended by striking the phrase “District of Columbia Department of Corrections” and inserting the phrase “Department of Corrections” in its place.

(e) Section 6(a) (D.C. Official Code § 4-505(a)) is amended by striking the phrase “Board (“Board”) is” and inserting the phrase “Board is” in its place.

(f) Section 7 (D.C. Official Code § 4-506) is amended as follows:

(1) Subsection (a) is amended to read as follows:

“(a) A claimant is eligible to receive compensation under this act if:

“(1) The claimant filed a claim under this act within one year after:

“(A) The crime occurred;

“(B) Learning of the Program, with an adequate showing that the delay in learning of the Program was reasonable;

“(C) The resolution of a first application, or any subsequent application entertained by the court, for a sentence modification as described in section 3c of An Act To establish a Board of Indeterminate Sentence and Parole for the District of Columbia and to determine its functions, and for other purposes, effective April 4, 2017 (D.C. Law 21-238; D.C. Official Code § 24-403.03); or

“(D) The resolution of a motion to modify a term of imprisonment as described in section 3d of An Act To establish a Board of Indeterminate Sentence and Parole for the District of Columbia and to determine its functions, and for other purposes, effective April 27, 2021 (D.C. Law 23-274; D.C. Official Code § 24-403.04); and

“(2) The crime was reported to a law enforcement office within 7 days after its occurrence or, if the crime could not be reasonably reported within that time period, within 7 days from the time a report can reasonably be made.”.

(2) New subsections (a-1) and (a-2) are added to read as follows:

“(a-1)(1) Notwithstanding any other provision of law, a victim of the offense of malicious burning, destruction, or injury of another’s property, as described in section 2(6)(Y), whose claim is barred under subsection (a)(1)(A) of this section, may file a claim under this act during the one-year period after the effective date of the Expanding Supports for Crime Victims Amendment Act of 2022, passed on 2nd reading on October 18, 2022 (Enrolled version of Bill 24-75), which shall be deemed timely filed under subsection (a)(1)(A) of this section; provided, that the offense occurred within the 2-year period before the effective date of the Expanding

Supports for Crime Victims Amendment Act of 2022, passed on 2nd reading on October 18, 2022 (Enrolled version of Bill 24-75).

“(2) Compensation awarded for a claim filed under paragraph (1) of this subsection shall be limited to the reasonable cost of replacing doors, windows, locks, or other items to secure the victim’s home or other place of residence, which shall not exceed \$1,000.

“(a-2)(1) A claimant shall not be deemed ineligible to receive compensation in cases where the claimant is a family member or household member of the perpetrator of the crime for which compensation is sought.

“(2) The identification, arrest, prosecution, or conviction of a perpetrator of the crime for which compensation is sought is not required for a claimant to be eligible for compensation.

“(3) Unless an application for rehearing, appeal, or petition for certiorari is pending or a new trial or hearing has been ordered, conviction of the perpetrator of the crime for which compensation is sought is conclusive evidence that a crime was committed.

“(4) If the offense listed in the police report or criminal charge is not a crime eligible for compensation, the Program may determine a claimant’s eligibility based on the facts of the incident for which compensation is sought instead of the offense listed in the police report or criminal charge.”.

(3) Subsection (c) is amended to read as follows:

“(c) Notwithstanding subsection (a)(2) of this section, the victim may satisfy the reporting requirement by:

“(1) In the case of a domestic violence victim, obtaining a:

“(A) Temporary protection order or civil protection order from the Court;

or

“(B) Forensic medical examination;

“(2) In the case of a stalking victim, obtaining a temporary anti-stalking order or anti-stalking order from the Court;

“(3) In the case of a sexual assault victim:

“(A) Obtaining a:

“(i) Temporary civil protection order or civil protection order from the Court; or

“(ii) Forensic medical examination; or

“(B) Reporting the offense to a law enforcement office before expiration of the applicable statute of limitations for that offense, as provided in D.C. Official Code § 23-113;

“(4) In the case of a victim of cruelty to children, the filing of a neglect petition by the District of Columbia in the Court; or

“(5) For any victim, if the Program determines that the claimant’s ability to report the crime may be impacted due to the claimant’s age, physical condition, psychological state, cultural or linguistic barriers, or any other health or safety concern that jeopardizes the

claimant's well-being, as described in 34 U.S.C. § 20102(b)(2), including in their application any of the following documents establishing they are a victim:

“(A) An order or judgement from any court of competent jurisdiction;

“(B) Records from a law enforcement agency; or

“(C) Records from a medical professional from whom the victim has sought assistance in dealing with the alleged crime.”.

(4) New subsections (e) and (f) are added to read as follows:

“(e) Any written requests for information release issued to providers of medical services to victims or secondary victims, including to hospitals, physicians, and mental health clinics, shall:

“(1) Not be made available to the public;

“(2) Limit the request for information from the provider to an acknowledgement of their treatment of the victim or secondary victim, and that such treatment was in connection to the crime for which the claimant is requesting compensation;

“(3) Include a limitation on the time or duration of the authorization for release of information;

“(4) Notify the victim or secondary victim that they may submit a written revocation of the authorization for release of information;

“(5) Include a disclaimer that the provider is not authorized to discuss the victim's or secondary victim's health information or medical care with anyone other than the Program; and

“(6) Include a disclaimer that the provider must notify the victim or secondary victim if any additional information about the victim's or secondary victim's treatment is requested by:

“(A) The Program; or

“(B) Any other person or entity related to a claim under this act.

“(f) In evaluating the claimant's application, the Program shall not require a victim or secondary victim to affirmatively and fully waive the physician-patient privilege as a condition to claiming such compensation.”.

(g) Section 8 (D.C. Official Code § 4-507) is amended as follows:

(1) Subsection (a-1) is amended by striking the phrase “himself or herself of” and inserting the phrase “themselves of” in its place.

(2) Subsection (b) is amended to read as follows:

“(b) The Court shall not award compensation in an amount exceeding \$25,000 per victimization; except, that:

“(1) If the victim is or was the parent, guardian, custodian, or primary caregiver to more than 2 children who reside or resided with the victim, the Court may award additional compensation to the claimant of up to \$5,000 for each child who resides with the claimant, beginning with the third child; and

(2) Compensation for veterinary expenses as described in section 2(9)(E) shall not exceed \$1,000.”.

(h) Section 9(b)(2) (D.C. Official Code § 4-508(b)(2)) is amended to read as follows:

“(2)(A) The victim failed to reasonably cooperate with law enforcement; and

“(B) The victim’s cooperation was not impacted by the factors described

in section 7(c).”.

(i) Section 10 (D.C. Official Code § 4-509) is amended as follows:

(1) Subsection (c) is amended by striking the phrase “The District of Columbia” both times it appears and inserting the phrase “The District” in its place.

(2) Subsection (d) is amended by striking the phrase “Corporation Counsel of the District of Columbia if a lawsuit for restitution or damages is instituted. The District of Columbia” and inserting the phrase “Office of the Attorney General for the District of Columbia if a lawsuit for restitution or damages is instituted. The District” in its place.

(j) Section 13 (D.C. Official Code § 4-512) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “or by electronic mail” and inserting the phrase “online, or by electronic mail” in its place.

(2) Subsection (b) is amended by striking the phrase “claimant by first class mail or electronic mail, along” and inserting the phrase “claimant, along” in its place.

(3) Subsection (c) is amended by striking the phrase “claimant by first class mail or electronic mail, along” and inserting the phrase “claimant, along” in its place.

(k) Section 16a (D.C. Official Code § 4-515.01) is amended as follows:

(1) Subsection (a) is amended by striking the phrase “Services.” and inserting the phrase “Services and Justice Grants.” in its place.

(2) Subsection (c) is amended by striking the phrase “than 5% of” and inserting the phrase “than 8% of” in its place.

(l) Section 17(a) (D.C. Code Official Code § 4-516(a)) is amended to read as follows:

“(a)(1) In addition to and separate from punishment imposed, an assessment of \$100 for each violation of the following crimes, an assessment of between \$50 and \$250 for other serious traffic or misdemeanor offenses, and an assessment of between \$100 and \$5,000 for each felony offense shall be imposed upon each person convicted of or pleading guilty or nolo contendere to the offense in the Court or any other court in which the offense charged is:

“(A) Leaving after colliding, as defined in section 10c of District of Columbia Traffic Act, approved March 3, 1925 (43 Stat. 1119; D.C. Official Code § 50-2201.05c);

“(B) Object falling or flying from vehicle, as defined in section 10d of District of Columbia Traffic Act, approved March 3, 1925 (43 Stat. 1119; D.C. Official Code § 50-2201.05d);

“(C) Driving under the influence (DUI) of alcohol or a drug, as defined in section 3b of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.11);

“(D) Driving under the influence of alcohol or a drug (commercial vehicle), as defined in section 3c of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.12);

“(E) Operating a vehicle while impaired, as defined in section 3e of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.14);

“(F) Operating under the influence of alcohol or a drug (horse-drawn vehicle), as defined in section 3g of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.16);

“(G) Operating under the influence of alcohol or a drug (watercraft), as defined in section 3j of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.31); or

“(H) Operating a watercraft while impaired, as defined in section 3l of the Anti-Drunk Driving Act of 1982, effective September 14, 1982 (D.C. Law 4-145; D.C. Official Code § 50-2206.33).

“(2) The decision of the Court regarding assessments is final.

“(3) If an offender is indigent at the time of sentencing and is later employed for salary, receives compensation while on probation or parole, or is incarcerated in a facility of the Department of Corrections or elsewhere and receives wages or compensation therein, the amount of assessments under this section shall be paid from such salary, wages, or other compensation.”.

Sec. 103. The Sexual Assault Victims’ Rights Act of 2014, effective November 20, 2014 (D.C. Law 20-139; D.C. Official Code § 4-561.01 *et seq.*), is amended as follows:

(a) Section 204 (D.C. Official Code § 4-561.04) is amended by adding a new subsection (e) to read as follows:

“(e) Once retained by OVSJG, the work product, reports, and recommendations of the independent expert consultant shall remain in the exclusive control of the independent expert consultant until the draft version of the independent expert consultant’s report is provided to entities for review as described in section 206(a)(2)(A).

