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Evaluation of Victim Services

FINAL REPORT

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ABSTRACT

During the last decade it has become increasingly apparent that crime victims frequently suffer from a variety of problems as a consequence of their victimization. This evaluation assessed the extent to which victim assistance services are effective in both alleviating the problems of victims and in helping police and prosecutors perform their duties. A quasi-experimental design compared victims in Tucson, Arizona who received crisis intervention services (n=109), delayed services (n=114), and no services (n=100) through a comprehensive interview administered at two points in time (one month after the crime and four to six months later). The interview included measures of psychological, social, financial, and physical impact. The impact of victim assistance services on the police and prosecutors was assessed through a series of surveys and group interviews. Process data were also collected, mainly through interviews and observations of victim assistance program staff.

The study found that the provision of services, both crisis intervention and delayed services, assists victims in a variety of ways, but that there was only slight evidence that services help to reduce the victim's emotional trauma. The overwhelming majority of prosecutors valued the victim assistance services and felt that such services helped them in the performance of their duties. Despite these positive views, neither police nor prosecutors used the services to their capacity. It is recommended that (a) jurisdictions without victim services strongly consider the establishment of such services, and (b) that victim assistance programs address the problem of under-utilization of services.

Chapter I

Introduction

During the last decade it has become increasingly apparent that crime victims frequently suffer numerous problems following victimization. The psychological, financial, and physical difficulties which are a direct result of the victimization have been well documented as well as the burdens all too commonly borne by individuals as their cases progress through the criminal justice system. For some victims, the crime may precipitate only minor difficulties while for others it may cause severe disruptions in their daily lives and seriously jeopardize their future psychological, social, physical, and financial well-being.

The often serious plight endured by crime victims has provided the impetus for sensitivity training for police officers and court officials and has also served as the basis for the establishment and growth of a wide variety of victim assistance programs throughout the country. Beginning in the early 1970s, these programs, varying substantially in scope, organization, and purpose, have spread rapidly to serve the diverse needs of victims and to reduce the negative impact of crime. The rapid spread of such programs, coupled with their considerable diversity and their potential for helping crime victims, served as part of the impetus for the conduct of a "Phase I" assessment of the National Institute of Justice's National Evaluation Program. This Phase I assessment concentrated on synthesizing currently available information regarding victim assistance programs and identifying areas in need of future study. The Phase I study described three basic models of victim/witness assistance. Type I, Victim Programs, was defined as those which are primarily aimed at reducing the trauma of criminal victimization. In contrast, Type II, Witness Programs, are those which are principally concerned with securing the victim's cooperation in prosecution but also share an interest in helping victims with their problems. Type III programs, Combined Victim/Witness, place an equal emphasis on maintaining the victim's cooperation for cases which are adjudicated and on providing services to all victims including those whose cases never go to court (Cronin and Bourque, 1981). In their preliminary assessment of the effectiveness of these three

models, the authors concluded that lack of detailed study on all of these models, and indeed in the measurement of the emotional recovery of crime victims generally, precluded any reliable comparison of the relative benefits of one model versus another or the provision of any formal assistance versus the provision of no services. The dearth of information was particularly acute for victim programs whose primary goal was to meet the needs of crime victims. Although empirical data to document the relative benefits of providing various types of services are generally lacking, anecdotal information from programs and clinical studies strongly suggests that the provision of some services is helpful to crime victims.

A particularly promising approach to help victims appears to be the provision of immediate crisis intervention (Bard and Sangrey, 1979; Burgess and Holmstrom, 1979; and Bassuk, 1980). Given the relative lack of information concerning the impact of providing services, including crisis intervention, and the considerable potential benefit of such programs for reducing the trauma often endured by crime victims, the present evaluation of victim assistance service variations was planned to assess the effectiveness of providing immediate crisis intervention by addressing the following general questions:

- Which victims experience more trauma as a result of the crime?
- Does providing services (other than crisis intervention) help alleviate all, some, or certain traumas experienced by crime victims? What types of services are most helpful? For which types of victims are services most effective?
- Does crisis intervention help alleviate the trauma experienced by crime victims? What types of help are offered during the crisis intervention? For which types of victims is crisis intervention most effective?

Review of the Literature

Victims may experience a variety of physical, financial, social, and psychological problems as a direct result of the crime (Knudten, 1976; Smith, 1981; Symonds, 1976; Davis, et al., 1980). Physical problems may include the immediate pain inflicted during the incident, long-term disabilities and

discomfort, as well as physical ailments and stress symptoms (such as high blood pressure, interference with sleep patterns, loss of appetite and weight loss, alcohol abuse with its related medical problems) incurred by the victim as he or she struggles to deal with the aftermath of the victimization. Financial problems may also emerge as the victim attempts to replace stolen items, repair damaged goods, or pay medical bills. Additional expenses may be incurred due to loss of work and salary because of physical injuries or emotional upset, or loss of pay may result from taking time to appear in court. Previous studies have also documented social problems which may result from victimization including isolation, mistrust of others, difficulties dealing with family and friends, inability to function normally at work or during social occasions, and so on. The most common difficulties crime victims frequently encounter, and perhaps the most problematic to resolve, are the psychological problems caused by the incident including increased fear and anxiety, and feelings of vulnerability, disorientation, anger, revenge, embarrassment, and self-blame.

The physical, financial, social, and psychological reactions of victims may range from mild upset to severe trauma. In particular, emotional upset and increased nervousness and fear are commonly felt by the vast majority of all victims and may be so intense as to disrupt their ability to function normally (Skogan and Klecka, 1977; Knudten, 1976; Ziegenhagen, 1974; Smith, 1981). In the latter case, the victim may enter into a "crisis" period. An extensive literature exists on the definition of crisis and its impact on victims. In general, crisis has been described as "a psychological disequilibrium in a person who confronts a hazardous circumstance that for him constitutes an important problem which he can, for the time-being, neither escape nor solve with his customary problem-solving resources" (Caplan, 1964). Crisis has been classified into two broad types: situational and developmental. Situational crises are chance events (such as becoming a crime victim) that are unpredictable from the victim's perspective. Developmental crises (such as aging) are internally imposed. In addition, an interaction effect between developmental and situational crises exists which suggests that victimization will impact upon individuals differently depending on their stage in the life cycle (Burgess and Holmstrom, 1979).

Based on research of a wide variety of crisis provoking situations, including war, abortion, death, divorce, physical illness, criminal victimiza-

tion, the birth of a premature child, and so on, researchers have attempted to classify the stages in crisis. Several classification schemes exist (see for example Lindemann, 1944; Bassuk, 1980). While the labels used to describe the stages and the number of stages identified in various models vary, there is general agreement that crisis involves the progression of the victim from an acute stage through a less intense stage and finally through resolution of the crisis. The model which is most relevant to the currently proposed project is Bard and Sangrey's (1972) which was developed to explain the stages which typically follow criminal victimization. They present a three-stage model: (1) impact, (2) recoil, and (3) reorganization. During the first impact stage, crime victims may have difficulty recalling the details of the crime, may be unable to think or talk coherently, and may be in an extreme state of anger. Bard and Sangrey stress that immediate intervention during the first stage can be critical in starting the recovery process and may render later psychological intervention less necessary. Bassuk (1980) also emphasizes the importance of early intervention to help crime victims. Because the person is generally in a state of flux during the first stages of the crisis period, it is the optimal time for effective intervention to solve both the immediate problem and also to help the individual grow and develop new strategies to deal with adversities in the future (Brandon, 1970; Caplan, 1964; Parad, 1965). Following the impact stage, a recoil stage occurs in which victims begin to try and cope with their situation and deal with feelings of fear, anger, sadness, self-pity, and guilt. For some victims, this involves directly confronting painful and strong emotions; while for others, these emotions are handled primarily through denying their existence. During this stage, the most difficult emotion to handle is usually fear, which often transcends the individual circumstances of the incident and engulfs their daily lives. The final phase is one of reorganization during which feelings of rage and fear begin to diminish as the victim puts the incident into perspective and resumes his or her normal routine. But as the authors point out, victims never entirely forget the crime:

"Their suffering lessens but other effects of the experience remain as part of the self. Their view of themselves and of the world will be permanently altered in some way, depending on the severity of the crime and the degree of its impact. The violation of self can hardly be called a positive experience, but it does present an opportunity for change. One of two things will happen: either victims become reordered, reborn, put back together so that they are stronger than

before, or their experiences during the crisis will promote further disorder with long-term negative consequences" (Bard and Sangrey, 1972:47).

Bard and Sangrey emphasize that while the majority of crime victims experience each of the three stages following the crime (impact, recoil, and reorganization) individual and personality differences among victims affect the duration and intensity of each stage. They do not attempt to identify a "typical" time frame for each stage in the recovery process, but indicate that the severity of the violation inflicted during the crime affects the length of the crisis reaction and that such a reaction may last for months or even years after the crime (especially in rape cases).

The existence of stages in crisis has recently been challenged by other researchers, however, who suggest that crisis reactions are more amorphous and individualized than conceptualized by stage models (Silver and Wortman, 1980) and that the final stage included in such models, i.e., reorganization or return to normal functioning, frequently never occurs (Burgess and Holmstrom, 1978; Glick, et al., 1974). Although the classification of crisis reactions is currently being debated, agreement does appear universal in one area: victimization can frequently cause a major upset in a person's life.

The negative impact of crime has been most clearly documented among rape victims. Crisis reactions among rape victims have been described in numerous studies using clinical evaluations, survey instruments, and/or hospital records (Burgess and Holmstrom, 1979; Bassuk, 1980; Notman and Nadelson, 1980; McCombi and Arons, 1980). Rape frequently causes intense emotional responses among victims which last for several months or even years after the incident. Burgess and Holmstrom (1979) found that many victims were still experiencing problems four to six years after the sexual assault. During an acute phase directly following the rape, victims commonly reported physical reactions such as general soreness and/or specific pains caused by beatings inflicted during the crime; difficulty sleeping; a decrease in appetite; and strong emotional reactions ranging from fear to humiliation, degradation, guilt, embarrassment, self-blame, anger, and revenge. During the second phase, the victim begins a long-term reorganization and attempts to return to a normal lifestyle, but physical, psychological, social, and sexual problems often continue to plague the victim

for very long periods and some victims never report full recovery.

The trauma endured among another group of especially vulnerable crime victims, those victimized by intimates and friends, has also been explored (Walker, 1979; Moore, 1979; Gelles, 1979). In a study recently completed on non-stranger violence, it was found that fear was a major problem for over one-half of the victims assaulted by their spouses or lovers. This fear, both of the abuser and of others learning of the abuse, isolated them from friends and family, and resulted in their living in continual states of depression which disrupted sleeping, eating, work, and social routines (Smith, 1981).

Individuals of non-violent crime may also endure psychological problems following victimization. Indeed, studies by Bourque et al., (1978) and Waller & Okihiro (1978) have documented that, in some instances, burglary victims display more long-term problems than victims of robbery and other violent crimes. Friedman, et al., (1982) and Knudten (1976) found that many victims of any type of crime exhibited psychological and other problems, although generally these problems were not as intense or long-lived as among rape victims. Nevertheless, it is clear that victimization imposes substantial difficulties for many individuals (for a further discussion of the literature on the distress caused by victimization and crisis reactions, see Harrell, Cook, & Smith, 1985).

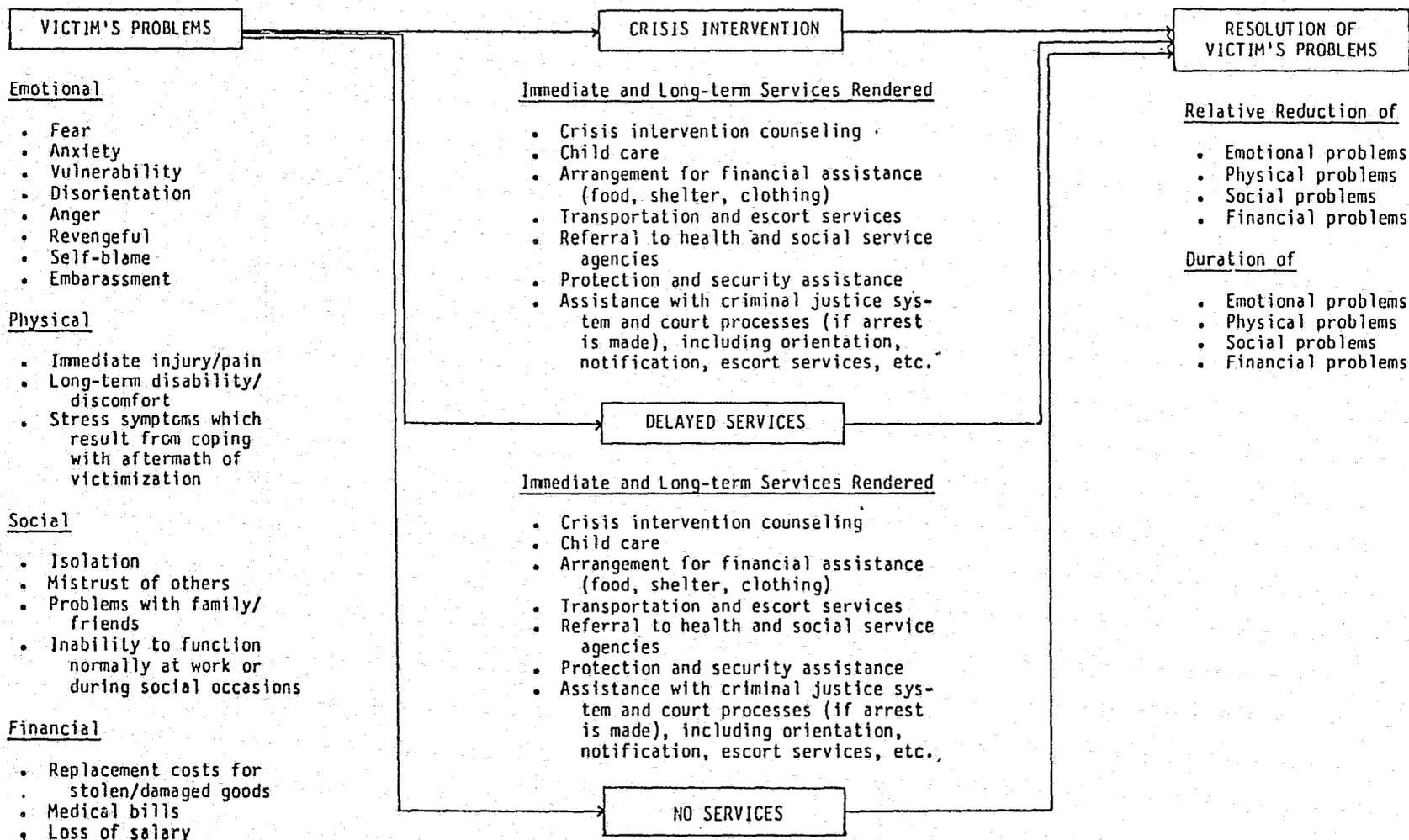
To summarize, we know that (a) crime victims experience a range of problems following the incident, (b) that these problems can sometimes precipitate a crisis reaction, (c) that crisis manifests itself in a number of ways and generally progresses from an acute to a less intense and hopefully (but not always) to a recovery phase, and (d) that severe problems, and often crisis reactions, may be particularly common among rape victims and victims of domestic assault. While we have documentation that crime victims often confront a range of problems following victimization, the extent to which these reactions result in severe trauma or crisis needs further empirical testing. These were the major focuses of our evaluation.