(b) Section 206(a) (D.C. Official Code § 4-561.06(a)) is amended as followed:

(1) Paragraph (1) is amended as follows:

(A) Subparagraph (A)(v) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(B) Subparagraph (B) is amended by striking the period and inserting the phrase “; and” in its place.

(C) A new subparagraph (C) is amended to read as follows:

“(C) Review any changes to the sexual assault response continuum of care resulting from the Sexual Assault Victims’ Rights Act of 2014, effective November 20, 2014 (D.C. Law 20-139; 61 DCR 5913), and the Sexual Assault Victims’ Rights Amendment Act of 2019, effective March 3, 2020 (D.C. Law 23-57; 66 DCR 15914), including the legal obligations imposed on entities participating in the sexual assault response continuum of care and the service delivery models used within the sexual assault response continuum of care.”.

(2) Paragraph (2) is amended as follows:

(A) Subparagraph (A) is amended by striking the phrase “the Chief of Police for” and inserting in its place the phrase “the Mayor, the City Administrator, the Council, the Chief of Police, and the SART for” in its place.

(B) Subparagraph (B) is amended by striking the phrase “of Police shall” and inserting the phrase “of Police and the SART shall” in its place.

(c) Section 213(a) (D.C. Official Code § 4-561.13(a)) is amended as follows:

(1) Paragraph (4) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(2) Paragraph (5)(F) is amended by striking the period and inserting the phrase “; and” in its place.

(3) A new paragraph (6) is added to read as follows:

“(6) After reviewing the feedback and recommendations from the Case Review Subcommittee and national best practices, establish minimum standards of care for entities participating in the continuum of services for sexual assault victims, in consultation with the independent expert consultant.”.

Sec. 104. An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.01 *et seq.*), is amended as follows:

(a) Section 2 (D.C. Official Code § 4-1321.02) is amended to read as follows:

“Sec. 2. Mandatory reporters.

“(a) For the purposes of this section, the term “mandatory reporter” means any of the following:

“(1) An employee, agent, or contractor of the Child and Family Services Agency;

“(2) A physician;

“(3) A psychologist;

“(4) A medical examiner;

“(5) A dentist;

“(6) A chiropractor;

“(7) A registered nurse;

“(8) A licensed practical nurse;

“(9) An individual involved in the care and treatment of patients;

“(10) A law-enforcement officer;

“(11) A humane officer of any agency charged with the enforcement of animal cruelty laws;

“(12) A school official;

“(13) A teacher;

“(14) An athletic coach;

“(15) An employee of the Department of Parks and Recreation;

“(16) A public housing resident manager;

“(17) A social services worker;

“(18) A day care worker; and

“(19) A mental health professional, as that term is defined in section 101 of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01(11)).

“(b)(1) Notwithstanding D.C. Official Code § 14-307, mandatory reporters shall, if they know or have reasonable cause to believe that a:

“(A) Child they know in their professional capacity for which they have been designated as a mandatory reporter has been or is in immediate danger of being abused, as that term is defined in section 102(1)(A) of the Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; D.C. Official Code § 4-1301.02(1)(A)), or is a neglected child, as that term is defined in section 102(15B) of the Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; D.C. Official Code § 4-1301.02(15B)), make a report to the Child and Family Services Agency or the Metropolitan Police Department as described in section 3;

“(B) Child ages 5 through 13 years of age they know in their professional capacity for which they have been designated as a mandatory reporter has 10 or more days of unexcused absences within a school year, as that term is defined in section 1 of Article I of An Act To provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes, approved February 4, 1925 (43 Stat. 806; D.C. Official Code § 38-201(4)), make a report to the Child and Family Services Agency as described in section 3;

“(C) Child they know in their professional capacity for which they have been designated as a mandatory reporter has been, or is in immediate danger of being, the victim of sexual abuse or attempted sexual abuse prohibited by the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3001 *et seq.*), or was assisted, supported, caused, encouraged, commanded, enabled, induced, facilitated, or permitted to become a prostitute, as that term is defined in section 2 of the Control of Prostitution and Sale of Controlled Substances in Public Places Criminal Control Act of 1981, effective December 10, 1981 (D.C. Law 4-57; D.C. Official Code § 22-2701.01(3)), make a report to the Child and Family Services Agency or the Metropolitan Police Department as described in section 3; or

“(D) Child they know in their professional capacity for which they have been designated as a mandatory reporter has an injury caused by a bullet, knife, or other sharp object which has been caused by other than accidental means, make a report to the Child and Family Services Agency or the Metropolitan Police Department as described in section 3.

“(2) Notwithstanding any other law, mandatory reporters shall not be required to report when:

“(A) Employed or supervised by a lawyer who is providing representation in a criminal, civil, including family law, or delinquency matter, and the basis for the belief arises solely in the course of that representation; or

“(B) Employed or supervised by a lawyer with whom a prospective client is seeking representation in a criminal, civil, including family law, or delinquency matter, and the basis for the belief arises solely in the course of seeking that representation.

“(3) This section shall not apply to the following individuals while acting in their capacity as a counselor:

“(A) Domestic violence counselor, as that term is defined in D.C. Official Code § 14–310(a)(2);

“(B) Human trafficking counselor, as that term is defined in D.C. Official Code § 14–311(a)(2); or

“(C) Sexual assault counselor, as that term is defined in D.C. Official Code § 14–312(a)(2).

“(4) Whenever a mandatory reporter is required to report in their capacity as an employee, agent, or contractor of a hospital, school, social agency, or similar institution, the mandatory reporter shall also immediately notify the person in charge of the institution or their designated agent who shall subsequently make a report; except, that notifying the person in charge of the institution or their designated agent shall not relieve the mandatory reporter who was originally required to report from their duty under subsection (b) of this section.

“(c) In addition to the requirements of subsection (b) of this section, the following mandatory reporters shall make a report to the Child and Family Services Agency as described in section 3 if they have reasonable cause to believe that a child is abused as a result of inadequate care, control, or subsistence in the home environment due to exposure to drug-related activity:

“(1) Health professionals licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*); and

“(2) Law enforcement officers and humane officers of any agency charged with the enforcement of animal cruelty laws, except an undercover officer whose identity or investigation might be jeopardized.

“(d) A health professional licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), who in their own professional capacity knows that a child under 12 months of age is diagnosed as having a Fetal Alcohol Spectrum Disorder, shall immediately report or have a report made to the Child and Family Services Agency.

“(e) A person who violates this section shall not be prosecuted under Title II-A of the Anti-Sexual Abuse Act of 1994, effective June 8, 2013 (D.C. Law 19-315; D.C. Official Code § 22-3020.51 *et seq.*).

“(f) The Metropolitan Police Department shall immediately report or have a report made to the Child and Family Services Agency of any knowledge, information, or suspicion of a child engaging in or offering to engage in a sexual act, as that term is defined in section 101(8) of the Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3001(8)), or sexual contact, as that term is defined in section 101(9) of the Anti-Sexual Abuse

Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3001(9)), in return for receiving anything of value.”.

(b) A new section 8 is added to read as follows:

“Sec. 8. Training for mandatory reporters.

“(a) By December 31, 2023, the Office of the Attorney General (“OAG”) shall, in consultation with the Child and Family Services Agency (“CFSA”), develop and approve a training curriculum explaining the reporting requirements of this act, which shall include:

“(1) The purpose of the mandatory reporting requirements;

“(2) The dynamics surrounding abuse, neglect, and other forms of child victimizations that must be reported;

“(3) The impact of racial bias on the mandatory reporting and child welfare systems; and

“(4) The legal duties imposed on mandatory reporters, including:

“(A) How to make a report, the contents of the report, and the process after a report is filed;

“(B) The legal protections provided to mandatory reporters; and

“(C) The penalty for failing to make a report.

“(b) All mandatory reporters shall complete a training based upon the curriculum required by subsection (a) of this section which shall be conducted by OAG, CFSA, or a third party.”.

Sec. 105. Section 101(11)(E) of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01(11)(E)), is amended by striking the phrase “A rape crisis or sexual abuse counselor who has undergone at least 40 hours of training and is” and inserting the phrase “A sexual assault counselor, as that term is defined in D.C. Official Code § 23-1907(10), who is” in its place.

Sec. 106. Section 203 of the Firearms Control Regulations Act of 1975, effective September 24, 1976 (D.C. Law 1-85; D.C. Official Code § 7-2502.03), is amended as follows:

(a) Subsection (a)(6)(B) is amended to read as follows:

“(B) Subparagraph (A) of this paragraph shall not apply if:

“(i) For applicants disqualified as a result of a voluntary admission, commitment, incapacity determination, or adjudication that occurred in the District, the Superior Court of the District of Columbia has granted the applicant relief pursuant to subsection (f) of this section, unless the applicant, since the court granted the applicant relief pursuant to subsection (f) of this section, is again disqualified under subparagraph (A) of this paragraph; and

“(ii) For applicants disqualified as a result of a voluntary admission, commitment, incapacity determination, or adjudication that occurred in another jurisdiction, the court or commission of competent jurisdiction has granted the applicant relief, unless the applicant, since the court or commission granted the applicant relief, is again disqualified under subparagraph (A) of this paragraph.”.

(b) Subsection (f)(1) is amended by striking the phrase “, or” and inserting the phrase “, 18 U.S.C. § 922(d)(4), or” in its place.

Sec. 107. Chapter 3 of Title 14 of the District of Columbia Official Code is amended as follows:

(a) Section 14-307 is amended to read as follows:

“§ 14-307. Confidential information.

“(a) For the purposes of this section, the term:

“(1) “Health care benefit program” means any public or private plan or contract under which a medical benefit, item, or service is or may be provided to an individual, and includes an individual or entity who provides a medical benefit, item, or service for which payment may be made under the plan or contract.

“(2) “Injury” includes:

“(A) Physical damage to the body;

“(B) A sexual act prohibited by Chapter 30 of Title 22; and

“(C) Sexual contact prohibited by Chapter 30 of Title 22.

“(b) In the Federal courts in the District of Columbia and District of Columbia courts, the following individuals shall not be permitted, without the written consent of their client or of the client’s legal representative, to disclose any confidential information that the individual has acquired in attending the client in a professional capacity and that was necessary to enable the individual to act in that capacity, whether the information was obtained from the client, the client’s family, or the person or persons in charge of the client:

“(1) Physicians;

“(2) Surgeons;

“(3) Mental health professionals, as that term is defined in § 7-1201.01(11);

“(4) Domestic violence counselors, as that term is defined in § 14-310(a)(2);

“(5) Human trafficking counselors, as that term is defined in § 14-311(a)(2);

“(6) Sexual assault counselors, as that term is defined in § 23-1907(10);

“(7) HVIP members, as that term is defined in § 14-313(a)(4); and

“(8) Crime victim counselors, as that term is defined in § 14-314(a)(4).

“(c) This section shall not apply to evidence:

“(1) In a grand jury, criminal, delinquency, family, or domestic violence proceeding, where:

“(A) A person is targeted for or charged with causing the death of or injuring a human being, or with attempting or threatening to kill or injure a human being, or a report has been filed with the police pursuant to § 7-2601; and

“(B) The disclosure is required in the interests of justice;

“(2) Related to the mental competency or sanity of an accused in criminal trials where the accused raises the defense of insanity or where the court is required under prevailing law to raise the defense sua sponte, or in the pre-trial or post-trial proceedings involving a

criminal case where a question arises concerning the mental condition of an accused or convicted person;

“(3) Related to the mental competency or sanity of a child alleged to be delinquent, neglected, or in need of supervision in any proceeding before the Family Division of the Superior Court;

“(4) In a grand jury, criminal, delinquency, or civil proceeding where a person is alleged to have defrauded:

“(A) The District of Columbia or federal government in relation to receiving or providing services under the District of Columbia medical assistance program authorized by title 19 of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 *et seq.*);

“(B) A health care benefit program; or

“(C) An elderly person or vulnerable adult, as those terms are defined in § 22-932(3) and (5)); or

“(5) In a criminal or delinquency proceeding where:

“(A) A person is charged with an impaired driving offense resulting in the death of or injury to another human being; and

“(B) The disclosure is required in the interest of justice.

“(d)(1) Before finding that the disclosure of confidential information is required in the interest of justice, as provided in subsection (c)(1)(B) and (5)(B) of this section, the court shall:

“(A) Serve the victim with notice of the potential disclosure of confidential information; and

“(B) Provide the victim with 14 days from the date of service to object to the disclosure of confidential information and provide an explanation for why the disclosure is not in the interest of justice.

“(2) When determining whether the disclosure of confidential information is required in the interest of justice, as provided in subsection (c)(1)(B) and (5)(B) of this section, the court shall consider the rights of crime victims under § 23-1901 and 18 U.S.C. 3771.

“(e) If the victim’s ability to object pursuant to subsection (d)(1)(B) of this section is diminished because of minority, mental impairment, medical incapacity, or some other reason, the court:

“(1)(A) Shall provide notice to the victim’s parent, guardian, or custodian; or

“(B) May appoint an attorney to receive the notice on the victim’s behalf;

and

“(2) Shall provide the victim’s parent, guardian, or custodian, or an attorney acting on the victim’s behalf, with 14 days from the date of service to object to the disclosure of confidential information and provide an explanation for why the disclosure is not in the interest of justice.”.

(b) Section 14-310 is amended as follows:

(1) Subsection (b) is amended by adding a new paragraph (4) to read as follows:

“(4) Notwithstanding any other law, domestic violence counselors shall report to the Metropolitan Police Department or the Child and Family Services Agency any crime disclosed in a confidential communication if the domestic violence counselor has actual knowledge that the crime disclosed to the domestic violence counselor involves:

“(A) A victim under the age of 13;

“(B) A perpetrator or alleged perpetrator with whom the victim has a significant relationship, as that term is defined in § 22-3001(10); or

“(C) A perpetrator or alleged perpetrator who is more than 4 years older than the victim.”.

(2) Subsection (c)(1) is amended by striking the phrase “under 12 years” and inserting the phrase “under 13 years” in its place.

(c) Section 14-311 is amended as follows:

(1) Subsection (b) is amended by adding a new paragraph (4) to read as follows:

“(4) Notwithstanding any other law, human trafficking counselors shall report to the Metropolitan Police Department or the Child and Family Services Agency any crime disclosed in a confidential communication if the human trafficking counselor has actual knowledge that the crime disclosed to the human trafficking counselor involves:

“(A) A victim under the age of 13;

“(B) A perpetrator or alleged perpetrator with whom the victim has a significant relationship, as that term is defined in § 22-3001(10); or

“(C) A perpetrator or alleged perpetrator who is more than 4 years older than the victim.”.

(2) Subsection (c)(1) is amended by striking the phrase “under 12 years” and inserting the phrase “under 13 years” in its place.

(d) Section 14-312 is amended as follows:

(1) Subsection (b) is amended as follows:

(A) Paragraph (4) is repealed.

(B) Paragraph (5) is amended by striking the phrase “Notwithstanding § 4-1321.02, sexual assault counselors shall be exempt from mandatory reporting of any crime disclosed in a confidential communication unless the” and inserting the phrase “Notwithstanding any other law, sexual assault counselors shall report to the Metropolitan Police Department or the Child and Family Services Agency any crime disclosed in a confidential communication if the” in its place.

(2) Subsection (c)(1) is amended by striking the phrase “subsection, when a sexual assault victim has” and inserting the phrase “subsection, when a sexual assault victim who is under 13 years of age has” in its place.

(e) New sections 14-313 and 14-314 are added to read as follows:

“§ 14-313. Hospital-based violence intervention programs.

“(a) For the purposes of this section, the term:

“(1) “Confidential communication” means information exchanged between a victim and a HVIP member during the course of the HVIP member providing counseling,

support, and assistance to a victim, including all records kept by the HVIP member and the hospital-based violence intervention program concerning the victim and services provided to the victim.

“(2) “Hospital” means a facility that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related services, for a variety of physical or mental conditions, and may, in addition, provide outpatient services, particularly emergency care, from which a hospital-based violence intervention program operates.

“(3) “Hospital-based violence intervention program” means a non-governmental program that:

“(A) Provides counseling, case management, and social services to victims at, or in conjunction with, a hospital to prevent retaliatory violence; and

“(B) Participates in, or is a member of, a coordinating body for similar programs, such as Project CHANGE or the Health Alliance for Violence Intervention.

“(4) “HVIP member” means an employee, contractor, or volunteer of a hospital-based violence intervention program.

“(5) “Victim” means a person who suffered an intentionally inflicted gunshot or stabbing wound.

“(b)(1) An HVIP member shall not disclose a confidential communication except:

“(A) As required by statute or by a court of law;

“(B) As voluntarily authorized in writing by the victim;

“(C) To other individuals employed at the hospital-based violence intervention program and third-party providers when, and to the extent necessary, to facilitate the delivery of services to the victim;

“(D) To the Metropolitan Police Department or other law enforcement agencies, to the extent necessary to protect the victim or another individual from a substantial risk of imminent and serious physical injury;

“(E) To compile statistical or anecdotal information, without personal identifying information, for research or public information purposes; or

“(F) For any confidential communications relevant to a claim or defense if the victim files a lawsuit against a hospital-based violence intervention program or HVIP members.

“(2) Unless the disclosure is public, confidential communications disclosed pursuant to paragraph (1) of this subsection shall not be further disclosed by the recipient except as authorized in paragraph (1) of this subsection.

“(3) The confidentiality of a confidential communication shall not be waived by the presence of, or disclosure to, a:

“(A) Sign language or foreign language interpreter, who shall be subject to the limitations and exceptions set forth in paragraph (1) of this subsection and the same privileges set forth in subsection (c) of this section;

“(B) Third party participating in group counseling with the victim; or

“(C) Third party with the consent of the victim where reasonably necessary to accomplish the purpose for which the HVIP member is consulted.

“(c)(1) Except as provided in paragraph (2) of this subsection, when a victim is under 13 years of age, has been adjudicated incompetent by a court of competent jurisdiction for the purpose of asserting or waiving the privilege established by this section, or is deceased, the victim’s parent, guardian, or personal representative may assert or waive the privilege.

“(2) If the parent, guardian, or personal representative of a victim described in paragraph (1) of this subsection has been charged with an intrafamily offense or has had a protection order or a neglect petition entered against the parent, guardian, or personal representative at the request of or on behalf of the victim, or otherwise has interests adverse to those of the victim with respect to the assertion or waiver of the privilege, the court shall appoint an attorney for purposes of asserting or waiving the privilege.

“(d) The assertion of any privilege under this section is not admissible in evidence.

“§ 14-314. Crime victim counselors.

“(a) For the purposes of this section, the term:

“(1) “Confidential communication” means information exchanged between a victim and a crime victim counselor during the course of the advocate providing counseling, support, and assistance to a victim, including all records kept by the crime victim counselor and the crime victim counselor program concerning the victim and services provided to the victim.

“(2) “Crime” means the following criminal offenses:

“(A) Assault with intent to kill, rob, or poison, or to commit first degree sexual abuse, second degree sexual abuse or child sexual abuse, as provided in § 22-401;

“(B) Assault with intent to commit mayhem or with dangerous weapon, as provided in § 22-402;

“(C) Aggravated assault, as provided in § 22-404.01;

“(D) Murder in the first degree, as provided in § 22-2101;

“(E) Murder in the second degree, as provided in § 22-2103; and

“(F) Murder of a law enforcement officer, as provided in § 22-2106.