Measurement of victim trauma and program effects is difficult. For less traumatized victims, it may be problematic to measure the relative impact of providing services in improving their emotional, financial, and physical well-

being. On the other hand, assessing the impact of providing assistance to those highly upset by the crime would be more amenable to measurement. In light of this issue, we were careful to document in our evaluation the degree and extent of victims' problems caused by the incident in conjunction with the assessment of the effectiveness of the provision of a variety of victim services. During our evaluation, we examined the impact of providing crisis intervention services, delayed services, or no services on the victim's well-being. As depicted in Figure I-1, our primary focus was to evaluate the effectiveness of the Pima County Victim/Witness Advocate Program by examining the scope of the victim's problems, the type of services rendered (if any), and the degree and duration of any trauma experienced by the victim shortly after the incident and several months later. As discussed later in the chapter, important secondary concerns included an assessment of the impact of providing services on police and deputy county attorneys' daily routines and job satisfaction.

In measuring the impact of crisis intervention, we were sensitive to both the limitations of the program's goals and resources as well as the difficulties involved in precise measurement of victims' upset and recovery. The Tucson Victim/Witness Advocate Program seeks to assist victims with their financial, physical, social, and emotional problems but must do so with limited resources at their disposal. Thus, we should not expect that the program itself can resolve all the difficulties faced by crime victims, although they may help facilitate the victim's recovery. For example, while the program cannot help resolve all financial problems caused by the victimization, it can provide some financial assistance such as giving taxi fare to a stranded robbery victim, but it cannot directly compensate the victim for their financial loss during the robbery. Similarly, the program may provide transportation to the hospital following a physical assault, but it cannot directly provide medical treatment. In order not to build unrealistic expectations of the program and the potential help it can provide to victims, we must be careful to distinguish between the services the program can potentially provide and those they cannot, as well as the impact of services on the victim. Also, we must consider the sensitivity of the instruments available to measure the impact of providing services. While some types of help are easily measured, such as direct services rendered to victims (transportation, child care, referral to shelters, etc.), others are more difficult to measure precisely, especially the psychological assistance given to

Figure 1-1
 Conceptual Framework for Evaluation of Pima County's V/WAP



reduce emotional and social problems (this issue is discussed further in Chapters III and V). In addition, we must again be aware of the potential limitations of the program. Their provision of crisis counseling is designed to deal with the immediate needs of the victims and is not intended to provide long-term psychological counseling. Victims severely traumatized after the crime may be helped by crisis counseling and yet still have numerous emotional difficulties which may require more long-term counseling. Therefore, in assessing the impact of the program, we must be careful to consider the needs of the victim, the types of services potentially available through the victim program, whether such services were provided, and the resultant impact on the victim within the constraints of the program in order to assess realistically the impact and potential impact of providing crisis intervention and other services to victims.

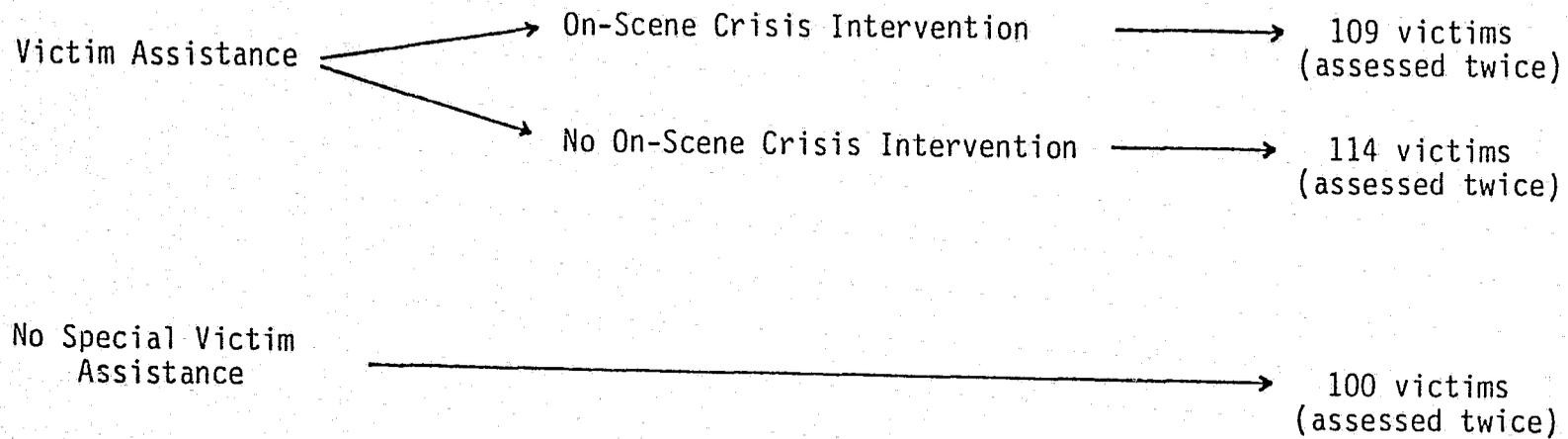
Overview of Design

Our approach to the Evaluation of Victim Assistance Service Variations was based on a quasi-experimental design in which victim assistance services were assessed for an experimental group of victims who receive crisis intervention or delayed services as compared with a control group of victims who receive no services. Process data were collected for the experimental group, providing thorough descriptions of the victims and the victim services. Impact data were collected for both groups on several variables, including the behavior and adjustment of the victim, and effects on police functions and satisfaction. The central criterion of program effectiveness -- the emotional, physical, and financial well-being of the victim -- was assessed through individual interviews administered at two points in time.

The basic design is depicted in Figure I-2. It includes three major comparison groups: (1) Victim Services with Crisis Intervention, (2) Victim Services without Crisis Intervention, and (3) No Victim Services. These three groups permitted the following major comparisons on outcome variables of interest:

- Victim services vs. absence of victim services.
- Victim services with crisis intervention vs. victim services without crisis intervention.
- Victim services with crisis intervention vs. absence of victim services.

Figure I-2
Evaluation Design



In addition to these major comparison groups, the design also included an assessment of effects on police officers and deputy county attorneys. A broad variety of process data was also collected.

- Victim services without crisis intervention vs. absence of victim services.

The design also included an assessment of effects on police officers and deputy county attorneys and a comprehensive Process Study.

Although this design provided all the major comparisons of interest, the quasi-experimental nature of the design (i.e., lack of random assignment) was not without its difficulties for inference and interpretation. Since victim services (with and without crisis intervention) are provided on non-random basis, differences in victim adjustment which are detected among the comparison groups are not clearly attributable to the presence or absence of service. To the degree that the groups are not equivalent (across the basic characteristics), the differences in victim adjustment may simply reflect differences among the groups from the outset. Our primary approach to addressing this potential difficulty was to (1) make the three comparison groups as equivalent as possible and (2) conduct special statistical analyses to extract potential sources of non-equivalence.

Evaluation Site

We used Pima County (Tucson), Arizona, to draw our experimental and control groups. Within Tucson, we assessed the effects of the Pima County Victim/Witness Advocate Program on victims and criminal justice officials, comparing three groups of victims: (a) those who receive crisis intervention services, (b) those who receive program services without crisis intervention, and (c) those who receive no services. The Pima County Victim/Witness Advocate Program, operated by the Pima County Attorney's Office, was chosen because it is one of the largest and most comprehensive programs in the country and a forerunner in the provision of 24-hour crisis intervention. While not unique among victim programs, the Tucson group is unusual in its extensive provision of on-scene services: less than 10% of the programs nationwide have this capacity. We examined and compared the effectiveness of two components of the program: (a) crisis intervention, and (b) delayed services. On-site crisis intervention is available 24 hours a day, seven days a week.

Victims who do not receive crisis intervention at the scene may be referred to the Victim/Witness Program later in the process. If an arrest is made and the case is accepted for prosecution, the program sends a letter to every victim to inform them of the services available through the program. In addition, the prosecutor may refer victims to the program if the victim appears to be in need of their services. A wide variety of services are available later in the process including crisis counseling, social service referrals, witness notification and assistance in understanding the court process, and transportation and escort services.

Process and Impact Study

We conducted a process and impact study of the Pima County Victim/Witness Advocate Program. The process study was designed to describe the goals and strategies of the program, to document the activities and services delivered by the program, to identify the types of crime victims served, to examine the referral process for victims, and to describe the relationships between the program and criminal justice officials. Process information was collected through the conduct of interviews with program staff, direct observation of the provision of services, analysis of victim records, and interviews with police and prosecutors (see Appendix D for a more complete description of the process study).

The study of the impact of the Victim/Witness Program on victims and criminal justice officials was the central focus of the evaluation. The primary objective was to determine the impact of the program on the victim's emotional, social, physical, and financial well-being. Initial and follow-up interviews were conducted with over 300 victims roughly distributed across three groups: those who received crisis services, those who received delayed services, and those who received no services. The victim interviews included the following information: background information on the victim, description of the crime, emotional state of the victim since the crime, victim's interactions with family and friends, reactions to victimization, financial effects, assistance provided, and victim's satisfaction with services.

The impact of the Victim/Witness Program on police officers and deputy county attorneys was assessed through written surveys designed to examine police

and prosecutors' use of and satisfaction with the program and the program's impact on these officials (see Appendix D for more detail on the impact study).

Overview of the Report

Our report -- An Evaluation of Victim Services -- is divided into six chapters. Chapter I presented an introduction including a review of the previous literature on victimization and crisis intervention and an overview of the evaluation design. In Chapter II we describe the Pima County Victim/Witness Advocate Program with a focus on program objectives and functions, staff and volunteer duties and responsibilities, and the crisis and delayed service components of the program with the inclusion of case illustrations. Chapter III presents our major findings on the effectiveness of providing crisis and delayed services to victims of crime. We examine the psychological, social, physical, and financial impact of providing services for victims of sexual assault, domestic assault, other assaults, robbery, and burglary. In Chapter IV we describe the views of the police and prosecutors toward the Victim/Witness Advocate Program. These views are based on written surveys designed to explore officials' opinions of the program, use of the program, and satisfaction with the services provided to victims and criminal justice officials. Chapter V contains a discussion of our findings on the impact of providing services to victims, police, and prosecutors. In Chapter VI we present conclusions and recommendations.

Chapter II
The Pima County Victim/Witness Advocate Program

The Pima County Victim/Witness Advocate Program operating in Tucson, Arizona, began in 1975 as part of the County Attorney's office. The program started with the assistance of a Law Enforcement Assistance Administration grant and was subsequently funded by the County Attorney's office and the City of Tucson. Today, funding is provided primarily by these two latter sources, supplemented by the Tucson Police Department. The Victim/Witness Program has three primary goals:

- 1) To enhance the quality of justice by satisfying the emotional, social, and informational needs of victims and witnesses.
- 2) To increase the willingness of victims and witnesses to cooperate with police and prosecutors after they have reported a crime.
- 3) To save time for and law enforcement officers and prosecutors by reducing their social work functions.

The program provides both emergency on-scene crisis assistance and delayed services 24 hours a day, seven days a week, including:

- On-site crisis intervention. Program staff and volunteers are available on a 24-hour basis to respond to crisis calls by the police and other agencies. They may be requested to help crime victims, victims of domestic violence, and persons in need of assistance, such as the mentally disturbed, families of homicide victims, transients, and so on.
- Social service referrals. Program counselors are trained to assess the needs of victims and others requiring assistance and to make referrals to appropriate social service agencies. The Victim/Witness Program provides short-term counseling and assistance and refers those requiring more long-term care to a wide variety of agencies available in the Tucson area which provide food, shelter, counseling, and financial aid services.
- Witness notification and assistance. For cases which proceed into the court system, the Victim/Witness Program offers a diversity of services to witnesses/victims, including transportation to court, escort services to the courtroom, and attendance at interview sessions between the victim/witness and prosecutor and/or defense attorney.

- Community education about victimology. Throughout the year, program staff give presentations to interested local groups which focus on the problems of crime victims and services available in the community to assist those in need.
- Family and neighborhood mediation. When we began our evaluation, the Victim/Witness Program was conducting mediations for family and neighborhood disputes. During the course of our evaluation, they ceased conducting their own mediations and began making referrals for mediation services to Family and Crisis Services. While mediation is still an available option in Tucson, the services are not directly provided by the Victim/Witness Program.

The Victim/Witness Program serves the greater metropolitan area of Pima County, which encompasses approximately 225 square miles. The county extends for over 1,000 square miles, with Tucson as the major city. Situated in the southwest, Pima County contains a major university and Air Force base; mining, tourism, light industry, and retailing are its primary industries. Within the city of Tucson, the population, according to 1980 census data, was 289,000 of which 25% were hispanic and 4% black, with 26% under 18 years of age and 12% were 65 years and over. Pima County has one of the highest crime rates in the country per 100,000 population. During 1982, the rate per 100,000 was 8,224, with violent crime accounting for 642 per 100,000 and non-violent crime 7,582 per 100,000 population.

The Victim/Witness Program is staffed by seven professionals whose primary responsibilities include the provision of crisis and delayed services during normal business hours (8:30 a.m. until 5:00 p.m.); training, scheduling, and assistance with volunteers; and program outreach to victims whose cases proceed to the court system. The staff also serve on the mobile crisis unit on a weekly or bi-monthly basis. The crisis unit operates between 5:30 p.m. and 2:00 a.m. each night and staff are also available between 2:00 a.m. and 8:00 a.m. to receive crisis calls. While no formal specializations exist among staff members, informal preferences and expertise are evident. For example, one staff member runs a rape crisis group, while another works with many of the child abuse victims, and two others manage the training and supervision of volunteers. However, this specialization is the result of personal preferences rather than formal guidelines. In general, the program director encourages staff to pursue and develop their own interests and specializations.

According to statistics maintained by the program, 4,384 citizens were assisted in 1982, and 4,188 in 1983. During 1982, 68% of those served received on-site crisis counseling, and 32% received delayed services, while in 1983 the 45% received crisis services and 55% delayed services.