“(3) “Crime victim counselor program” means a nonprofit, non-governmental organization that supports, counsels, and assists victims of crime.

“(4) “Crime victim counselor” means an employee, contractor, or volunteer of a crime victim counselor program who:

“(A) Is rendering support, counseling, or assistance to a victim;

“(B) Has undergone at least 40 hours of training related to crime victim counseling that includes instruction on:

“(i) The dynamics and history of violent crime;

“(ii) Trauma resulting from violent crime;

“(iii) Responding to the specific needs of youth victims of violent crime;

“(iv) Trauma-informed care, crisis intervention, personal safety, and risk management;

“(v) Cultural humility; and

“(vi) Services available to victims of violent crime; and

“(C) Is supervised by an individual who has a minimum of:

“(i) Five years of experience rendering support, counseling, or assistance to victims of violent crime; or

“(ii) Three years of experience rendering support, counseling, or assistance victims of violent crime and an advanced degree in a related field.

“(5) “Victim” means a person against whom a crime has been committed or attempted to be committed.

“(b)(1) A crime victim counselor shall not disclose a confidential communication except:

“(A) As required by statute or by a court of law;

“(B) As voluntarily authorized in writing by the victim;

“(C) To other individuals employed at the crime victim counselor program and third-party providers when, and to the extent necessary, to facilitate the delivery of services to the victim;

“(D) To the Metropolitan Police Department or other law enforcement agencies, to the extent necessary to protect the victim or another individual from a substantial risk of imminent and serious physical injury;

“(E) To compile statistical or anecdotal information, without personal identifying information, for research or public information purposes; or

“(F) For any confidential communications relevant to a claim or defense if the victim files a lawsuit against a crime victim counselor program or its members.

“(2) Unless the disclosure is public, confidential communications disclosed pursuant to paragraph (1) of this subsection shall not be further disclosed by the recipient except as authorized in paragraph (1) of this subsection.

“(3) The confidentiality of a confidential communication shall not be waived by the presence of, or disclosure to, a:

“(A) Sign language or foreign language interpreter, who shall be subject to the limitations and exceptions set forth in paragraph (1) of this subsection and the same privileges set forth in subsection (c) of this section;

“(B) Third party participating in group counseling with the victim; or

“(C) Third party with the consent of the victim where reasonably necessary to accomplish the purpose for which the crime victim counselor is consulted.

“(c)(1) Except as provided in paragraph (2) of this subsection, when a victim is under 13 years of age, has been adjudicated incompetent by a court of competent jurisdiction for the purpose of asserting or waiving the privilege established by this section, or is deceased, the victim’s parent, guardian, or personal representative may assert or waive the privilege.

“(2) If the parent, guardian, or personal representative of a victim described in paragraph (1) of this subsection has been charged with an intrafamily offense or has had a protection order or a neglect petition entered against him or her at the request of or on behalf of the victim, or otherwise has interests adverse to those of the victim with respect to the assertion

or waiver of the privilege, the court shall appoint an attorney for purposes of asserting or waiving the privilege.

“(d) The assertion of any privilege under this section is not admissible in evidence.”.

Sec. 108. Chapter 10 of Title 16 of the District of Columbia Official Code is amended as follows:

(a) Section 16-1003(d) is amended as follows:

(1) Paragraph (1) is amended by striking the phrase “, or legal custodian” and inserting the phrase “, legal custodian, or physical custodian” in its place.

(2) Paragraph (2)(A) is amended by striking the phrase “, legal custody” and inserting the phrase “, legal custody, physical custody” in its place.

(b) Section 16-1005(a-1)(3) is amended to read as follows:

“(3) In a case in which an individual described in § 16-1003(d)(2)(A) petitioned on behalf of a minor petitioner 13 years of age or older, the court shall consider the expressed wishes of the minor petitioner in deciding whether to issue an order pursuant to this section and in determining the contents of such an order.”.

Sec. 109. The Anti-Sexual Abuse Act of 1994, effective May 23, 1995 (D.C. Law 10-257; D.C. Official Code § 22-3001 *et seq.*), is amended as follows:

(a) Section 212 (D.C. Official Code § 22-3013) is amended to read as follows:

“Sec. 212. First degree sexual abuse of a ward, patient, client, arrestee, detainee, or prisoner.

“Any staff member, employee, contract employee, consultant, or volunteer of a law enforcement agency or at a hospital, treatment facility, law enforcement facility, detention or correctional facility, group home, or other institution; anyone who is an ambulance driver or attendant, bus driver or attendant, or person who participates in the transportation of a ward, patient, client, arrestee, detainee, or prisoner to and from such institutions; or any official custodian of a ward, patient, client, arrestee, detainee, or prisoner, who engages in a sexual act with a ward, patient, client, arrestee, detainee, or prisoner, or causes a ward, patient, client, arrestee, detainee, or prisoner to engage in or submit to a sexual act shall be fined not more than the amount set forth in section 101 of the Criminal Fine Proportionality Amendment Act of 2012, effective June 11, 2013 (D.C. Law 19-317; D.C. Official Code § 22-3571.01), or incarcerated for no more than 10 years, or both.”.

(b) Section 213 (D.C. Official Code § 22-3014) is amended to read as follows:

“Sec. 213. Second degree sexual abuse of a ward, patient, client, arrestee, detainee, or prisoner.

“Any staff member, employee, contract employee, consultant, or volunteer of a law enforcement agency or at a hospital, treatment facility, law enforcement facility, detention or correctional facility, group home, or other institution; anyone who is an ambulance driver or attendant, bus driver or attendant, or person who participates in the transportation of a ward, patient, client, arrestee, detainee, or prisoner to and from such institutions; or any official

custodian of a ward, patient, client, arrestee, detainee, or prisoner, who engages in a sexual contact with a ward, patient, client, arrestee, detainee, or prisoner, or causes a ward, patient, client, arrestee, detainee, or prisoner, to engage in or submit to a sexual contact shall be fined not more than the amount set forth in section 101 of the Criminal Fine Proportionality Amendment Act of 2012, effective June 11, 2013 (D.C. Law 19-317; D.C. Official Code § 22-3571.01), or incarcerated for no more than 5 years, or both.”

(c) Section 252 (D.C. Official Code § 22–3020.52) is amended as follows:

(1) Subsection (c)(3) is amended to read as follows:

“(3) Domestic violence counselors, as that term is defined in D.C. Official Code § 14–310(a)(2), human trafficking counselors, as that term is defined in D.C. Official Code § 14–311(a)(2), and sexual assault counselor, as that term is defined in D.C. Official Code § 14–312(a)(2), shall be exempt from reporting pursuant to subsection (a) of this section any crime disclosed in a confidential communication, as that term is defined in D.C. Official Code § 14–310(a)(1), § 14–311(a)(1), or § 14–312(a)(1), respectively.”

(2) Subsection (d) is amended by striking the phrase “in section 2(b) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(b))” and inserting the phrase “in section 2(a) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(a))” in its place.

Sec. 110. Title 23 of the District of Columbia Official Code is amended as follows:

(a) The table of contents is amended as follows:

(1) A new section heading is added to read as follows:

“23-1329a. Violation of a post-conviction stay away condition of release.”

(2) New section headings are added to read as follows:

“23-1904a. Right to member of a hospital-based violence intervention program.

“23-1904b. Task Force on Hospital-Based Violence Intervention Programs.

“23-1904c. Hospital-Based Violence Intervention Policy and Training Pilot.”

(3) A new section heading is added to read as follows:

“23-1912. Limitations on law enforcement actions against sexual assault victims seeking medical treatment.”

(b) Section 23-581(a)(2) is amended by adding a new subparagraph (G) to read as follows:

“(G) Intentionally violating a condition of release that the person stay away from, or have no contact with, an individual or location as described in § 23-1329a.”

(c) A new section 23-1329a is added to read as follows:

“23-1329a. Violation of a post-conviction stay away condition of release.

“(a) It is unlawful for a person on supervised release, probation, or parole to intentionally violate any condition of release that the person stay away from, or have no contact with, an individual or location.

“(b) Whoever violates this section shall, if the condition of release was imposed as part of supervised release, probation, or parole for a:

“(1) Misdemeanor offense, be fined no more than the amount set forth in § 22-3571.01, or incarcerated for no more than 180 days, or both; or

“(2) Felony offense, be fined no more than the amount set forth in § 22-3571.01, or incarcerated for no more than 5 years, or both.”.

(d) New sections 23-1904a, 23-1904b, and 23-1904c are added to read as follows:

“§ 23-1904a. Right to member of a hospital-based violence intervention program.

“(a) For the purposes of §§ 23-1904a, 23-1904b, and 23-1904c, the term:

“(1) “Hospital” means a facility that provides 24-hour inpatient care, including diagnostic, therapeutic, and other health-related services, for a variety of physical or mental conditions, and may, in addition, provide outpatient services, particularly emergency care, from which a hospital-based violence intervention program operates.

“(2) “Hospital-based violence intervention program” means a non-governmental program that:

“(A) Provides counseling, case management, and social services to victims at, or in conjunction with, a hospital to prevent retaliatory violence; and

“(B) Participates in, or is a member of, a coordinating body for similar programs, such as Project CHANGE or the Health Alliance for Violence Intervention.

“(3) “HVIP member” means an employee, contractor, or volunteer of a hospital-based violence intervention program.

“(4) “Victim” means a person who has suffered an intentionally inflicted gunshot or stabbing wound.

“(b)(1) A HVIP member shall, if the victim consents, have the right to remain physically present with a victim at any:

“(A) Forensic medical, evidentiary, or physical examination at the hospital; or

“(B) Interview with law enforcement at the hospital.

“(2) A victim may at any time revoke their consent to have a HVIP member present at the setting described in paragraph (1) of this subsection.

“23-1904b. Task Force on Hospital-Based Violence Intervention Programs.