Crisis Intervention

Crisis intervention is provided on a rotation basis by the Victim/Witness staff and 50 trained volunteers. Although not unique, the heavy reliance on volunteers and the substantial responsibility they are given is unusual among victim programs as is the 24-hour, seven days per week availability of crisis counselors (see Appendix A for a description of volunteers' training and interaction with staff).

The mobile crisis unit (called "Crisis 1 Adam") consists of an unmarked police car driven by a staff member or an experienced volunteer driver and a staff or volunteer partner. The unit may be summoned to the scene of a crime/disturbance at the discretion of a Tucson Police Department officer or a Pima County Sheriff's deputy. The large geographic area served by the mobile unit, coupled with the availability of only one Crisis Unit, limits the accessibility of the program, and, as discussed in Chapter IV, encourages officers to "save" their requests for the most serious cases.

In general, law enforcement officers are instructed to give priority in requesting the mobile crisis unit to cases involving crime victims/witnesses, domestic disputes and sudden deaths, but may request services for others in need of assistance, such as mentally disturbed individuals, disoriented persons and persons in need of shelter and food. The Victim/Witness Program has persistently stressed that they want to receive more calls for crime victims and domestic assaults and less for general social service cases. Despite this, the program has consistently received more social services calls than calls for crime victims. During 1982 for example, 16% of all the calls to which the crisis unit responded involved crime victims, and 29% involved domestic disturbances, while 47% were public welfare and mental health situations, and 8% were death notifications. Thus, the mobile unit, primarily designed for crime victims and domestic violence cases, is more often used by law enforcement for other purposes. It is likely that this situation will continue unless the program and

the police can agree upon and effectively operationalize innovative ways to encourage officers to use the program for crime victims and domestic cases and less for other cases or the program begins to refuse to accept general social service cases. As discussed in the chapter on the police perception of the Victim/Witness Program, the program is reluctant to take the latter step for a variety of reasons, including their interest in helping law enforcement however they can.

When an officer requests help from the Victim/Witness Program during the evening hours, the police dispatcher summons the Crisis Unit to the scene. Usually, the counselors meet the officer(s) outside the home/scene of the individual in need of crisis service to consult with the officer about the reasons for the referral and the specific services the officer believes would be helpful. Following the consultation, the Victim/Witness counselors and the officer enter the scene and begin crisis counseling (the officer remains until the situation is calm and no apparent danger exists for the counselors). Using the counseling models taught by the program (see Appendix A), the counselors attempt to help the individuals define their needs and develop a course of positive action. Throughout the crisis counseling, emphasis is placed on helping the victim regain control of the situation and assume responsibility for defining their individual concerns and needs. Based on the belief that the crime often shakes the victim's self-control and increases their vulnerability, counselors seek to begin the restoration of those emotions as quickly as possible. Victims are encouraged to establish their own greatest needs and concerns and to actively participate in planning the content and scope of (any) treatment needs. Immediate and long-term service options are discussed as fully as possible with the victim participating as actively as their emotional state will allow. Thus, crisis counseling focuses extensively on identifying problems and developing treatment alternatives, rather than on providing in-depth psychological evaluation and diagnosis. This may occur later in the process, once the immediate crisis and trauma have been reduced. These later services are generally not provided directly through Victim/Witness, but by other agencies available in the community, through a referral process. The primary goals are to return the individual to the pre-crisis state and to help the individual identify their needs and construct positive ways to cope with the crisis. The intervention involves short-term counseling rather than long-term care, although the decision to seek future counseling may be one of the needs identified during the crisis

session. If further counseling is requested, the individual is referred to one (or several) of the service agencies available in the county. The Victim/Witness counselors are primarily concerned with the immediate needs of the individual. Crisis intervention normally terminates after the initial visit, unless the counselor notes that follow-up service is necessary. In the latter case, the individual may be revisited (or telephoned) by a Victim/Witness staff member within the following week. Again, however, follow-up service is primarily designed to assist the individual in framing their needs for service and helping with appropriate referrals and not to provide long-term counseling by the Victim/Witness program itself.*

Because of our study's key focus on measuring the effectiveness of the crisis intervention component of the Victim/Witness Program, we directly observed the provision of these services over numerous nights. A detailed description of our observations is presented in Appendix B. To permit the reader to visualize the types of cases presented to the program, we illustrate using a rape and domestic violence case observed by our staff (all names and locations are, of course, fictitious).

Case II-1. At 11:55 p.m., the Crisis I unit was alerted by the police dispatcher to proceed to 110 Nouser Street in response to a sexual assault incident. We arrived outside the victim's home at 12:15 a.m. and were greeted by two police officers who informed us that an unknown male had broken into the victim's house and forced her, at gunpoint, to have oral sex. The officer told the counselor that they were presently looking for the suspect and have a tentative identification match with an individual just picked up in the area. They were currently pursuing that lead.

We entered the victim's (Jane's) home and found her cuddled on the couch with a blanket wrapped tightly around her. Jane was shaking, crying, and would periodically pull the blanket over her head and sob violently. Several people were in the house, including three to four police officers and crime lab experts, and Jane's husband, sister, mother, and several nieces. When we entered, Jane was being comforted by her sister, while her husband was engaged in conversation with several police officers in an adjoining room. The Victim/Witness Program counselor went over to Jane and identified herself as a member

*There are some exceptions. Staff members may take a particular interest in some persons in need of assistance and continue to provide follow-up services. This is more common in cases in which the person is especially traumatized or the crime especially heinous, but these cases are the exceptions. The program is oriented to short-term care and referral and not intensive counseling.

of the County Attorney's office, Victim/Witness Program. She informed Jane that the police were out looking for the suspect right now and that she was there to help in any way she could. Jane continued crying and shaking, saying that she should not have opened her front door, but she believed it was her husband returning home from an errand. The counselor assured Jane that it was not her fault. Her sister, who was sitting on the couch with Jane while other family members were in an adjoining room, reiterated that it was not Jane's fault.

Jane explained to the counselor that the man held a gun to her head and forced her to have oral sex. The counselor explained that rape is a violent crime, not a sexual one, and that the rapist often tries to degrade the victim by forcing them to perform acts they would only wish to engage in with someone very special. Jane further stated that she did what the man wanted because she was afraid he would harm her 3-year-old son who was asleep in the next room (but he never awakened). Jane does not know the man, but believes she has seen him around somewhere before, but she cannot remember where. The counselor said that she may recall more later, and she should write anything down as she remembers it.

While we were present, the police officers spoke only once with Jane. A female officer came over to ask the victim some further questions about the suspect's identity, including the color and length of his shirt, the amount of hair on his arms, the kind of ring he was wearing (Jane had been cut on the lip when he hit her with his ring), and so on. Jane was very shaky about any details. (We later learned that the police were holding a possible suspect and were checking further details. We were told that the police were working quickly because if a suspect is picked up within three hours of the crime, then the victim can make a solo identification; after three hours, a line-up would be required. The victim's description, however, failed to fit the suspect and he was released.)

Jane continually repeated her concern that the suspect would return and hurt her again. She also worried that her husband (Bill) was angry with her for what happened. Her sister denied this and went to the next room to get Bill to assure Jane that he was not angry with her. Bill came over to the couch and stiffly placed his arm around Jane and told her he was not angry with her. The counselor explained to both Jane and Bill that Jane had done nothing to cause the rape and that the blame rests solely on the rapist. She further told them that it was likely that he was watching the neighborhood and simply chose an opportunity when he saw one. She also explained that his "M.O." may help the police find him, as rapists are repeaters, but they seldom return to the same victim.

The counselor spent some time explaining that when Jane and Bill were ready, her program could provide counseling and a support group of other women who have been raped. She continually asked Jane and Bill to define their own needs by asking such things as "What do you want me to do?" "What is the most important thing you need right now?" "Tell me how I can help; I'll present the options, then you decide," and so on. The counselor turned her focus to Bill and indicated that Jane was probably not comprehending much of what she was saying, but later Jane

could call the program (and the program would be in touch and available to help in any way). She also told Bill that, like Jane, he was not to blame for the rape, as he kept lamenting, "I do not understand. I was just gone a little while. He must have been watching the house. If only I did not go out, this would not have happened." (Throughout our observations, Bill maintained a somewhat fixed glaze and was teary-eyed. Later, the counselor said Bill did not know how to respond, whether to touch Jane or not, so he did nothing.)

Jane's mother and sister tried to persuade her to go to the hospital, as their private physician was unavailable and they believed Jane needed a sedative. Jane just kept repeating that she didn't want the rapist to return and she was afraid to go to sleep. Her family assured her that they would all stay with her and she would be protected. Jane finally agreed to go to the hospital and she went to her bedroom to change. Her sister continued to talk to the counselor, who explained that it was very important that Jane begin to take control and make her own decisions, as the rapist took away the victim's control and it is important that she begin to regain it. Therefore, Jane should decide if she wanted to go to the hospital, whether she wants to be sedated, and so on. Her sister sincerely thanked her for the advice and asked the counselor to explain that to their mother (which she did).

Jane's sister asked the counselor to go to the hospital with them as "you were a real calming influence on my sister." The counselor said she would notify the hospital so that they would immediately escort Jane to an examining room without any embarrassing questions (Bill expressed relief about this). She said she would be happy to accompany Jane if that was what Jane wanted. Her sister went to the bedroom to ask Jane and returned with a positive response.

Jane, her sister, and Bill drove to the hospital and we followed in the crisis unit. The counselor escorted Jane to the emergency room and asked for Mrs. Kiley (the person the counselor phoned earlier), who immediately brought Jane and Bill to an examination room. We waited with Jane's sister in a reception area for approximately 30-40 minutes while Jane was being examined. We talked with the sister, who told us that she was very glad the counselor was there and that counseling was available, as she was certain that her sister and Bill would require it. She also continually thanked the counselor for her help, commented on her positive effect on Jane, and praised the range of services available.

Once Jane's examination was completed, the counselor went back to the examining room to visit with Jane. The counselor later told me that she reiterated to Jane and Bill what services were available and Jane indicated a real interest in obtaining counseling, which the counselor saw as a "very good sign", since many rape victims initially deny any need for counseling.

When we left the hospital, both Jane and Bill thanked the counselor, who promised to phone tomorrow to see how they were doing and how the program might help them. Both Jane and Bill appeared visibly calmer and more in control. The time was now 2:50 a.m.

Case II-2. The crisis unit received a call at 7:40 p.m. to respond to a domestic disturbance. The unit arrived at 8:00 p.m. and the counselor met with two police officers outside the victim's home. The officers described a family fight between a mother and son-in-law. The police said no violence had occurred, but the mother-in-law had phoned the police. The officers felt the family needed some help, especially the daughter, who was caught in the middle between her mother and her husband. The police escorted us to the door, introduced us to the family, and then left the scene.

The counselor talked with the family members in the living room and asked each person to describe the problem without interruption from the others. The mother-in-law began by saying their living situation was "intolerable". Her daughter was emotionally distraught and drinking too much and something had to be done. She said her son-in-law and daughter and their two young children planned to move out of the mother's house after a seven-month stay, but financial difficulties precluded their leaving. The problem, as she sees it, is that nine people are living under one roof and there is no privacy. They can't get along, and there is a lack of communication.

At several points when the mother was speaking, her son-in-law angrily interrupted, but the counselor reminded him not to interrupt but to wait until it was his turn to talk. When he did, he also described the situation as intolerable and lacking any privacy (he, his wife, and two kids share one bedroom) and under one roof are his family of four, his mother-in-law, grandmother-in-law, and his wife's three brothers. He said he helps maintain the house and yard, but his wife is a "slave" to her mother and brothers. He said his wife has no time for him because her family is always making demands on her and that his mother-in-law competes for her time, attention, and love. He believes everything will be fine once they get a place of their own.

The daughter, who was visibly upset and had obviously been crying, agreed that she was always caught in the middle, but she said she loved both her husband and her mother and tried very hard to make everything work. She said she could not take much more from either side and it was "good to be able to talk things out like this."

The counselor listened to their stories and asked for clarification as needed. She explained that they ran a mediation program which might be helpful to deal with their problems if they were interested. The mother-in-law was very enthusiastic, the daughter expressed skepticism, but was willing to try. While the son-in-law reluctantly agreed, he felt everything would be fine once they were able to move out. The counselor asked each one if they would be "okay" tonight and not fight, and all agreed that there would be no more fighting that evening. She left information regarding mediation, and they agreed to schedule a session, and we left. As we were leaving, the mother thanked the counselor and said she couldn't believe there was such a "remarkable service" available to them. It was now 9:00 p.m.

Delayed Services

Victims who do not receive crisis intervention at the time of the incident may be referred to the Victim/Witness Program later in the process. Other service agencies (such as shelters, legal aid, counseling programs, etc.) may refer individuals to the Victim/Witness Program. However, referrals by outside social service agencies account for only a minority of cases which involve delayed service. The primary referral source is the County Attorney's Office. In addition, the program also does its own outreach to victims whose cases proceed to court. If an arrest is made and the case is accepted for prosecution, the program sends a letter to every victim/witness to inform them of the services available through the Victim/Witness Program. This generates some calls, but the majority of requests are initiated by deputy county attorneys. Prosecutors may refer victims to the program who are in need of the type of services provided by the Victim/Witness Program.

Clients may receive a wide variety of delayed services from the program, including:

- Counseling. Short-term counseling is available through the Victim/Witness Program while long-term assistance needs are referred to a diversity of local social service agencies.
- Assistance in applying for protection orders. Victims of domestic abuse may receive assistance in completing petitions for protection orders from the court. According to the Victim/Witness Program and other agencies which serve domestic violence victims, completing these petitions often proves difficult and time-consuming for the average, uninitiated individual. Thus the assistance of the Victim/Witness Program counselor may considerably reduce the difficulty of completing these forms. Shelters in the area routinely send their clients to the Victim/Witness Program to complete these petitions because the program is known for its expertise in this area.
- Social service referrals. In addition to referrals for counseling, the program makes referrals tailored to meet the individual needs of their clients, including assistance with financial, housing, food, and medical problems; referrals to mediation, legal aid, and the courts; and referrals to alcohol and drug programs.
- Court services. For victims whose cases proceed to court, the Victim/Witness Program has a diversity of services available. Deputy county attorneys, or victims themselves, may request the following types of assistance: transportation to court, escort by

counselors to the courtroom, court orientation, court notification, help in determining the victim's wishes regarding case outcomes and restitution, and explanation of case outcomes.

Two examples of delayed services provided by the program are presented to illustrate the services available, but of course cannot be representative of the entire breadth of services.

Case II-3. A 40-year-old white sexual assault victim visited the Victim/Witness Program the day after her assault* and talked to a program counselor. They discussed the victim's feelings and the counselor provided an explanation of the legal process, a referral to the Victim Fund (provides financial help to victims), a referral to Help on Call (a 24-hour hotline for persons in need of assistance), and to Rape Crisis for counseling. The interaction consumed one hour.