“(a) Beginning October 1, 2022, the Office of Victim Services and Justice Grants shall establish a Task Force on Hospital-Based Violence Intervention Programs (“Task Force”) to study nationally recognized best practices and develop recommendations for:

“(1) Improving service delivery and outcomes for victims served by hospital-based violence intervention programs;

“(2) Promoting collaboration between hospital-based violence intervention programs, hospital staff, medical providers, and other victims’ assistance programs;

“(3) Evaluating whether to extend the right to a HVIP member:

“(A) To include other victimizations; and

“(B) Beyond forensic medical, evidentiary, or physical examinations at the hospital or interviews with law enforcement at the hospital.

“(b) The Task Force shall include:

“(1) Representatives from the following entities:

“(A) The Metropolitan Police Department;

“(B) The Office of the Attorney General;

“(C) The Office of Victim Services and Justice Grants;

“(D) The Office of Neighborhood Safety and Engagement;

“(E) The Office of Gun Violence Prevention;

“(F) Three hospitals that operate hospital-based violence intervention programs in the District, including one children’s or pediatric hospital;

“(G) A professional organization, standards organization, or coordinating body that focuses on improving outcomes for patients served by hospital-based violence intervention programs, such as Project CHANGE or the Health Alliance for Violence Intervention; and

“(H) A District-based victim services provider; and

“(2) Three current or former District residents who have had personal experience with a hospital-based violence intervention program.

“(c)(1) The Task Force shall hold its initial meeting by March 31, 2023, and shall hold quarterly meetings thereafter.

“(2) A chairperson, who shall not be a representative of a District agency, shall be elected by a majority vote of the Task Force members at the initial meeting.

“(3) No District agency or non-governmental entity shall have more than one representative on the Task Force.

“(4) The Task Force shall establish its own procedures and requirements with respect to the place and manner in which it will conduct its meetings.

“(d) By December 31, 2023, the Task Force shall submit a report to the Mayor and Council that:

“(1) Analyzes outcomes for patients served by hospital-based violence intervention programs and proposes policies that should be adopted by hospitals or District agencies to improve patient outcomes; and

“(2) Determines whether a need exists to expand the right to a HVIP member as described in subsection (a)(3) of this section.

“23-1904c. Hospital-based violence intervention policy and training pilot.

“(a) The Office of Victim Services and Justice Grants shall, in Fiscal Years 2023 and 2024, issue grants for a pilot program (“pilot program”) to develop evidence-based policies, protocols, and training for hospital staff, medical providers, and law enforcement to guide their interactions when operating as part of a hospital-based violence intervention program.

“(b) The pilot program shall be conducted by a District-based entity with experience and expertise in academic research, police practices, civil and constitutional rights and laws, developing and implementing police and community safety policies and training, and training or educating Metropolitan Police Department officers.

“(c) The pilot program shall include:

“(1) Designing and testing outcome measures for patients, hospital staff, medical providers, and law enforcement in order to improve patient health, increase the effectiveness of violence intervention programs, and improve efficiency and coordination for hospital staff, medical providers, community-based organizations, and law enforcement;

“(2) Soliciting input from law enforcement agencies, hospital staff, medical providers, and hospital-based violence intervention programs;

“(3) Developing and delivering policies and training for hospital staff, medical providers, and law enforcement;

“(4) Evaluating and revising the impact of policies, protocols, and training on outcomes; and

“(5) Issuing a report by September 30, 2024, that shall be presented at a public meeting of the Task Force on Hospital-Based Violence Intervention Programs.

“(d) Any entity conducting the pilot program shall be considered a hospital-based violence intervention program for the purposes of determining whether confidential communications can be disclosed as described in § 14-313(b)(1).”.

(c) Section 23-1911 is amended to read as follows:

“23-1911. Cause of action; remedies.

“(a) An individual whose rights under this subchapter were violated may bring a civil action in the Superior Court for the District of Columbia against the District agencies responsible for the violation.

“(b) Remedies in actions brought pursuant to subsection (a) of this section shall be limited to injunctive relief and shall not include money damages.”.

(d) A new section 23-1912 is added to read as follows:

“23-1912. Limitations on law enforcement actions against sexual assault victims seeking medical treatment.

“(a) A sexual assault victim, when the sexual assault victim is seeking emergency medical treatment or medical forensic care related to a sexual assault, or a victim, as that term is defined in § 23-1904a(a)(4), when the victim is seeking emergency medical treatment or medical forensic care at a hospital related to an intentionally inflicted gunshot or stab wound, shall not be subject to a custodial arrest by a law enforcement officer unless a warrant for the sexual assault victim’s arrest or the victim’s arrest has been issued by a competent court of jurisdiction for the commission of a:

“(1) Dangerous crime, as that term is defined in § 23-1331(3); or

“(2) Crime of violence, as that term is defined in § 23-1331(4).

“(b) A law enforcement officer who is prohibited from making a custodial arrest under subsection (a) of this section may issue a field arrest form to the sexual assault victim or victim

in lieu of making a custodial arrest; provided, that the issuance of a field arrest form does not at that time pose health or safety risks to the sexual assault victim or victim.”.

Sec. 111. An Act To provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes, approved February 4, 1925 (43 Stat. 806; D.C. Official Code § 38-201 *et seq.*), is amended as follows:

(a) Section 2(i)(B) of Article II (D.C. Official Code § 38-203(i)(B)) is amended by striking the phrase “to section 2(a-1) or (a-2) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(a-1) and (a-2))” and inserting the phrase “to section 2(b)(1)(B) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(b)(1)(B))” in its place.

(b) Section 7(c)(1)(A) of Article II (D.C. Official Code § 38-208(c)(1)(A)) is amended by striking the phrase “to section 2(a-1) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(a-1))” and inserting the phrase “to section 2(b)(1)(B) of An Act To provide for the mandatory reporting by physicians and institutions in the District of Columbia of certain physical abuse of children, approved November 6, 1966 (80 Stat. 1354; D.C. Official Code § 4-1321.02(b)(1)(B))” in its place.

TITLE II. OFFICE OF VICTIM SERVICES AND JUSTICE GRANTS

Sec. 201. Office of Victim Services and Justice Grants.

(a)(1) There is established, as a subordinate agency, the Office of Victim Services and Justice Grants (“OVSJG”) within the District of Columbia government.

(2) OVSJG shall be led by an Executive Director, who shall be appointed by the Mayor and report to the Deputy Mayor for Public Safety and Justice.

(3) The Executive Director shall coordinate, hire, and supervise all staff as needed to achieve OVSJG’s mission.

(b) OVSJG shall be composed, at a minimum, of the following programs:

(1) The Victim Services Administration, which shall:

(A) Disburse grant funds to community-based organizations and other entities to support victims and survivors of crime and to better coordinate systems of care; and

(B) Disburse grant funds to entities operating or evaluating a hospital-based violence intervention program, as defined in D.C. Official Code § 14-313(a)(3);

(2) The Justice Grants Administration, which shall disburse grant funds to:

(A) Community-based organizations and other entities to support returning citizens, justice-involved individuals, and other vulnerable populations; and

(B) Support initiatives to improve coordination within the criminal and juvenile justice system, including data collection, research and analysis, information sharing, and compliance monitoring;

(3) The Access to Justice Initiative, established pursuant to section 201(a) of the Fiscal Year 2011 Budget Support Act of 2010, effective September 24, 2010 (D.C. Law 18-223; D.C. Official Code § 4-1702.01(a)), which shall disburse grant funds to community-based organizations and other entities to support the provision of legal services to low-income and underserved District residents; and

(4) The Truancy Reduction Program, which shall disburse grant funds to community-based organizations and other entities to reduce truancy and chronic absenteeism among students in the District.

(c) OVSJG shall:

(1) Serve as the state administering agency for the following federal funds:

(A) The Edward Byrne Memorial Justice Assistance Grant Program funds, authorized by section 501 of the Omnibus Crime Control and Safe Streets Act of 1968, approved January 5, 2006 (119 Stat. 3095; 34 U.S.C. § 10152);

(B) Residential Substance Abuse Treatment for State Prisoners funds, authorized by section 1901 of the Omnibus Crime Control and Safe Streets Act of 1968, approved September 13, 1994 (108 Stat. 1898; 34 U.S.C. § 10421);

(C) Title II Formula Grants Program funds, authorized by section 221 of the Juvenile Justice and Delinquency Prevention Act of 1974, approved September 7, 1974 (88 Stat. 1118; 34 U.S.C. § 11131);

(D) Paul Coverdell Forensic Sciences Improvement Grants funds, authorized by section 2801 of the of the Omnibus Crime Control and Safe Streets Act of 1968, approved December 21, 2000 (114 Stat. 2788; 34 U.S.C. § 10561);

(E) The Crime Victims Fund, authorized by the Victims of Crime Act of 1984, approved October 12, 1984 (98 Stat. 2170; 34 U.S.C. § 20101 *et seq.*); and

(F) Grants to Combat Violent Crimes Against Women funds, authorized by section 2001 of the Omnibus Crime Control and Safe Streets Act of 1968, approved September 13, 1994 (108 Stat. 1910; 34 U.S.C. § 10441);

(2) Monitor the District's compliance with the following federal laws and any expenditure of associated federal funds:

(A) Prison Rape Elimination Act of 2003, approved September 4, 2003 (117 Stat. 972; 34 U.S.C. § 30301 *et seq.*); and

(B) Sex Offender Registration and Notification Act, approved July 27, 2006 (120 Stat. 590; 34 U.S.C. § 20901 *et seq.*);

(3) Administer and make disbursements from the following local funds:

(A) The Crime Victims Assistance Fund, established by section 16a of the Victims of Violent Crime Compensation Act of 1996, effective October 1, 2002 (D.C. Law 14-190; D.C. Official Code § 4-515.01);

(B) Shelter and Transitional Housing for Victims of Domestic Violence Fund, established by section 3013 of the Crime Victims Assistance Fund and Shelter and Transitional Housing for Victims of Domestic Violence Fund Amendment Act of 2007, effective September 18, 2007 (D.C. Law 17-20; D.C. Official Code § 4-521); and

(C) Community-based Violence Reduction Fund, established by section 3014 of the Community-based Violence Reduction Fund, effective August 16, 2008 (D.C. Law 17-219; D.C. Official Code § 1-325.121);

(4) Provide administrative support to:

(A) The Juvenile Justice Advisory Group, as described in Mayor's Order 2009-13, dated February 9, 2009;

(B) Domestic Violence Fatality Review Board, established by D.C. Official Code § 16-1052(a); and

(C) The Sexual Assault Response Team, established by section 212(a) of the Sexual Assault Victims' Rights Amendment Act of 2014, effective November 20, 2014 (D.C. Law 20-139; D.C. Official Code § 4-561.12(a)); and

(5) Be the sole agency responsible for carrying out the provisions of the Juvenile Justice and Delinquency Prevention Act of 1974, approved September 7, 1974 (88 Stat. 1118; 34 U.S.C. § 11131 *et seq.*) ("JJDP Act"), and the sole agency responsible for supervising the preparation and administration of the state plan pursuant to section 223(a) of the JJDP Act.