Case II-4. Based on the referral of a clerk in the city court, a 30-year-old hispanic female went to the Victim/Witness Program the day following a fight with her brother. She wanted information about her available legal options and suggestions for handling her problems with her brother. The counselor explained that she could apply for an order of protection and also suggested mediation. The victim expressed her thanks for the assistance and planned to speak with her brother about mediation. The meeting lasted 35 minutes.

Like crisis counseling, the Victim/Witness program directly assists victims with needs, if possible (e.g., protection order requests, information about court procedures and dates, etc.), and make referrals for needed services not directly provided by the program (e.g., shelter, food, long-term psychological counseling, etc.). Thus, the program acts both as a service provider and a referral agency to other community services.

Cost Analysis

When government officials are considering whether to provide victim services to constituents, they must be concerned not only with the quality of the services, but their cost as well. Even the best victim assistance program can find its existence in jeopardy if its sponsoring agency needs to cut costs. Two broad questions guided our analysis of the costs of the Victim/Witness Advocate

*The night of the incident, hospital staff referred her to the Victim/Witness Program, but she preferred to wait until the next day to speak with the program counselors.

Program: (1) how much does it cost to serve a given victim, and (2) how much does it cost to provide crisis intervention services?

The costs per victim were estimated using two different sets of victim data; the caseload statistics compiled by the Victim/Witness Program itself, and the tallies made by our on-site analysts. The Victim/Witness staff maintains annual counts of victims, tabulated by referral source and type of call. During the main data collection period (January 1983 through October 1983) our analysts also conducted their own tally of cases on a monthly basis, extracting the data from the individual case records filed by the Victim/Witness Program personnel.

According to the program statistics 4,384 citizens were assisted by the program in 1982, and 4,188 in 1983. The total program budget for the 1982-83 fiscal year was \$239,216. Thus, according to the program statistics, the average cost per citizen served was between \$54.56 and \$57.12. However, it should be noted that less than one-third of the cases were actually crime victims. Family and neighborhood disputes comprised over half of all the cases. The remaining cases (19%) were death notifications and assistance with public welfare cases and mentally ill citizens.

Our on-site analysts' tally of caseload were for the first 10 months of 1983 (actually January through October for crisis intervention cases, and only April through October for cases referred from the County Attorney and other, non-police agencies). Based on these tallies, the total projected caseload for 1983 was 3,908 citizens served. Applying the same annual program costs (\$239,216) to the ISA tally results in an estimated average cost per citizen served of \$61.21, slightly higher, but not markedly so, than the program figures. Although we cannot identify the average cost per case precisely, we can say that it is between \$54 and \$62 per case. Is this figure high or low? Are the cost of services to be judged expensive or cheap? At an absolute level, it seems safe to say that the cost is not exorbitant. A comparison of these costs to the cost of other, somewhat similar types of public services, can provide a relative framework for judging the expense. Mediation programs designed to help citizens resolve disputes outside of courts range in cost from \$12 per case to \$589 per case, with most programs costing in the range of \$100 or \$200 (Cook, Roehl & Sheppard, 1980). The average cost of processing a case through court was estimated in 1974 (in 1974 dollars) at \$144 (Hoff). In contrast, adult and juvenile parole and probation

services for defendants have been estimated to cost considerably more than the \$54-\$62 we projected for victims -- the estimates of average costs per case ranged from \$454 to \$1,179 (Gray, Canover, and Hennessey, 1978).

Thus, when viewed in comparison to other services provided to citizens by the criminal justice system, the costs of providing assistance to crime victims and others in need appear relatively low.

Cost of crisis intervention services. In order to estimate the cost of providing crisis intervention services, we first asked the Coordinator of the Victim/Witness Program to estimate what percentage of time the paid staff spends on crisis intervention activities. In addition to time spent on the delivery of crisis intervention services (predominantly time spent riding in the crisis counseling car), "crisis intervention activities" included time spent on volunteer supervision and training, meetings with staff and other agency people (police, etc.), and planning and administration, when such activities are focused on crisis intervention functions, of course. Working within these guidelines, it was estimated that 20% to 25% of total paid staff time is spent on crisis intervention activities. (Interestingly, it was also estimated that the total time spent by volunteers was roughly equivalent to the time of the paid staff.) Using the 25% figure, the cost of the crisis intervention services was estimated at \$59,804 annually (25% of \$239,216). The program records show that 1,903 citizens were assisted by these services, whereas the ISA projections show 1,620 citizens served. Dividing these caseloads into the cost estimate yields an average cost per crisis case of between \$31 and \$37.

The cost per crisis case is lower (by almost half) than the average cost per case primarily because the crisis unit is staffed mainly (90%) by volunteers. In addition, the automobile used by the crisis unit for night patrol is donated by the police (it would otherwise be unused at night).

Thus, largely because of the volunteers who staff the crisis unit, the additional cost of this special service is relatively small. In other words, if a city is already providing victim assistance services, the cost of adding a crisis intervention component (with a strong volunteer base) will not tremendously increase the program budget.

Summary

The Pima County Victim/Witness Advocate Program began in 1975 and is part of the County Attorney's office. It serves a wide geographic area and a population of over 289,000. Both on-site crisis intervention on a 24-hour, seven day-a-week basis and later delayed services are available. A diversity of services are offered including counseling, social service referrals, and court notification and assistance. The program relies heavily on volunteers to provide immediate crisis intervention. The police are the primary determinants of which victims receive crisis services, while deputy county attorneys are the primary assessors of the needs of victims whose cases proceed to court. The cost of providing assistance to victims and others in need of services appears relatively low, due in large measure to the vibrant volunteer component of the program.

Chapter III

Impact of Victim Assistance on the Victim

From past research we know that crime victims experience a number of problems as a function of their victimization. The level and nature of suffering varies considerably with the crime, but most victims come away feeling hurt in some fashion, emotionally if not physically. Often the victimization experience will also alter their lifestyle and routines in significant ways. And their experiences with elements of the criminal justice system will color their perceptions of that system and, perhaps, the larger world. The central thrust of this research is to determine if assistance (crisis and delayed) provided to victims lessens the suffering and disruption in their lives and engenders positive feelings about the criminal justice system and the victim assistance program itself.

In this chapter we present the results of analyses of data from initial interviews conducted with 323 victims shortly after their victimization (one to four weeks) and from follow-up interviews with 258 of those same victims four to six months later. The interview was conducted in the victim's home and took an average of one hour to administer. The comprehensive interview included: (1) a set of psychological scales to measure emotional trauma, (2) victim's behavioral reactions, (3) effects on family and social life, and finances, (4) perceptions of assistance received from the police, and (5) perceptions of assistance provided by the victim program. Before presenting the major findings from the interview data, we present a description of the victim sample and the kinds of victimization (crime) they experienced.

Victim Profile

Of the 323 victims initially interviewed, 109 received immediate crisis intervention, 114 received delayed services, and 100 received no services. Those receiving victim assistance services were selected from among program records, while those receiving no services were selected from police records (see Appendix D for a detailed discussion of our methodology). Of the 258 victims interviewed a second time, 83 had received immediate crisis intervention (76% of original sample), 95 had received delayed services (83%), and 80 had received no services (80%).

The typical victim in our sample was a white (76%) female (81%) between 20 and 40 years old (69%), earning less than \$15,000 per year (69%). (Details on the victims' demographics may be found in Appendix C). The sample also reflected considerable demographic diversity: one-fifth were males, one-fifth hispanic, and one-fifth were over 50 years of age. Educationally, the sample was roughly split three ways, with about one-third having less than a high school education; one-third being high school graduates; and one-third having attended college, graduated college, or having post-graduate degrees. Marital status was also evenly distributed into three categories; approximately one-third were married, one-third divorced/separated/widowed, and one-third single.

Slightly over half of the victims (51%) knew their assailant; most commonly as a spouse or living-together partner or ex-spouse/ex-living together partner. Of those who knew the assailant, over three-fifths reported previous problems with the other party, usually centering on drinking, arguing, and/or physical fights. In one-half of these "relationship" cases involving previous problems, the police had been summoned on at least one prior occasion to assist the victim.

Among the treatment groups (immediate crisis intervention, delayed services, and no services) there were no significant differences in the victim's marital status; the presence/absence of children; the victim's race, income, education; or their household living status (see Tables C-10 - C-17). There were only slight age differences among treatment groups (see Table C-13) with those age 50 years and over more often receiving crisis and delayed services than no service (26% age 50 and over received crisis service, 28% delayed, and 17% no service; $\chi^2=24.6$, $p<.01$).

There were also statistically significant differences among treatment groups with respect to the sex of the victim. As we might expect, those receiving crisis services were overwhelmingly female (95% female versus 5% male), as were those receiving delayed services (75% female; 25% male). The disproportionate number of females who received services in our sample is a result of the program's concentration on female victims; i.e., the program gives priority to sexual and domestic assault cases. In addition, the program's heavy reliance on the police and prosecuting attorneys to assess which victims are most in need of services results in a greater number of referrals for females rather than males. Both

prosecutors and police seem to believe that females are more often traumatized than males* and thus they more often refer females.

Aside from the age and sex composition differences among our treatment groups, the only other significant difference is their relationship to the assailant. As presented in Table III-1, victims receiving delayed services are more likely to know the assailant than other victims ($\chi^2 = 10.8, p < .05$). This is largely a result of the substantial number of domestic violence victims receiving delayed services.

Table III-1
Victim's Relationship to Assailant By Treatment

| | <u>Crisis</u> | <u>Delayed Service</u> | <u>No Service</u> |
|-------------|---------------|------------------------|-------------------|
| Known | 43% | 63% | 46% |
| Unknown | 54% | 35% | 49% |
| Seen Around | 3% | 2% | 4% |
| | N=106 | N=112 | N=97 |

There were no significant differences among the treatment groups in the extent to which victims have experienced previous problems with the assailant or in their previous calls to the police for assistance (see Tables C-19, C-20).

Of the 323 victims interviewed initially, repeated calls enabled us to recontact 258 individuals, which represents a retention rate of 79% (a very high retention rate for longitudinal studies of victims). The vast majority of the attrition resulted from changes in address. Because attrition can result in a biased sample in any longitudinal study, we compared characteristics of those in our initial and follow sample. We found the characteristics of the follow-up sample were virtually identical to the original sample; i.e., attrition did not significantly alter the overall sample. The typical victim continued to be a white female between the ages of 20 and 40, earning less than \$15,000 per year. The groups receiving services still had slightly more older people and females, and the delayed services group still had more victims who knew their assailant. Further, there were not significant differences in the initial trauma level of

*During informal and formal interviews, the program staff expressed their belief that officials are more likely to "perceive" females in need of services. The staff believe officials sometimes overlook males who need assistance because males are quickly dismissed as not traumatized by crime.

victims who did and did not drop out of the survey (see Appendix C).

The differences in group composition cannot be summarily discounted, but they should be put in perspective. Although the differences in sexual composition of the treatment groups reached statistical significance, the fact is that females dominated the composition of all three of the treatment groups; i.e., the entire sample was largely female (even the no-services group was three-fourths females). A similar situation existed with the distribution of ages across the treatment groups; the general pattern of the age distributions was the same in all three groups, with the majority of subjects falling between 20 and 40 years of age.

Description of the Crime

Type of crime. To the extent possible, we attempted to match victims in our three groups according to type of crime. We could not obtain an exact match within the timeframe of our data collection period, because the likelihood of receiving both immediate and delayed services depended considerably on the type of crime. For example, sexual and domestic assault victims were much more likely to receive services while burglary and robbery victims were less likely to do so. Although we could not obtain equal proportions in all groups, we were able to include sufficient numbers of victims of various crimes in each of the treatment groups to enable us to analyze type of treatment separately from type of crime. Still, as shown in Table III-2, the victims of assault crimes -- sexual assault, domestic assault, and assault -- were disproportionately represented across the three treatment groups. Sexual assault victims were overrepresented in the crisis intervention group and underrepresented in the delayed services group. There were few domestic assault victims in the crisis intervention group and many in the group that received no services. The great majority (79%) of assault victims received either crisis intervention services or delayed services. Stated differently, fully 60% of the crisis intervention group is composed of victims of sexual assault and assault -- violent crimes perpetrated mostly by strangers -- and only 8% of the delayed services groups were victims of sexual assault.

Table III-2
Service Provided by Type of Crime

| | Sexual Assault | | Domestic Assault | | Assault | | Robbery | | Burglary | | Other | |
|---------------------|----------------|------|------------------|------|---------|------|---------|------|----------|------|-------|------|
| | N | % | N | % | N | % | N | % | N | % | N | % |
| Crisis Intervention | 34 | (55) | 7 | (10) | 32 | (39) | 16 | (39) | 12 | (29) | 9 | (33) |
| Delayed Service | 9 | (15) | 30 | (42) | 33 | (40) | 14 | (34) | 15 | (37) | 13 | (50) |
| No Service | 19 | (31) | 34 | (48) | 17 | (21) | 11 | (27) | 14 | (34) | 4 | (17) |

Injury. Thirty-five percent of the victims in the sample reported that a weapon was used against them. One-half of the victims were injured, with one-fifth requiring medical attention (Table III-3). There were no significant differences among the treatment groups in the use of a weapon or the extent of the victim's injury (see Tables C-21 - C-22).

Table III-3
Victim's Injury

| | |
|----------------------------|-----|
| No Injury | 49% |
| Minor Injury | 30% |
| Medical Attention Required | 18% |
| Hospitalization Required | 3% |
| N=323 | |

Illustrative Cases

Although the interview included several psychological scales to provide quantitative measures of the impact of the crime/incident on the victim, the impact assessment began with a general question: "Generally, how have you been feeling since the crime/incident?" The responses were telling and helped us comprehend the overall impact of crime. Below we present several summary statements elicited from those illustrative cases in our sample.

Case III-1. A female, Hispanic, divorced, 34 year-old victim who lives with her children and is a high school graduate was burglarized by a neighbor while she and her family were away from home. She reported that: "At first I was bewildered, then I was angry and frightened for my daughter. I still worry when my kids go to school in the morning. My daughter carries a knife now."

Case III-2. The victim is single, 42 years old, has no children, and is white

with some college education. Her boyfriend began a fight with her brother and then turned on her. He [the boyfriend] has severely beaten her previously. She told us: "I am hurt, angry, confused, and have low self-esteem. Mood swings are a problem. I have a wide range of emotional feelings that vary frequently throughout the day from feeling good about leaving, to wanting to go back to my boyfriend."

Case III-3. The victim is 29 years old, white, married, and a high school graduate. She was sexually assaulted by a friend whom she knew for about two months. In the past, she has helped him with some personal problems. He recently underwent surgery and again requested her help. She went to the motel where he lives. The man was drunk and attacked her physically, while attempting to rape her. She managed to escape him and called the police. Her feelings, especially those of fear, are representative of many victims of sexual assault in our sample: "I'm frightened, ashamed, and disappointed in myself and others. I'm non-trusting of people, edgy, and not sleeping well. I am suffering from a great deal of guilt and self-blame. I did not tell my husband, family, or friends the truth of what happened because the circumstances look bad and I'm afraid to risk their not understanding. I am fearful of retaliation from him [the suspect]. He told me that if I went to the cops, he'd find me and kill me. I cry a lot and I'm depressed, worried, and afraid."

Case III-4. The victim told us that a man (an acquaintance of her ex-husband) was hiding in her bedroom closet when she returned home with her daughter. He attempted to rape her, she fought him, and fled with her child. She is divorced, Hispanic, 24 years old, and a high school graduate. She also expressed fear, like many of the victims we spoke with: "I'm fearful of being home alone. I sleep at my sister's house at night. I always want people around me. I worry about how the incident has affected my four-year-old daughter -- it's all she [her daughter] talks about."

Effects of Victim Assistance Services

The central question addressed in this research concerned the effects of victim assistance services on the adjustment of victims. At a general level, it was hypothesized that victims who received assistance -- either crisis intervention or delayed services -- would fare better than those who did not receive services. Differences among the three groups might be manifested in the data from the first

interview, from the second (follow-up) interview, or in the changes from the first to the second interview.

However, before presenting the results, we should come to grips with a major issue of the design: To what degree were the three groups comparable? As already mentioned, despite our efforts to match the groups on crime type, exact matches were not always possible. There were notable discrepancies in the proportions of sexual assault, domestic assault, and assault victims across the groups. In particular, the victims of sexual assault and assault -- violent and perhaps the most shocking of crimes -- dominated the crisis intervention group. However, because these differences in crime type were identifiable, these effects can be mitigated considerably by statistical adjustment, i.e., by extracting variance attributable to type of victimization. A related, more subtle source of group differences was of more concern. Suppose the police called in the crisis counselors on cases where victims were judged to be more traumatized, regardless of the crime type? Indeed, the police used their own discretion in most cases; few victims were automatic candidates for crisis intervention. To the extent that this dynamic was operating (and we have reason to believe it was, at least to some degree) our design then becomes a test between victim services handling the most difficult cases and the control condition (no services) containing the less troubled cases. This difficulty can be especially troublesome because level of trauma is a chief dependent variable and, thus, cannot be statistically adjusted for. Consequently, as we shall discuss below, the presentation and interpretation of these analyses must be done with extraordinary care.

Emotional Adjustment

The effects of services on the victim's emotional adjustment were assessed mainly by three specially developed, orally administered psychological scales (see Appendix D for a description of the scales, their development, and their psychometric characteristics). Our measure of anxiety, a modified version of the State-Trait Anxiety Inventory, was a 19-item scale that asked the victims if they have felt "calm," "upset," "jittery," etc., since the crime. On this measure, as on the other two, victims responded "not at all" (1), "a little" (2), "a fair amount" (3), or "very much so" (4).

A 12-item fear scale was designed to measure the degree to which the victim

was fearful of certain stimuli or conditions related to victimization (e.g., "being alone at home," "guns," "parking lots," "walking on a dimly lit street," etc.). Victims were asked to respond on the four-point scale according to whether they were "disturbed by" these stimuli or situations.

A 9-item stress scale assessed the degree to which the victim was suffering from physical and psychosomatic symptoms of stress (e.g., "feeling faint or dizzy," "loss of appetite," "trouble sleeping," "headaches," etc.).

It should be emphasized that these scales were designed to measure three separable components of emotional adjustment. The anxiety scale measured anxiousness, nervousness -- degree of emotional upset. The fear scale measured the extent to which the victim was fearful of specific situations, not a generalized fear-anxiety state. The stress scale assessed the extent of physical disruption of normal functioning.

Mean scores on the three scales for all victims shortly after the incident and several months later are shown in Table III-4; the means of the three groups are displayed separately in Figures III-1 through III-3.

Anxiety. Of all the emotional effects examined, anxiety emerged as the strongest emotion associated with victimization. At the time of the first interview, victims scored an average of 2.95 -- close to "a fair amount," very nearly a three on a four-point scale -- a high score. By the time of the second interview, the average score drops substantially to 1.93. Although this reduction is a substantial one, the anxiety score is still fairly high.

As a rough comparison, we can view this score alongside the norms for the STAI (State) Anxiety scale.* Under normal test conditions, female college students' average item score is 1.75. When the scale is presented under stressful conditions [(1) instructed to answer as if you are about to take a final

* Although our anxiety scale was a modified version of the STAI, the changes from the original were not major: one item was deleted (because it was long and awkward); the frame of reference was the time since the crime or incident (rather than simply "at this moment") and the middle categories of the four-point scale were changed to "a little" and "a fair amount" (rather than "somewhat" and "moderately so"). Thus, although the comparison of the scores with STAI norms should be viewed with some caution, we believe it to be valid and informative.

Table III-4
Mean Scores for All Victims on
Emotional Scales at the Two Interviews

| | Initial Interview | Follow-up Interview |
|---------|----------------------|------------------------|
| Anxiety | 2.95 | 1.94 |
| Fear | 2.22 | 2.20 |
| Stress | 2.14 | 1.35 |

1=Not at all
2=A little
3=A fair amount
4=Very much so

Figure III-1
Changes in Mean Anxiety Levels
of the Three Groups over Time

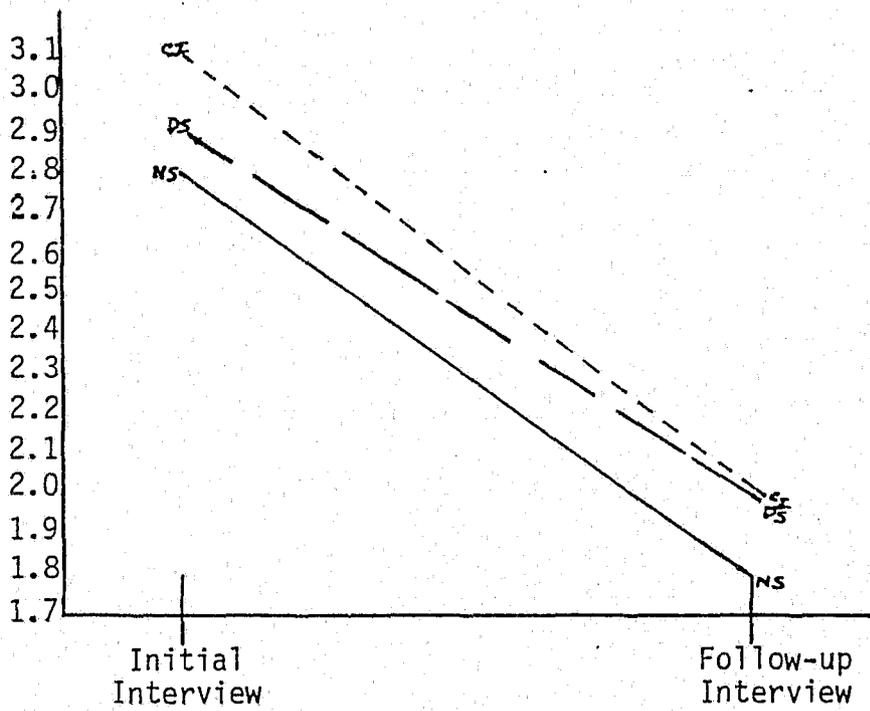


Figure III-2
Changes in Mean Fear Levels of
the Three Groups over Time

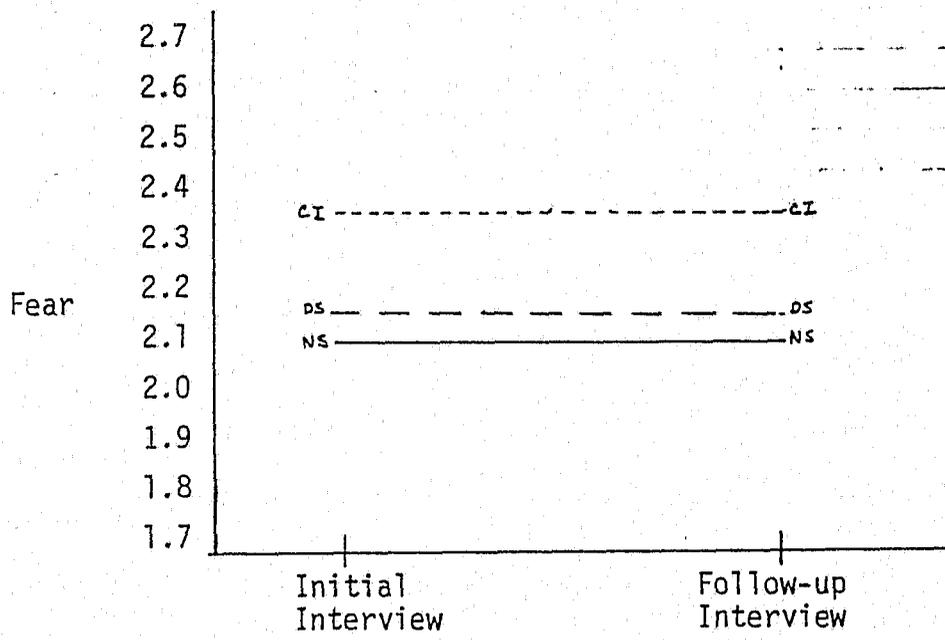
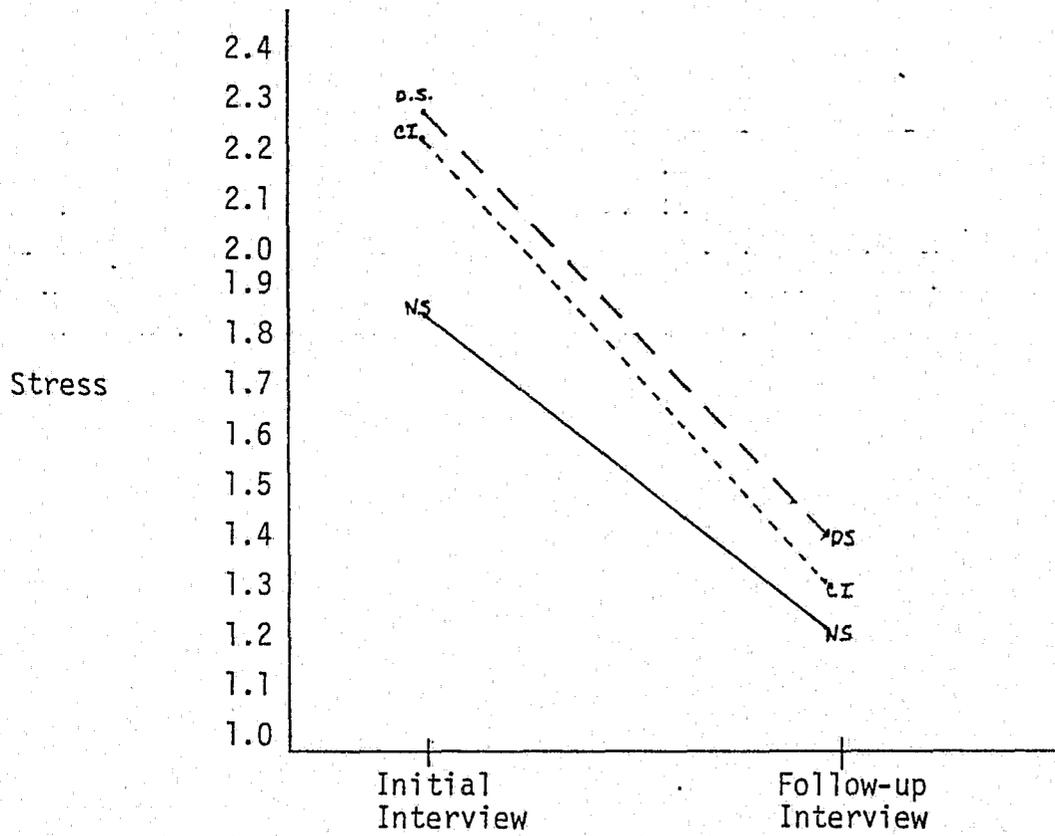


Figure III-3
Changes in Mean Stress Levels of
the Three Groups over Time



exam in an important course, and (2) immediately after viewing a movie depicting accidents], the average item scores for females is 2.18 and 3.05.

At the initial interview, the anxiety level of the crisis intervention group exceeded that of the other two groups ($F=3.86$, $p .05$). The anxiety of all groups declined considerably by the time of the follow-up interview, erasing the differences among the groups ($F=1.14$, $p=.18$). To test whether the reduction in anxiety was greatest in the crisis intervention group (as indicated in Figure 3-1), change scores (difference between initial and follow-up score) were analyzed by analysis of variance. The reduction in anxiety was no greater in the crisis intervention group than in the other two groups ($F=2.65$, $p=.07$).

Fear. The mean score of all victims at the time of the first interview was 2.22, between "a little," and "a fair amount," a level that remained virtually unchanged several months later ($\bar{x}=2.20$).

The victims receiving crisis intervention services appeared slightly more fearful than the other groups at the time of the initial interview, but the difference is not quite significant ($F=2.69$, $p=.07$). In analyzing the follow-up data by analysis of variance, the effect of treatment group seemed to be much the same as in the initial interview (with the crisis intervention group scoring highest), although, again, the differences did not reach statistical significance ($F=2.05$, $p=.13$). As the graph indicates, there was virtually no change in fear scores from the first to the second interview. In essence, the victims retained their fears over a six-month period, and the crisis intervention group maintained the highest position, followed by the delayed services group, then by the victims who received no services. However, because the data in Figure III-2 are aggregate scores, it was possible that there might have been some substantial change in individual fear scores that was masked in the aggregate; e.g., half the victims might have increased their fear scores while the other half decreased. As a check on this possibility, the average absolute (disregarding sign) change score for the fear data was calculated, along with (for comparison purposes) the average absolute change score for the anxiety data. The average amount of change in fear scores from the first to the second interview was only 0.39, whereas, the average change in anxiety scores was 1.03 -- over 2.5 times greater. Moreover, the frequency distributions of individual fear change scores clustered close to the zero point, with two-thirds of the change scores

falling between +0.5 and -0.5. In comparison, the frequency of distributions of the anxiety change scores was skewed toward the negative end: the negative end point was also the mode -- a minus 2.0. Thus, the aggregate fear scores were not masking change of any significance; the majority of victims changed fear scores very little over time.