Sec. 202. Batterer intervention program.

(a) The Office of Victim Services and Justice Grants ("OVSJG") shall, by December 31, 2023, in coordination with the Domestic Violence Fatality Review Board, established pursuant to D.C. Official Code § 16-1052(a), fund a voluntary, peer-led batterer intervention program:

(1) Participation in which shall not be mandated by the Superior Court of the District of Columbia;

(2) That uses a public health approach to reduce a future risk of violence; and

(3) That is informed by best practices.

(b) OVSJG shall, by December 31, 2023, after consultation with the Superior Court of the District of Columbia and the Domestic Violence Fatality Review Board, create a domestic violence questionnaire and service referral resource for use in Family Court proceedings.

TITLE III. APPLICABILITY; FISCAL IMPACT STATEMENT; EFFECTIVE DATE.

Sec. 301. Applicability.

(a) Section 103(c), the amendatory sections 23-1904(b) and, with respect to Fiscal Year 2024, 23-1904(c), within section 110(d), section 201, and section 202 shall apply upon the date of inclusion of their fiscal effect in an approved budget and financial plan.

(b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in an approved budget and financial plan and provide notice to the Budget Director of the Council of the certification.

(c)(1) The Budget Director shall cause the notice of the certification to be published in the District of Columbia Register.

(2) The date of publication of the notice of the certification shall not affect the applicability of the provisions identified in subsection (a) of this section.

Sec. 302. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 303. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 60-day period of congressional review as provided in section 602(c)(2) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(2)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia

Rule 17. Subpoena

(a) **CONTENT.** A subpoena must state the court's name and the title of the proceeding, include the seal of the court, and command the witness to attend and testify at the time and place the subpoena specifies. The clerk must issue a blank subpoena--signed and sealed--to the party requesting it, and that party must fill in the blanks before the subpoena is served.

(b) **DEFENDANT UNABLE TO PAY.**

(1) *Defendant Appointed Counsel Under D.C. Code § 11-2601 (2012 Repl.).*

(A) *Application.* For a defendant represented either by counsel appointed under the District of Columbia Criminal Justice Act, by attorneys of the Public Defender Service, or by law students admitted under Rule 44-1, an application may be made to the clerk for a witness subpoena where the witness involved will be served within 25 miles of the place of the hearing or trial specified in the subpoena. In the case of a defendant represented by a law student, the application must be signed by the law student's supervising lawyer.

(B) *Issuance.* The clerk must issue the subpoena to defense counsel in blank, signed, sealed and designated in forma pauperis, but not otherwise filled in. Filling in a subpoena issued in blank shall constitute a certificate by defense counsel that, in the defense counsel's opinion, the presence of the witness is necessary to an adequate defense.

(C) *Service.* No subpoena issued in blank may be served outside a radius of 25 miles from the place of the hearing or trial. Where the witness to be subpoenaed will be served outside a radius of 25 miles from the place of the hearing or trial, an application for the issuance of the subpoena must be made to the judge to whom the case is assigned and must follow the procedure required by Rule 17(b)(2).

(2) *Other Defendants.* For a defendant represented by counsel other than counsel listed in Rule 17(b)(1), upon an ex parte application, the court must order that a subpoena be issued for a named witness if the defendant shows an inability to pay the witness's fees and the necessity of the witness's presence for an adequate defense.

(3) *Payment of Costs and Fees.* For any subpoena issued under this section, the process costs and witness fees will be paid in the same manner as those paid for witnesses the government subpoenas.

(c) **PRODUCING DOCUMENTS AND OBJECTS.**

(1) *In General.* A subpoena may order the witness to produce any books, papers, documents, data, or other objects the subpoena designates. The court may direct the witness to produce the designated items in court before trial or before they are offered in evidence. When the items arrive, the court may permit the parties and their attorneys to inspect all or part of them.

(2) *Quashing or Modifying the Subpoena.* On motion made promptly, the court may quash or modify the subpoena if compliance would be unreasonable or oppressive.

(3) *Subpoena for Personal or Confidential Information About a Victim.* After a complaint, indictment, or information is filed, a subpoena requiring the production of personal or confidential information about a victim may be served on a third party only by court order. Before entering the order and unless there are exceptional circumstances, the court must require giving notice to the victim so that the victim can move to quash or modify the subpoena or otherwise object.

(d) SERVICE. A marshal, a deputy marshal, or any nonparty who is at least 18 years old may serve a subpoena. The server must deliver a copy of the subpoena to the witness and must tender to the witness one day's witness-attendance fee and the legal mileage allowance. The server need not tender the attendance fee or mileage allowance when the prosecuting authority or a defendant unable to pay has requested the subpoena.

(e) PLACE OF SERVICE.

(1) *In General.* A subpoena requiring a witness to attend a hearing or trial may be served at any place within the District of Columbia or at any place outside of the District of Columbia that is within 25 miles of the place of the hearing or trial.

(2) *Exception.* A subpoena directed to a witness in a case in which a felony is charged may be served at any place within the United States upon order of a judge or magistrate judge.

(f) ISSUING A DEPOSITION SUBPOENA.

(1) *Issuance.* A court order to take a deposition authorizes the clerk of the Superior Court to issue a subpoena for the person named or described in the order.

(2) *Place.* After considering the convenience of the witness and the parties, the court may order—and the subpoena may require—the witness to appear anywhere the court designates.

(g) CONTEMPT. Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court.

(h) INFORMATION NOT SUBJECT TO A SUBPOENA. No party may subpoena a statement of a witness or of a prospective witness under this rule. Rule 26.2 governs the production of the statement.

COMMENT TO 2017 AMENDMENTS

This rule incorporates the 2008 amendment to *Federal Rule of Criminal Procedure 17(c)(3)*. The phrase “personal or confidential information” will continue to be developed through case law. See, e.g., *Brown v. United States*, 567 A.2d 426 (D.C. 1989). Also, as explained in the Federal Advisory Committee Note to the 2008 amendment:

The rule recognizes [] that there may be exceptional circumstances in which th[e] procedure may not be appropriate. Such exceptional circumstances would include evidence that might be lost or destroyed if the subpoena were delayed or a situation where the defense would be unfairly prejudiced by premature disclosure of a sensitive defense strategy. The Committee leaves to the judgment of the court a determination as to whether the judge will permit the question whether such exceptional circumstances exist to be decided ex parte and authorize service of the third-party subpoena without notice to anyone.

Finally, while the Federal Advisory Committee Note to the 2008 amendment specifically indicates that subsection (c)(3) does not apply to grand jury subpoenas, the question of whether the subsection applies to certain grand jury subpoenas in the District of Columbia is still unanswered. See, e.g., *Brown*, 567 A.2d at 428-429

(cautioning that the court could “think of no rational basis upon which to distinguish subpoenas issued at the behest of a grand jury from [its] holding” that judicial authorization was required prior to issuance of a subpoena for medical records).

COMMENT TO 2016 AMENDMENTS

This rule has been redrafted to conform to the general restyling of the federal rules in 2002. It differs from the federal rule in several respects.

Paragraph (b) provides the local procedures, retained from the former rule, by which defendants who have previously qualified for Criminal Justice Act representation may obtain subpoenas issued in blank without having to file an ex parte application for waiver of the witness fee. This procedure is available only when the witness to be subpoenaed is within a 25-mile radius of the place of the hearing or trial. This paragraph has been restyled to make it more easily understood. No substantive changes are intended.

Subparagraph (c)(1) adds “data” to the list of matters that may be subpoenaed, consistent with the federal rule.

Paragraph (d) retains the phrase “the prosecuting authority” from the former Superior Court rule. It also retains the phrase “a defendant unable to pay” to reflect the requirements of D.C. Code § 23-106 (2012 Repl.).

Subparagraph (e)(2) substitutes “judge or magistrate judge” for “judge of the court.”

Paragraph (g) retains the language of the former Superior Court rule. The federal rule draws distinctions based on federal law and practice that are not locally applicable.

Rule 60. Victim's Rights

(a) IN GENERAL.

(1) *Notice of a Proceeding.* The government must use its best efforts to give the victim reasonable, accurate, and timely notice of any public court proceeding involving the crime.

(2) *Attending the Proceeding.* The court must not exclude a victim from a public court proceeding involving the crime, unless the court determines by clear and convincing evidence that the victim's testimony would be materially altered if the victim heard other testimony at that proceeding. In determining whether to exclude a victim, the court must make every effort to permit the fullest attendance possible by the victim and must consider reasonable alternatives to exclusion. The reasons for any exclusion must be clearly stated on the record.

(3) *Appropriate Safeguards.* Before, during, and immediately after any court proceeding, the court must provide appropriate safeguards to minimize the contact that may occur between the victim or the victim's family and the accused, the accused's family, or defense witnesses.

(4) *Right to Be Heard on Release, a Plea, or Sentencing.* The court must permit a victim to be reasonably heard at any public proceeding concerning release, plea, or sentencing involving the crime.