The analysis of the fear data stand in some contrast to the anxiety data. Fear levels were maintained across time, along with relative group position. However, as mentioned above, the fear scale is a verbal report of how fearful one is of certain concrete situations and stimuli; it is not a verbal report of one's generalized emotional state. It seems logical that after six months victims were no longer in an extremely high state of anxiety, but remain fearful of certain situations possibly related to their victimization.

Stress. Victims receiving services were more stressed at the time of the initial interview than those who received no services ($F=11.04$, $p=.001$). In a manner similar to the anxiety level, the levels of stress in all three groups dropped greatly by the time of the second interview. By the time of the follow-up interview, the delayed services group had the highest stress score, followed by the crisis intervention group and the group receiving no services. These differences were not statistically significant, but the results of the F test indicate some potential effect ($F=1.80$, $p=.15$). Change score analysis showed that the stress level of the victims who received services dropped the most ($F=4.46$, $p<.01$), with the crisis intervention group showing the steepest drop.

Other emotional states. In addition to the psychological scales described above, victims were also asked a series of individual questions (using the same four-point response scale) about their emotional state:

Since the crime, have you felt:

- ...dissatisfied or bored
- ...guilty
- ...tired
- ...sad
- ...angry, resentful
- ...vulnerable
- ...lost interest in people
- ...embarrassed or ashamed

The average scores for all victims on these scales are shown in Table III-5.

At the time of the first interview, victims expressed considerable anger (3.37), feelings of vulnerability (2.94), feeling tired (2.81), and sadness (2.81). They did not appear quite as troubled by feelings of embarrassment (2.05), dissatisfaction and boredom (1.86), guilt (1.69), or feeling that they were losing interest in other people (2.05). By the time of the second interview, all these feelings had abated substantially (with the exception of the feelings of dissatisfaction/boredom), although feelings of anger and vulnerability remained quite high (2.47 and 2.43, respectively).

The victims in both of the services groups scored significantly higher on the measures of "dissatisfaction/boredom" ($F=6.31, p .001$), "tired" ($F=9.94, p<.001$), and "sad" ($F=4.31, p<.01$) than those receiving no services. There were no significant differences among the groups on the other emotions. By the time of the follow-up interview, only the dissatisfied/bored item reflected significant differences among the groups, with the crisis intervention group scoring lowest ($F=7.56, p=.001$). Change score analyses revealed no differences among the groups in the changes from the first interview to the second.

Behavioral Adjustment

The victimization experience affects not only one's emotional state, but can also disrupt the victim's pattern of routine behavior -- social activities, performance at work, interactions with family members, etc. We asked several questions about these routine activities and how they had been affected by the crime or incident (using the same four-point response scale described above). The questions asked were as follows:

1. Are you having any difficulties going about your usual daily activities?
2. Do you blame yourself for what happened to you?
3. Since [the crime/incident], do you think you have cut yourself off from friends?
4. Since [the crime/incident], have you cut down on the places or the number of times you go out socially?

Table III-5
 Mean Scores for All Victims on Other
 Emotional State Items at the Two Interviews

| | Initial Interview | Follow-up Interview |
|-------------------------|----------------------|------------------------|
| Dissatisfied/Bored | 1.86 | 1.90 |
| Guilty | 1.69 | 1.17 |
| Tired | 2.81 | 1.78 |
| Sad | 2.76 | 2.00 |
| Angry/Resentful | 3.37 | 2.47 |
| Vulnerable | 2.94 | 2.43 |
| Lost interest in people | 1.83 | 1.55 |
| Embarrassed/Ashamed | 2.05 | 1.44 |

1=Not at all
 2=A little
 3=A fair amount
 4=Very much so

5. Have you had problems in doing your work since [the crime/incident]?
6. Since [the crime/incident], have you kept in touch with family members?
7. [For those with family] Are you having any problems in getting along with your kids?
8. Are you having problems getting along with your spouse (or boy/girlfriend)?
9. Do you think friends or family have cut down on the amount of time they spend with you since the crime/incident?

Mean scores for all victims from both data collection periods are displayed in Table III-6. Shortly after the incident, victims expressed the most problems with going about their usual daily activities, with the mean falling between "a little" (2) and "a fair amount" (3). When victims were asked what types of problems they were experiencing, a wide array of responses were given, but many centered on difficulties concentrating, forgetting the incident, or inability to function "normally". To illustrate victims' responses, we include several quotes from our interviews:

"I'm confused and physically exhausted. I don't feel like doing anything. I don't care."

"I'm nervous about being home and I have trouble concentrating on my work."

"I can't work. Transportation is a problem and so are money worries. My life was disrupted. I can't do leisure activities, physically or emotionally."

"I'm afraid he'll come after me. I feel uneasy, paranoid, worried."

Problems at work, reduction in social activities, and problems with spouse (or boy/girlfriend) were the next most troubling consequences for many victims. When victims were asked an open-ended question about these problems we were frequently told that they had problems concentrating due to increased nervousness and apprehension. For victims who were victimized near the workplace, we heard added concerns that the crime might recur when they go to work or that the assailant may be close by their place of employment, thus presenting the opportunity for future confrontation. Victims who had reduced their social activities often said that it

Table III-6
 Mean Scores for All Victims on
 Behavioral Adjustment at the Two Interviews

| | Initial Interview | Follow-up Interview |
|--|----------------------|------------------------|
| Difficulties with daily activities | 2.46 | 1.50 |
| Blame self | 1.53 | 1.24 |
| Cut self off from friends | 1.57 | 1.29 |
| Cut down social activities | 2.03 | 1.69 |
| Work problems | 2.13 | 1.24 |
| Kept in touch with family* | 3.37 | ----- |
| Problems with children | 1.50 | 1.21 |
| Problems with spouse | 1.99 | 1.34 |
| Friends/Family spend less time with victim | 1.35 | 1.09 |

1=Not at all
 2=A little
 3=A fair amount
 4=Very much so

*Because of similarity between this question and the last one ("friends/family..."), this item was deleted in the follow-up interview.

was a result of fear, disinterest, and general depression. Some comments illustrate feelings expressed by many victims:

"Physically, I can't do things now. I am too tired and fear driving again."

"I don't feel like going out with friends. I don't go out at night and find excuses to get out of activities."

"I don't want to be around men. I used to socialize and play pool, listen to music, and have a few drinks with male friends. Now I don't feel it is okay to do that."

When queried further about the nature of the problems with spouse or boy/girlfriend, victims stated that the spouse or friend was upset about what happened. This made their relationship uneasy and only added to the victim's own discomfort or reinforced feelings that the crime resulted in "more than one victim."

Other behavioral reactions tended to be less problematic for victims. Especially encouraging was the victims' responses that they had "kept in touch with family" during this period, with the mean score falling between "a fair amount" and "very much so". This indication of reliance on family was further confirmed by other interview data (discussed below).

By the time of the second interview, all these behavioral problems had decreased substantially, although some victims still encountered some difficulties. The most problematic area at this time was that of social activities; some victims still did not go out as much. This finding seems compatible with the continued fear of certain situations.

Separate analyses of variance were conducted on the two sets of data to test the potential effects of services on victims' normal activities. At the time of the initial interview, statistically significant differences were found only in the most problematic area (difficulties with daily activities), although two other questions yielded probability levels of .08 and .09. These results are displayed in Table III-7. Interestingly, it was the delayed services group that expressed the most difficulty in going about their usual daily activities, with the crisis intervention group claiming slightly less of a problem in this area.

Table III-7
Differences Among Groups
in Behavioral Adjustment
at Initial Interview*

| | Difficulties with Daily Activities | Blame Self | Work Problems |
|------------------------|---------------------------------------|---------------|------------------|
| Crisis Intervention | 2.48 | 1.60 | 2.09 |
| Delayed Services | 2.75 | 1.42 | 2.29 |
| No Services | 2.16 | 1.72 | 1.86 |
| | F=4.61, p=.01 | F=2.53, p=.08 | F=2.48, p=.09 |

1=Not at all
2=A little
3=A fair amount
4=Very much so

*Other behavioral adjustment items showed no significant differences among groups.

This pattern is repeated on the responses to the question about problems at work, with the delayed services group again experiencing the most difficulties. On the question of self-blame, the victims who received no services scored highest, followed by the crisis intervention group and the delayed services group.

By the time of the second interview only the self-blame item yielded significant differences among groups, with the no-services group continuing to express more self-blame than the victims receiving assistance.

Effects of Type of Victimization

It is possible that the differences among the three groups (crisis, delayed or no services) on the measures of emotional trauma could be attributable to the fact that the groups receiving crisis intervention counseling contained a larger proportion of sexual assault and assault cases. If this were true, we would expect that: (1) sexual assault and assault cases would be consistently more traumatizing than the other cases; and that (2) cases of domestic assault, robbery, burglary, and others, would not reflect the same differences among the treatment groups that we found overall (i.e., there would be a statistically significant interaction between victimization type and treatment).

Analyses of variance conducted on the emotional states scales from the first interview showed that sexual assault and assault cases were consistently -- but not greatly -- more traumatizing than the other cases. The victims of sexual assault and assault scored an average of 3.03 on the Anxiety scale, whereas other victims scored a mean of 2.90 ($F=3.70$, $p<.05$). On the Fear scale, the mean score of sexual assault and assault victims was 2.40; the mean for other victims was only 2.08 ($F=16.58$, $p<.001$). On the Stress scale, the sexual assault and assault victims scored an average of 2.19, and other victims scored 2.09 ($F=3.91$, $p<.05$). However, the same analyses of variance tested the interaction between treatment group (crisis, delayed, no service) and type of victimization (sexual assault, assault, and others) and found no significant interactions. In other words, the effect of victimization type is independent of the effect of the treatment type, and vice-versa. Thus, the differences among the treatment groups cannot be attributed to the different proportions of sexual assault and assault victims in the groups.

Financial Impact

Victims were asked whether they incurred any medical expenses, property loss, security costs, or income losses as a result of the crime. At the first interview, 25% of the victims reported medical expenses ranging from under \$100 to over \$1,000. The distribution of expenses is as follows (N=69): under \$100, 25%; \$101-200, 32%; \$201-300, 12%; \$301-500, 10%; \$500 or more, 20%. Property loss was reported by 29% of the victims, with more than one-half experiencing \$300 or more in loss of property: under \$100, 42%; \$101-200, 9%; \$301-500, 28%; \$500 or more, 38% (N=88). Extra security measures were taken by 18% of the victims after the crime, including installing new locks, purchasing a weapon, and installing alarm systems. The majority (66%) of such expenses were under \$100, and only ten victims reported costs exceeding \$500. Income loss was experienced by 27% of the victims (N=215) -- the question was not applicable to victims not employed). While most victims reported losses of less than \$200, others incurred considerable income losses: under \$100, 43%; \$101-200, 14%; \$301-500, 25%; and \$500 or more, 18% (N=56).

At the follow-up interview, victims were asked if they had incurred any further medical expenses, property loss, security costs, or income loss than had been reported at the first interview. Seventeen percent of the follow-up sample (N=258) reported further medical expenses, only 5% reported further property loss, 26% -- a higher proportion than at the first interview -- reported additional security costs, and 14% claimed further income loss.

In summary, a sizable number of victims (typically 20% to 30%) incurred financial losses as a result of their victimization. In several instances, the amount of the expense was considerable, especially in light of the average income of our sample.

Victim's Rating of the Crime

In order to understand the weight of the negative impact of the crime on the victim, we asked the victim to compare the crime to other stressful events in their lives. The results dramatically demonstrate that most victims found the crime was worse or much worse than anything else they had experienced. Of the 321

victims who had an opinion, 13% stated the crime was "not as bad" as other stressful events, 12% said it was "no different", 20% replied that it was "worse", and 55% said it was "much worse". There were no differences among treatment groups in the way this question was answered.

Victims' Satisfaction With Assistance Received

It is clear that the victims in our sample suffered numerous problems as a result of the victimization. Many problems, especially the emotional ones, persisted for months following the crime. How did victims cope with these problems? Whom did they turn to for help? From the victim's perspective, how useful was the assistance they obtained? These are the key questions addressed in this section. We begin with an examination of how the victims perceived the Victim/Witness Advocate Program, followed by the victims' reports of their experiences with the police, with family and friends, and with the courts. We conclude with an analysis of the victims' unfulfilled wishes for assistance and support, and their perceptions of who proved most helpful to them following their victimization.

Victims' Perceptions of the Victim/Witness Advocate Program

We asked victims who received crisis and delayed services about their experiences with the program and their satisfaction with the assistance provided.

Initial interview. We asked victims how promptly the victim assistance crisis unit arrived after the unit was requested. Victims reported that the crisis unit arrived quickly in the majority of the cases: less than 30 minutes in 49% of the cases, about one-half hour 17% of the time, one-half to one hour in 10% of the cases, about one hour in 13% of the cases, and more than one hour 11% of the time (N=71; 38 victims did not know the length of time between the request and the unit's arrival).

Crisis counselors often spent considerable amounts of time with the victim. In over one-half of the cases, one hour or more was expended, with one-quarter consuming two hours or more. Eleven percent of the cases involved less than 30 minutes, 16% about one-half hour, 8% one-half to one hour, 21% one hour, 8% one

to two hours, and 26% two hours or more (N=101; eight victims responded "don't know").

Among our delayed service victims, assistance was provided as a result of program outreach, referrals, and victim initiated requests. Of the 114 victims who received delayed services, 40% stated that the Victim/Witness Program called them, the victim sought help from the program in 22% of the cases based on police referral, and an additional 38% of the victims called the Victim/Witness Program based on referrals from county attorneys and social service agencies or based on the victim's personal knowledge about the program. The time between the crime and the provision of service varied within our sample. While most (58%) received assistance within a week after the crime, 17% were served one to four weeks later, 11% one to two months later, and 14% over two months after the crime (N=114). The majority of victims (60%) were assisted by telephone; less common were visits by the victim to the Victim/Witness Program office (21%), and visits by the counselors to victims' homes (6%) or elsewhere (13%) (N=114).

For victims who received delayed and crisis services, we queried what types of services were provided, asking specifically about the items in Table III-8. As we can see, crisis cases received a greater variety of services than did delayed service cases. Both crisis and delayed service victims were often told about the possible aftermath of, and problems associated with, victimization and were provided with suggestions for coping with the victimization. This was especially common in crisis cases and is understandable given that the crime occurred only a short time before. On the other hand, the major service provided in delayed cases centered on explaining the legal process. Since many of the victims in the delayed service group received help when their cases went to court, the emphasis on the legal process is understandable.