(5) *Right to Submit Community Impact Statement.* The court must permit a community representative to submit a community impact statement prior to the imposition of sentence. The statement must be submitted in accordance with procedures established by the Chief Judge.

(6) *Right to Make a Statement at Criminal Record-Sealing Hearing.* The court must permit a victim to make a statement at any criminal record-sealing hearing.

(7) *Case Involving a Child.* On its own or on motion by the attorney for the government or the victim's lawful representative, the court may designate a case in which a child will testify as a case of special public importance.

(A) *Scheduling.* A case designated as being of special public importance must be expedited and given scheduling precedence over other proceedings.

(B) *Continuances.* When deciding whether to grant a continuance, the court must take into consideration the age of the child and the potential adverse impact the delay may have on the child's well-being. The court must make written findings of fact and conclusions of law when granting a continuance in cases involving a child witness.

(b) ENFORCEMENT AND LIMITATIONS.

(1) *Time for Deciding a Motion.* The court must promptly decide any motion asserting a victim's rights described in these rules.

(2) *Who May Assert the Rights.* A victim's rights described in these rules may be asserted by the victim, the victim's lawful representative, the attorney for the government, or any other person as authorized by 18 U.S.C. § 3771(d) and (e) or D.C. Code §§ 23-1901 to -1906 (2012 Repl. & 2017 Supp.).

(3) *Multiple Victims.* If the court finds that the number of victims makes it impracticable to accord all of the rights described in 18 U.S.C. § 3771, the court must fashion a reasonable procedure that gives effect to these rights without unduly complicating or prolonging the proceedings.

(4) [Omitted].

(5) *Limitations on Relief.* A victim may move to reopen a plea or sentence only if:

(A) the victim asked to be heard before or during the proceeding at issue, and the request was denied;

(B) the victim petitions the District of Columbia Court of Appeals for a writ of mandamus within 14 days after the denial, and the writ is granted; and

(C) in the case of a plea, the accused has not pleaded to the highest offense charged.

(6) *No New Trial.* A failure to afford a victim any right described in these rules is not grounds for a new trial.

COMMENT TO 2017 AMENDMENTS

This rule is substantially similar to *Federal Rule of Criminal Procedure 60*, which was added to the federal rules in 2008 and which implements the federal Crime Victims' Rights Act (18 U.S.C. § 3771). However, the Superior Court rule has been modified to include provisions from both the federal Crime Victims' Rights Act and the District of Columbia Crime Victims' Rights Act (D.C. Code §§ 23-1901 to -1906 (2012 Repl. & 2017 Supp.)).

Additional provisions regarding victim impact statements and a victim's right to speak at sentencing can be found in Rule 32.



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**

August 2021

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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 quantitative¹ 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.

¹Due 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 clients² 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 (n⁵=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	<i>18 to 48</i>	<i>28.79 (8.4)</i>	<i>7 to 58</i>	<i>32.83 (16.3)</i>
	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 Experienced⁷				
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, restitution¹¹ 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 (n⁵=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 Addressed¹³				
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/ethnicity 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 (n⁵=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 members¹⁵ 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.

Unique Vulnerability Creates an Opportunity

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 crime¹⁶ 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 that 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 IHELLP¹⁸, 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.kpashingtonresearch.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 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 skills²¹ 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/factsheets/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 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 information²² 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 Worker²³ 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 privacy²⁴ 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



NOTICE OF IRB REVIEW AND APPROVAL

DATE: June 08, 2021
TO: Flower, Shawn, External
McCann-Sfecla, Ellen
FROM: Mangin, Joshua, Social Behavioral IRB
Network for Victim Recovery of DC (NVRDC)
PROTOCOL TITLE: 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;



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

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 addressed²⁵ 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 Partner²⁶
- 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, confronted²⁷, 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 tools²⁸ 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 trajectory²⁹ 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.

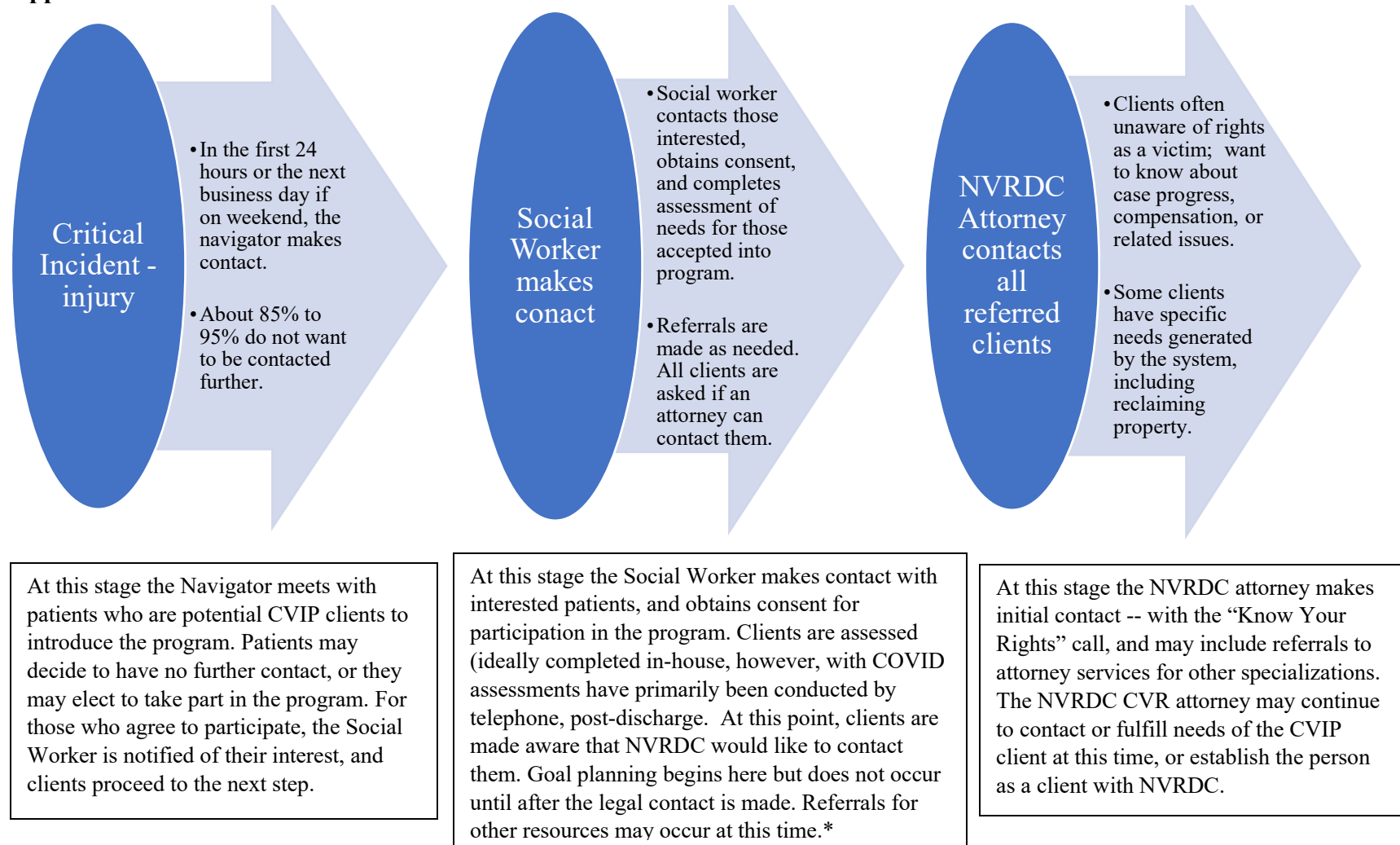
Information - The victim has questions about what their rights are as a victim of crime. The victim doesn't know if they qualify as a victim of crime (they are the loved one of a victim of homicide, the parent of a minor victim, the caretaker of a disabled victim, etc., and have not been advised of their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



*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.

DISTRICT OF COLUMBIA OFFICE OF THE ATTORNEY GENERAL: “Using Our Brains: Reducing Recidivism Among Youth and Young Adults”

The Problems:

High Recidivism Among Youth and Young Adults

After almost three decades of crime reduction, the District of Columbia (DC) community saw some increases in select crime in 2015.¹ Recidivism for youth and young adults (ages 12-24) in DC is high—in 2013, 24% of juveniles who committed crimes were charged at least twice, and young adult offenders repeatedly cycle through the criminal justice system. In DC, all 18-year-old offenders are treated as adults.

The Response:

The DC Office of the Attorney General (OAG) in partnership with the DC United States Attorney’s Office (USAO) and the Center for Court Innovation (CCI), are developing a program for youth (12-17) and young adults (18-24) who commit misdemeanor crimes such as theft, destruction of property, and simple assault cases with victim/surrogate consent.² The initiative is funded through a grant from the Bureau of Justice Assistance. Instead of traditional prosecution, these offenders will attend restorative justice conferences designed to build empathy, change anti-social thinking, and deter future criminal behavior.³ Restorative justice also increases victim participation and satisfaction with the criminal justice process.⁴

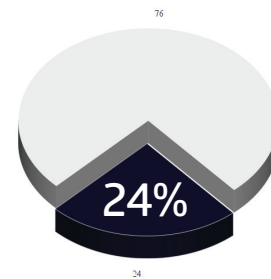


Chart 1: 2014: Juvenile Recidivism Rates
24% of arrested juveniles had two or more unrelated court appearances⁶

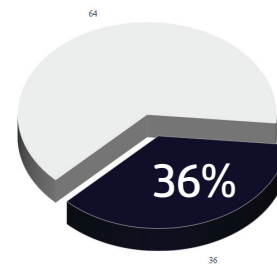


Chart 2: 2014: Juvenile Recidivism Rates
36% of juveniles admitted to probation three or more times in one year⁷

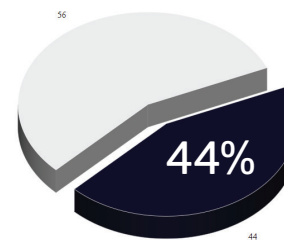


Chart 3: 2014: Juvenile Recidivism Rates
44% of juveniles in the system were rearrested

Research suggests that 18-24 year olds are more similar to children developmentally and neurologically than they are to adults. Additionally, their ongoing brain development means they have a higher capacity for reform and rehabilitation than older offenders.⁵

¹ Hermann, Peter. “Straight up Execution”: Crime Surges Across the District.” *The Washington Post*. August 16, 2015. Available at: https://www.washingtonpost.com/local/crime/uptick-in-crime-affects-residents-across-the-district/2015/08/16/d4b899e8-4037-11e5-8d45-d815146f81fa_story.html

² The DC OAG has jurisdiction for youth offenders; and the DC USAO has jurisdiction for young adult offenders.