Table III-8
Types of Victim/Witness Services Provided

| <u>Crisis Service Cases</u> | <u>%</u> | <u>N*</u> |
|---|----------|-----------|
| Talked about aftermath of victimization | 71% | 106 |
| Suggested ways to cope with aftermath | 68% | 100 |
| "Other" services** | 46% | 104 |
| Suggested referrals | 35% | 81 |
| Explained legal process | 34% | 106 |
| Provided transportation | 32% | 106 |
| Suggested mediation | 16% | 106 |

Delayed Service Cases

| | | |
|---|-----|-----|
| Explained legal process | 67% | 111 |
| "Other" services** | 36% | 109 |
| Talked about aftermath of victimization | 34% | 109 |
| Suggested ways to deal with aftermath | 31% | 109 |
| Suggested referrals | 19% | 110 |
| Suggested mediation | 17% | 87 |
| Provided transportation | -- | 109 |

* N varies due to "don't know" and "not applicable" responses (e.g., we did not ask victims about mediation in clearly non-applicable cases such as sexual assault and burglary).

** "Other" services included, for example, the provision of financial help, counseling the victim's family, obtaining the victim's wishes regarding disposition, and providing numerous types of concrete information.

When asked whether the Victim/Witness Program representatives listened to their concerns, the response was overwhelmingly positive among those who received crisis and delayed services: 98% in each group replied that the program personnel "took the time to listen to their story," while only 2% stated that they "rushed them through it" (N=99 for crisis service sample; N=111 for delayed service sample). Victims were also asked whether the counselor was interested in their feelings. While both groups responded favorably, those in the crisis service group were more positive than those who received delayed services. Among the 102 crisis service victims who expressed an opinion, 90% said the counselor showed "a lot of interest", 8% "a little interest", and only 2% "no interest" in their feelings and concerns. Of the 108 in the delayed service group who responded, 74% said a "lot of interest" was shown, 23% "a little", and 3% "no interest". Even though those who received delayed services were less positive, it is important to note that they were also extremely favorable, with only 3% reporting that no interest was given to their feelings.

Both groups of victims frequently reported that the Victim/Witness counselors helped them. A full 89% of those who received crisis services responded favorably when asked if the Victim/Witness Program helped (N=106; three stated "don't know"), while 86% of those who received delayed services said the program helped (N=164; 10 replied "don't know"). When asked how the Program counselors helped, the most frequent response from both groups was that they provided emotional support. Other

forms of help which victims named are presented in Table III-9.

Table III-9
How the Victim/Witness Program Helped Victims

| | <u>Crisis Service</u> | <u>Delayed Service</u> |
|--|-----------------------|------------------------|
| Provided emotional support | 56% | 40% |
| Offered specific suggestions | 11% | 10% |
| Suggested referrals | 7% | 3% |
| Provided information on legal process | 6% | 24% |
| "Other" | 20% | 23% |
| | N=122* | N=119* |

* For each victim, we coded up to two responses to this question, thus the total number of responses exceeds the size of our samples.

Some of the comments victims made in describing how the program helped are presented below:

- "They gave me information and permission to feel scared. They let me know it was okay to feel badly for myself and seek safety. They gave me permission to do whatever I needed to do to feel better."
- "I don't know how I would have made it through this without her [the counselor]. She was always there for me and went with me to give my statement to the defense attorney. I could not have done it without her there."
- "The counselor visited me and talked about what I needed and wanted to do about the situation. She eased my mind and offered to provide any kind of help I needed. Their support and help were valuable to me and made me feel that I was not alone."
- "She provided me with case information and helped me fill out the necessary forms. It's good to know someone is there to listen and help."
- "They were encouraging, enlightening, supportive, and always returned my calls."

Both service groups were asked about any follow-up contact between them and the Victim/Witness Program from the time they were first assisted until the time of our initial interview. Of those who received delayed services, 57% reported further contact with the program as did 42% in the crisis service group. Reasons

for further interaction included the provision of case process information and status reports, calls by the program to ascertain how the victim was feeling, the provision of additional literature, help retrieving property held by the police/courts, and so on.

To summarize the findings from our initial interview, we learned that (a) most victims reported that the crisis unit responded quickly when requested; (b) the crisis counselors expended considerable amounts of time with victims shortly after the crime; (c) a wide variety of services were extended to victims who received immediate and later services; and (d) the vast majority of victims reported that the counselors took the time to listen to their story, were interested in their feelings, and helped them with their concerns and problems.

Follow-up interview. During the follow-up interview, we asked victims whether they had received any assistance by the Victim/Witness Program since we last spoke with them. Seventy-five percent responded negatively, 25% said they have had some additional follow-up assistance, and 1% who had not originally received services reported receiving services. Types of services received included the provision of case information/progress reports, (17%); counseling, (10%); referrals, (7%); providing literature, (7%); obtaining victims' wishes regarding disposition, (4%); providing legal information, (4%); escorting the victim to court, (2%); and "other", (49%) (N=82 -- up to two responses were coded for each victim).

For those who received services, we asked victims about the quality of the assistance they obtained. A full 95% of the victims with an opinion stated that the the counselors "took the time" to listen to their story, while only 5% said they were "rushed" through it (N=62). Fewer victims said the program was helpful than in the initial interview. Eighty-six percent (N=164) of the victims replied the program was helpful during the initial interview compared with 63% in the follow-up interview (N=64). However, victims in the follow-up interview were just as likely to state that the counselor showed an interest in them. During the follow-up interview, 74% of the victims reported that "a lot" of interest was shown, 14% "a little", and 7% "no" interest (N=59).

In summary, approximately one-fourth of the victims received follow-up services and the majority found the services helpful and the counselors interested in their needs.

Victims and the Police

Often the first person (or at least the first stranger and official authority) the victim tells about the crime is the police. How the police react, treat the victim, and the seriousness and credibility they give the report may critically impact on the victim. Because the police may affect the victim's emotional reactions and perceptions about the crime, we asked a number of questions about the police response and the victim's perception of the concern (or lack of concern) demonstrated by police officers.

Initial interview. When we interviewed victims one to four weeks after the crime (or after the provision of services), most (94%) told us the police had been called. Among the victims in our sample, 86% dealt with the Tucson Police Department, 12% with the Pima County Sheriff's Office, and 2% with other police agencies. The presentation which follows, therefore, is primarily about victims' reactions to the Tucson Police Department.

Of the 323 victims in our sample, 42% stated that the first person they told about the crime was the police. The police were called in the vast majority (94%) of the cases. Approximately one-half of the time (52%) the victim called the police themselves, less often a friend called (10% of the time), a family member (8% of the time), or other individual (28% of the time). When the victim did not call the police, most (83%) reported they would have called if they had the opportunity. Of those who said they would not call, a wide variety of reasons were given, including fear of retaliation, a feeling that the police would not take any action, belief that the matter was private, or a desire to keep the incident secret from family members or others.

When the police were summoned, they usually arrived very promptly. Victims told us the officer(s) arrived in less than 30 minutes in 78% of the cases, in about one-half hour in 8% of the cases, between one-half and one hour in 5% of the cases, in about one hour in 3% of the cases, and in more than one hour in 5% of

the cases. The amount of time the officer(s) remained with the victim varied considerably, but in over two-fifths of the cases the officer(s) was with the victim one hour or more. Twenty-two percent of the victims stated that the officer(s) stayed less than 30 minutes, 15% said about one-half hour, 12% stated one hour, 32% more than one hour, and 5% stated that the officer's stay was intermittent (i.e., the officer left for some period of time and then returned).

In approximately one-fourth of the cases (23%), victims were asked to go to the police station some time following the crime to complete reports, pick up property, examine mug shots, give further details, and so forth. These precinct visits usually lasted less than one hour, but for slightly over one-fourth of the victims, their visit consumed more than one hour.

Most victims reported that the police were helpful. Of the 307 victims who expressed an opinion, 68% stated that the police helped them, 17% said they were "just doing their job", and 16% replied that the police were not helpful. Of the 210 victims who said the police were helpful, most told us the officer(s) provided emotional support (33% gave this response); also mentioned was the officer's competence/professionalism/informative nature (17%), the provision of referrals (8%), explanation of the legal process (7%), and a wide variety of "other" factors (35%). Some of the comments of victims who found the police helpful were:

"They [the police] were extremely helpful. They gave me a lot of information and told me about another assault in my apartment complex four months ago, which helped me feel it wasn't my fault. They gave security information about my apartment and gave me reassurances."

"The police followed through. They called me two days later and said they were going to do something."

"They helped me look for my lost dog. They caught the suspect. They did everything they could."

"He [the officer] took me to the bank to close my checking account. He was nice, patient and calm. He helped me all he could, but I never heard anything afterwards."

Of those who did not find the police helpful, we frequently heard complaints about the officer's attitude, the lack of police action, and/or criticisms that

the police did not take the case seriously. For example:

"He [the officer] was very cut and dry. He was more concerned about filling out his report than apprehending the suspect."

"[The police] left me without any information. They just left things hanging. I have no idea what's being done or what will be done."

"The cop acted like he didn't care -- he was antsy."

"I'm upset that the suspect wasn't arrested and that the police didn't do more on the scene. They never even suggested medical attention or that my injuries be photographed."

We asked victims whether the police showed "a little," "a lot," or "no" interest in their case. Victims' responses were positive: 53% said the police showed a lot of interest, 36% stated the police showed a little interest, and only 11% said no interest was shown. When asked whether they have had further contact with the police since the crime, 47% of the victims responded affirmatively. Of these 119 victims, reasons for further contact included: complete statement/report (34%), police provision of case progress/police called to lend moral support (25%), police wanted more details (17%), and other varied reasons (24%).

We asked victims whether the police mentioned any group which offers assistance to crime victims. Fifty percent responded negatively, 28% stated that the police called for the victim, and 22% said the police suggested the victim call. When the police suggested the victim seek assistance, 20% told us they did call for help. We can conclude that officers' suggestions do not simply fall on "deaf ears" -- one-fifth of the victims followed through on their suggestions.

We examined differences among our treatment groups in their experiences with and perceptions of the police. The key difference to emerge was the amount of time and follow-up contact between the police and the victim. In general, the police spent more time and conducted more follow-up with victims who received crisis and delayed services than those who received no services. Table III-10 shows differences in the amount of time the police spent with the victim after the crime. Clearly, officers spent the most amount of time with crisis service cases and the least amount of time with no-service cases. To the extent that officers comforted and tried to reassure those whom they perceived as being traumatized

(as evident by the officer's decision to call the crisis team), this greater expenditure of time is understandable. But, they also spent more time with delayed services cases and these were cases in which the officer did not call the Victim/Witness Program. The relatively small amount of time expended by the officer in no-service cases may indicate that either the victims did not appear upset and consume more of the officer's time, that officers did not treat the incident as seriously, or that the official police report was quicker to prepare. For whatever reason, it is clear that victims in the no-service group reported that officers spent less time with them immediately after the crime.

Table III-10
Police Time with Victim After Crime
By Treatment Group

| | <u>Crisis Service</u> | <u>Delayed Service</u> | <u>No Service</u> |
|----------------------|---------------------------|----------------------------|-----------------------|
| Less than 30 minutes | 11% | 18% | 37% |
| About one-half hour | 9% | 23% | 13% |
| One-half to one hour | 11% | 15% | 16% |
| About one hour | 13% | 8% | 14% |
| More than one hour | 48% | 29% | 17% |
| Other* | 7% | 7% | 3% |
| | N=106 | N=92 | N=93 |

$$x^2 = 40.67, df=10, p<.01$$

* "Other" includes cases in which the officer was with the victim for some time, left and came back, making it difficult for the victim to estimate time.

The police also conducted less follow-up with victims who received no services. Victims who received services were more likely to be summoned to the police station than those receiving no services: 23% of crisis service victims went to the station, compared with 38% of delayed service victims, and only 8% of no service victims ($x^2 = 26.14, df=10, p<.01$). Reasons for going to the station were similar to those mentioned above. The police later contacted 49% of those in the crisis service group, 56% of those in the delayed service group, and 35% of those in the no-service group ($x^2 = 9.53, df=2, p<.01$).

There were no differences among the treatment groups in police response time or in victims' perceptions of whether the police were helpful or interested in

their case.

From our initial interview, we can conclude that in the majority of cases: (a) victims wanted the police summoned, (b) the police arrived promptly, (c) victims found the police helpful, and (d) victims thought that the police showed an interest in their case.

Follow-up interview. During our follow-up interview (four to six months after our initial interview) we asked victims whether they had any further contact with the police since we last spoke. Only 22% of the 258 victims surveyed reported any further interaction. Of these, 43% stated that they called the police, 34% said the police contacted them, and 22% said further contact was initiated by both them and the police (N=56). Reasons for further interaction included the provision of additional information about the case attempts to identify the suspect (32%) and "other" reasons (41%) (N=59, a maximum of two responses were coded for each victim).

Since only a minority of victims had any interaction with the police beyond their initial contact(s), first impressions were the key determinants of victims' perceptions of and satisfaction with the police response.

Victims and the Court

During our initial interview we inquired whether the victim wanted an arrest made in their case. The majority (63%) responded affirmatively (N=210; "don't know" or "not applicable", 9; already arrested, 104). Of the 65 victims who stated a reason for not wishing an arrest, 17% replied that the problem was already resolved, 15% feared retaliation, 5% said the matter was not serious enough, and 63% gave a diversity of "other" responses.

When asked if they desired criminal action by the courts, 74% replied positively (N=238 with an opinion). Most victims (54%) expressed a desire for the court to impose a jail sentence, others (18%) wanted (or also wanted) restitution, or an "appropriate sentence" (8%), or some "other" outcome (20%) (N=173, a maximum of two responses were coded for each victim).

Few victims realized their desire for an arrest. At the time of our follow-up interviews, 23% of the victims reported that an arrest was made between the time of our first and second interview, compared with 63% who stated that they desired an arrest. When an arrest was made, 88% (N=100) of the victims reported that their case went to court. Thirteen percent of the cases were dropped or dismissed, 15% were pending, and the remainder went to trial or the defendant pled guilty. Among victims who knew the final court outcome (N=50), 38% reported that the defendant was sentenced to jail, 29% went to probation, 12% were ordered to make restitution, and 22% were given other sentences. Many victims were dissatisfied with the court outcome: 50% expressed dissatisfaction, 6% had mixed feelings, and 44% were satisfied (N=50). Victims who were not satisfied often told us the sentence was not fair and/or the defendant was not punished or helped as evident in the following comments:

- Robbery victim -- "I worry that it can happen again. He plea bargained and got off very easy. I'm extremely unhappy with the justice system."
- Burglary victim -- "I think he should be in jail. The justice system has completely fallen apart."
- Assault victim -- "Our judicial system is sick. If they had been convicted of drugs like cocaine, they'd be in jail. But violent crime perpetrators get off so easy."