³ Research on Restorative Justice in Baltimore, Maryland and Milwaukee, Wisconsin, 2010. Mark Umbreit, Ph.D. available at: http://www.cehd.umn.edu/SSW/RJP/Resources/Research_Summaries/default.html

⁴ Id.

⁵ Schiraldi, Western, and Bradner. *Community-Based Responses to Justice-Involved Young Adults*. *New Thinking in Community Corrections Bulletin*. Washington, DC, U.S. Department of Justice, National Institute of Justice, 2015.

⁶ DC Family Court 2013 Annual Report

⁷ National Council of Juvenile and Family Court Judges report on DC. *Juvenile Recidivism*, 2012.

Key Features:

- The program is open to juvenile offenders (ages 12-17) and young adults (ages 18-24).
- Potential young adult participants must be charged with misdemeanor crimes.
- Automatic exclusions include: cases appropriate for specialty courts, sex assault cases, domestic violence cases, and gun cases.
- The crime has an actual victim (excluding such crimes as failure to appear, fleeing law enforcement, etc.).
- The victim (or surrogate) is amenable to restorative justice.
- Potential participants cannot be held without bond.
- Restorative Justice Conferences are comprised of three components: pre-conferencing, restorative justice conference, and agreement monitoring.

The Analysis:

Researchers from the CCI will collect data to complete both a process and impact evaluation. The process evaluation will focus on: selective attendance at Restorative Justice Conferences and interviews of Restorative Justice and prosecution staff. The Impact Evaluation will track one-year re-arrest outcomes for program participants.

Biggest Challenge:

Streamlining Collaboration Between OAG & USAO

Historically there has been a lack of data and centralized data collection. If law enforcement, prosecutors, and the courts collect data, only some of it is integrated. Neither the OAG or USAO had been collecting outcomes after consent decrees or deferred sentencing agreements. This initiative is the first collaboration between the two offices to share innovative diversion strategies.

Early Success:

Both the OAG and the USAO have profited from inter-agency collaboration and joint coordination of program goals. The agencies have completed a Memorandum of Understanding that defines their roles and collaborative efforts for the joint initiative, and have brainstormed together at multiple meetings.

Lessons and Next Steps:

The OAG team is training prosecutors about the diversion initiative, focusing on restorative justice. Both the OAG and USAO are working on trainings for the defense bar and/or judges. The OAG has also developed video vignettes that highlight participants' success stories with Restorative Justice.

“ Restorative Justice Conferencing has provided prosecutors at OAG with a tool to reduce future conflict and build empathy and consequential thinking among young people who have committed crimes. Most importantly, it helps victims heal and move forward. We get strong satisfaction ratings from victims of crime who choose to do restorative justice. ”

-Seema Gajwani, Project Coordinator, Special Counsel for Juvenile Justice Reform, Office of the Attorney General for the District of Columbia

The History and Evolution of the Crime Victims' Rights in the District of Columbia

KEY FEDERAL VICTIMS' RIGHTS LEGISLATION

1974	Child Abuse Prevention and Treatment Act
1980	Parental Kidnapping Prevention Act
1982	Victim and Witness Protection Act
1982	Missing Children's Act
1984	Victims of Crime Act
1984	Justice Assistance Act
1984	Missing Children's Assistance Act
1984	Family Violence Prevention and Services Act
1985	Children's Justice Act
1988	Drunk Driving Prevention Act
1990	Hate Crime Statistics Act
1990	Victims of Child Abuse Act
1990	Victims' Rights and Restitution Act
1990	National Child Search Assistance Act
1992	Battered Women's Testimony Act
1993	Child Sexual Abuse Registry Act
1994	Violent Crime Control and Law Enforcement Act
1994	Violence Against Women Act
1996	Community Notification Act ("Megan's Law")
1996	Antiterrorism and Effective Death Penalty Act
1996	Mandatory Victims' Restitution Act
1997	Victims' Rights Clarification Act
1998	Crime Victims with Disabilities Awareness Act
1998	Identity Theft and Deterrence Act
2000	Trafficking Victims Protection Act
2001	Air Transportation Safety and System Stabilization Act (established September 11 th Victim Compensation Fund)
2003	PROTECT Act ("Amber Alert" law)
2003	Prison Rape Elimination Act
2003	Fair and Accurate Credit Transactions Act
2004	Justice for All Act , including Title I <i>The Scott Campbell, Stephanie Roper, Wendy Preston, Louarna Gillis, and Nila Lynn Crime Victims' Rights Act</i>
2006	Adam Walsh Child Protection and Safety Act
2010	Tribal Law and Order Act

- The United States Supreme Court has acknowledged this private prosecution model as the foundation of our criminal justice system. By the early 20th century, however, the American system had evolved to one in which crime victims were no longer central players in most jurisdictions—a public prosecution system became the norm.
- The victims' role progressively reduced until they essentially had no formal legal status beyond that of witness or piece of evidence. At one point, the United States Supreme Court observed in dicta that “in American jurisprudence at least, a private citizen lacks a judicially cognizable interest in the prosecution or nonprosecution of another.”¹
- Starting in the late 1970s, a strong victims' rights movement developed in response to the observation of many that somewhere along the way, the criminal justice system was out of balance, “serv[ing] lawyers, judges and defendants, [while] treating the victim with institutionalized disinterest.”²
- Now, more than 30 states have amended their constitutions to afford victims' rights and all 50 states, along with the District Columbia and the federal government, have enacted statutory and rule-based protections for victims; all are aimed at re-integrating the victim into the criminal and juvenile justice systems in a manner more closely aligned with the more victim-centric approach in existence at the founding of the American justice system³
- 1988—The Victims Rights Amendment Act of 1988 amended DC Code § 23-103 to provide victims the opportunity to file a written victim impact statement (VIS) prior to sentencing and to require the court to consider the VIS in determining the defendant's sentence.
- 1991--In a 7-2 decision in *Payne v. Tennessee* (501 U.S. 808), the U.S. Supreme Court reverses its earlier decisions in *Booth v. Maryland* (1987) and *South Carolina v. Gathers* (1989), allowing VIS by victims.
- 1994—The Omnibus Criminal Justice Reform Amendment Act of 1994 added two additional rights to DC Code § 23-103: a victim's right to be present at trial, sentencing, and parole hearings and a victim's right to submit a written VIS at a defendant's parole hearing.

- 2001—The Crime Victims’ Rights Act of 2000 amended Title 23 of the DC Code, creating a new chapter that created 8 rights for DC victims, mandating victims be given notice of various events and proceedings during a criminal investigation and prosecution, providing for privacy and security of the victim during court proceedings, when interacting with the defense team, and for child victims, and establishing specific rights for victims at sentencing.
- 2004--The Justice for All Act is enacted, which includes the Scott Campbell, Stephanie Roper, Wendy Preston, Louarna Gillis, and Nila Lynn **Crime Victims’ Rights Act**, providing substantive rights for crime victims. The law provides mechanisms at the federal level to enforce the rights of crime victims, giving victims and prosecutors legal standing to assert victims’ rights, authorizing the filing of writs of mandamus to assert a victim’s right, and requiring the U.S. Attorney General to establish a victims’ rights compliance program within the Department of Justice.
- 2007—The Criminal Record Sealing Act of 2006 passes establishing a process for sealing certain criminal records and providing the rights for victims to be present at record-sealing hearings and to make a statement at such hearings.
- 2010—The Prohibition Against Human Trafficking Amendment Act of 2010 includes a provision establishing the right for DC victims to be notified of any available victim advocate to develop a safety plan and appropriate services.
- 2011--Attorney General Eric H. Holder revises Attorney General Guidelines for Victim and Witness Assistance, the standards for officers and employees of the Department of Justice investigative, prosecutorial, correctional, and parole components in the treatment of victims of and witnesses to crime. The revisions clarified DOJ’s responsibilities to provide mandated rights and services enumerated in the Crime Victims’ Rights Act (CVRA) and the Victims’ Rights and Restitution Act (VRRRA) as well as other statutory requirements.
- 2014—Supreme Court hears arguments in *Paroline v. Amy*.
- 2014—The Sexual Assault Victims’ Rights Amendment Act of 2014 passes, providing adult victims of sexual assault in DC with various rights, including the right to an advocate during medical-forensic, evidentiary, or physical examinations, during the initial police interview at the hospital, and at any point during the hospital visit.
- 2015—Congress passed the Justice for Victims of Trafficking Act, which added to and amended to CVRA, including 2 new rights.
- 2017—Rules 17 and 60 of the DC Superior Court Rules of Criminal Procedure amended.
- 2019—The Sexual Assault Victims’ Rights Amendment Act of 2019 passes and includes an expansion of rights of DC sexual assault victims in certain settings.
- 2022—Courtney Wild Crime Victims’ Rights Reform Act of 2022 is introduced in the House of Representatives and clarifies and strengthens the rights of victims of federal crimes and offenses committed in the District of Columbia and improves the interactions between a victim and the criminal legal system throughout the criminal legal process.
- 2023—The Expanding Supports for Crime Victims Act of 2022 is signed into law and will dramatically expand the supports and rights for victims of crime in the District.