In contrast, those who were satisfied said that the sentence was fair, the defendant punished and/or helped, the victim obtained restitution, the victim had some input into the sentencing decision, and/or the defendant no longer bothers the victim since the case was settled in court. For example:

- Assault victim -- "I think eight years [in jail] is good. He was only going to get five years and I was asked for my opinion and the judge increased the sentence by 3 years, making it a total of eight."
- Robbery victim -- "I'm satisfied. I spoke to Victim/Witness and they explained the plea bargain. I made suggestions and suggested drug rehabilitation. I was happy that they wanted my feelings on the issue."
- Grand theft -- "I really wanted restitution and I'm glad. I just got my first check."

In summary, many victims wanted an arrest and criminal court action, but few realized their desires for apprehension and punishment. Less than one-half of the victims were satisfied with the court disposition and many were bitter about what they perceived as unfair and overly lenient sentences.

Support From Family and Friends

We asked about the kinds of support provided by friends and loved ones and how helpful their support was to the victim.

Initial interview. At the time of our initial interview, we ascertained the extent to which victims told others about the crime.

We found that a full 80% of the victims told their families, either immediately (60% who told did so immediately) or the next day (an additional 19% did so the next day). Victims also told their friends in the vast majority of cases. Slightly over four-fifths (80%) confided in friends and again tended to tell them soon after the incident (48% right away, and 20% the next day). Co-workers and bosses were also told in 81% of the cases, although usually slightly later than friends and family. When victims told family, friends, and co-workers/bosses, most said they received help. Victims reported that their family helped in 79% of the cases (N=276), friends in 83% of the cases (N=298), and co-workers/bosses in 70% of the cases (N=157). All three support groups -- friends, family, and co-workers -- provided victims with two primary types of support. The most common type for all three groups was emotional and general support (e.g., listening to the victim; sympathizing; caring; empathizing, soothing fears, anxieties, and so on); over three-fifths of the victims stated family, friends, and co-workers provided this type of support. The next most frequently mentioned supportive behavior was in the social realm (e.g., watching the children, staying with the victim, escorting the victim, providing shelter to the victim) -- this was mentioned approximately one-fifth of the time. Victims reported that, in addition to general, emotional, and social support, family members sometimes also gave advice and financial support.

The only differences among the treatment groups were in whether friends helped or not. A larger proportion of victims receiving services said their

friends were helpful: 85% for the crisis group, and 90% for the delayed services group versus 72% for no services ($\chi^2=6.3$, $p=.05$).

Follow-up interview. During the follow-up interview we asked victims whether any family members, friends, or co-workers were currently helping them cope with any problems caused by the crime. Victims reported less helping behavior several months after the crime: 30% named family as current helpers (N=257), 34% named friends (N=257), and, among employed victims, 13% named co-workers/bosses (N=183). As in the initial interview, the primary helping behavior by all supporters focused on general and emotional types of help (this response was given by 76% of those who said family helped, 73% of those who said friends, and 63% of those who said co-workers/bosses) rather than on specific and concrete services.

From the above, we can conclude that victims were able to tell others about the crime and seek/obtain their support; most victims did not face their problems alone.

Victims' Unfulfilled Needs for Assistance

During the initial and follow-up interviews we asked victims whether there were any types of help they would have liked to receive but did not.

Initial interview. The majority of victims (57%) expressed a desire to receive more assistance following the crime (N=323). Among the treatment groups, those who received some help wanted more assistance more frequently than those who received no help: 75% (N=114) of the delayed service victims wanted further help, 49% (N=106) of the crisis service group, and 44% (N=98) of the no service group ($\chi^2=25.41$, $df=2$, $p<.01$). When asked what kinds of help, victims responded with a diverse list, including immediate crisis intervention, better response by the police, case progress reports, financial assistance, counseling, and information about the legal process (Table III-11). There were no significant differences among treatment groups in the types of assistance desired.

Table III-11
Further Assistance Victims Wanted
Initial Interview

| | |
|------------------------------------|--------|
| Immediate crisis intervention | 16% |
| Better response by law enforcement | 22% |
| Case progress information | 12% |
| Financial assistance | 6% |
| Counseling | 9% |
| Legal information/options | 3% |
| "Other" | 32% |
| | N=244* |

* A maximum of two responses were coded for each victim.

Only eleven percent of the victims said they were aware of agencies available to provide assistance to crime victims. There were no significant differences among treatment groups in their awareness of support agencies.

We asked victims who they believe was the most helpful to them since their victimization. Most frequently named were informal supporters (family members and friends); less often victims replied the police, the Victim/Witness Program, other social service agencies, or themselves (Table III-12). There were no significant differences among treatment groups in whom victims found helpful.

Table III-12
Most Helpful to Victims
Initial Interview

| | |
|-------------------------------|--------|
| Family members | 25% |
| Friends | 20% |
| Police | 14% |
| Victim/Witness | 11% |
| Self | 9% |
| Other social service agencies | 5% |
| "Other" | 15% |
| | N=368* |

* A maximum of two responses were coded for each victim.

Victims were questioned as to why they found particular individuals especially helpful. Responses centered on the emotional and general support supplied by their helpers (69% gave this response), the counseling given (7%),

legal information supplied (7%), referrals provided (2%), and "other" responses (15%; N=373, a maximum of two responses were coded for each victim). There were no significant differences among treatment groups in their responses.

To conclude, victims often wanted more assistance than they received, even though many reported informal and formal supporters were helpful. Most helpful to victims were friends and family, but some found the police, the Victim/Witness Program, and other agencies the most helpful.

Follow-up interview. At the time of our follow-up interview, we asked victims whether there was any type of assistance they desired but did not receive since we last spoke with them. Forty-three percent responded affirmatively (N=257). Types of support they would have found helpful included: case progress reports (31%), better response by the police and criminal justice system (21%), counseling (12%), financial aid (3%), and divergent "other" responses (32%) (N=186, a maximum of two responses were coded for each victim).

Victims were asked who they found most helpful since we spoke to them during the initial interview. Again, informal supporters dominated the list (Table III-13), but some victims named the Victim/Witness Program, themselves, or a disparate number of "other" individuals/groups.

Table III-13
Most Helpful to Victims
Follow-Up Interview

| | |
|----------------|--------|
| Family | 28% |
| Friends | 23% |
| Self | 16% |
| Victim/Witness | 10% |
| Other | 22% |
| | N=280* |

* A maximum of two responses were coded for each victim.

When asked why the identified groups/individuals were most helpful, victims overwhelmingly (74%) replied that they provided general and emotional support.

Summary

The impact of victimization and the effects of victim assistance services were evidenced in several ways. Victims revealed a high level of emotional trauma shortly after the crime/incident; several months later, the trauma was considerably lower. Despite the drop in anxiety over time, however, the anxiety level of most victims remained quite high. The level of fear remained virtually unchanged for most victims after several months. Victims receiving crisis intervention services were the most traumatized, followed by victims receiving delayed services. Those who received no services were least traumatized. By the time of the follow-up interview, the differences among the groups had disappeared. The crisis intervention group showed the greatest decline in anxiety and stress during the four to six months after the victimization.

On self-ratings of behavioral adjustment, the victims indicated that they had the most problems in going about their usual daily activities, followed by problems at work, restriction of social activities, and problems with spouse (or boy/girlfriend). The victims receiving delayed services had the greatest difficulty in going about their daily activities and performance at work, while the victims who received no services tended more toward self-blame.

A substantial number of victims incurred financial losses, sometimes considerable amounts, as a result of their victimization.

Victims who received assistance from the Victim/Witness Program were overwhelmingly positive about virtually all aspects of the program. They also generally praised the police as helpful, and said that family and friends were also supportive. Despite the many sources of assistance provided to victims, many desired more services.

These findings are discussed further in Chapter V.

Chapter IV

Police and County Attorney Views of the Victim/Witness Program

In this chapter we examine the perceptions of the police and deputy county attorneys toward the Victim/Witness Advocate Program. Their perceptions should be considered for two primary reasons. First, they are the principal referral sources for the Victim/Witness Program and thus their opinions of the program will very likely influence their decision to refer victims to the program. The police are largely responsible for referring victims in need of services to the Victim/Witness Program immediately after the crime, while deputy county attorneys serve as a primary referral source for victims who are in need of delayed services. Second, one of the key goals of the program is to serve the needs of law enforcement and the county attorney's office by reducing their social work functions. Therefore, the opinions of the police and prosecutors regarding the program are important when considering the effectiveness of the Victim/Witness Program in meeting their goals. We begin the chapter with the views of the police.

Police and the Victim/Witness Program

The police have the discretion to summon the Victim/Witness Program 24 hours a day, seven days a week whenever the officer believes the program may be useful and the individuals involved agree to talk with the program counselors. Individual discretion among officers is considerable, with flexible guidelines directing the program's use. Officers may request the assistance of the program in any case in which they perceive an individual may benefit from the service. This produces a wide variety of calls including calls for persons in need of assistance, attempted suicide cases, assistance with drunks, persons who have mental disturbances, family disputes, and crime victims. The program has continually emphasized that their priority areas are crime victims and family disputes and have discouraged (through training, informal contacts, and internal police memorandum) their use in general social service cases. However, the program will respond in most instances whenever the officer requests services for a wide variety of cases.* From our discussions with the Victim/Witness staff, the primary reasons for accepting a variety of police calls are three-fold.

*Primary exceptions are those cases in which the Victim/Witness counselor perceives that the call may be dangerous -- these calls are usually declined.

First, the program is concerned about helping police officers and persons in need of services. Thus, they assist with cases other than those involving crime victims and domestic disputes.* Second, the program is aware that most social agencies are not available to provide help on a 24-hour basis. Unless the Victim/Witness Program accepts these calls, the officer, and those in need of help, have very few alternatives to obtain assistance after the normal business hours maintained by other social service groups. Third, the program seeks to gain the cooperation and continued support (including referrals for crime victims) from officers and is, therefore, reluctant to refuse an officer's request for assistance. Frequently, they will accept calls, other than those for crime victims and family disputes, in order to maintain a cooperative and helpful image among the officers. The ramifications of these patterns of response by the Victim/Witness Program to police officers are explored in the Discussion chapter.

The program is available to both the Pima County Sheriff's Office and the Tucson Police Department. However, the Sheriff's Office infrequently utilizes the services of the program. During 1983, the Victim/Witness received an average of 137 calls per month from the Tucson Police Department and only 38 calls per month from the Sheriff's Office. The Victim/Witness staff believe the low utilization by the Sheriff's Department is a result of (a) the large geographical spread of the county, which discourages officers from requesting services because officers may need to wait for the program advocates to respond to the scene; (b) less personal contact between the program staff and volunteers and the Sheriff's deputies; and (c) less sensitivity of the Sheriff's deputies to the needs of victims. Because few referrals originate from the Sheriff's Office, we concentrated our interviews and survey on the Tucson Police Department. We conducted in-person group interviews and a survey with a large number of officers to ascertain their perceptions of the Victim/Witness Program, the program's usefulness to those in need of help and to police officers; and the quality and effectiveness of services provided by the program. Both the group interviews and survey revealed that most officers hold favorable views about the program and believe the program is beneficial to law enforcement, crime victims, and others in need of assistance.

*The program distinguishes between cases involving "crime victims" and "domestic disputes" as a way to categorize cases. Domestic disputes may or may not involve a victim (or victims) of crime.

Group interviews. We conducted in-person group interviews with four to five officers in each of the four "teams" which serve the City of Tucson. The interviews were semi-structured and designed to elicit discussion about the officers' views of the Victim/Witness Program. Four major findings emerged:

- 1) There is a perception that the Victim/Witness Program has insufficient numbers of people and units and is, therefore, unavailable when needed.

Perhaps the most significant (and very consistent) finding to emerge from the group interviews was the perception that Victim/Witness is not available when needed and that they do not have sufficient numbers of advocates or cars to respond (or respond with reasonable speed) to the appropriate cases. Yet, from program statistics, interviews with staff and volunteers, and our own observations, we discovered that advocates in the mobile unit are frequently idle and waiting for requests from officers. How can the officer's perception be reconciled with the fact that the Crisis Unit has little to do much of the time? Several explanations are plausible. First, given the understanding which all officers have that there is only one car serving the entire county, it is believable that for any given incident, an officer will make the judgment that they are probably not available or able to respond reasonably fast. Second, once an officer calls Victim/Witness and they are busy (or he hears of such an event), he believes even more firmly that they are "always busy." Third, if the officer had to wait for the crisis unit to arrive on a previous occasion or the program was busy when the officer called in the past, he may assume that they are always busy. Fourth, it is also possible that, although most officers feel that the Victim/Witness Program does a good job, they really do not want to wait for the advocates to arrive unless they are clearly needed. Further training and education might help change the misperceptions now commonly held among officers (see the Discussion chapter).

- 2) The patrol officer has a very favorable view of the skills of the Victim/Witness Program and values their assistance.

Virtually all the officers interviewed held favorable opinions of the Victim/Witness Program. They are viewed as skilled, knowledgeable people who provide assistance to the victim and to the officer. Officers said that the program advocates calm the victim, provide referral/resource information, and help prevent a recurrence of violence in family fights. The police believe that

the program is especially helpful with victims who are female, elderly and/or living alone. Victim/Witness advocates help the police because they can be requested whenever the officer has run out of time, patience and ideas. Evidence of the positive reactions of officers is illustrated in the following comments: "Without them, I'd be out on a ledge"; "They have spoiled me"; "I request them when I'm at the end of my rope. They are amazing; I wonder where they go when they are at the end of their rope." Although Victim/Witness advocates are not viewed as major contributors to job satisfaction or stress reduction, they are seen as a supplementary tool which, on occasion, makes the officer's job a little easier.

It seems that in some instances the Victim/Witness Program saves time, while in others they consume more of the officer's time. While more officers said they save time by allowing the officers to leave the scene, some said the advocates waste the officers' time because the officers must wait for the advocates to arrive or they have to stay on the scene after the advocates arrive to ensure the safety of the Victim/Witness personnel.

- 3) The decision to request Victim/Witness is a combined function of type of case, perceived victim condition, and officer need.

The officers told us that they are more likely to request Victim/Witness advocates for certain types of cases (as borne out by the program statistics), such as sexual assault, family fights, death notifications, and persons generally in need of assistance. The officer's decision is also influenced by the perceived condition of the victim -- both level of emotional trauma and status (age, sex, living alone) -- and by the situational needs of the officers, i.e., the degree to which he is losing time and patience. Typically, the officer makes a judgment based upon these considerations and then asks the victim if they would like to see Victim/Witness advocates (victims virtually never initiate the request). When victims decline service, it is usually because they do not want to embarrass themselves further or prolong the incident by bringing in another party. The officer's decision to request or not request Victim/Witness is seen as highly discretionary, and the officers are very resistant to the imposition of rigid guidelines for requesting the program. Indeed, several officers stated that if their discretion was severely limited (or the program was mandated), they would simply stop using the program and would resist any efforts which would "force" them to use Victim/Witness.

- 4) Most officers believe that victims of burglary and robbery are not really traumatized in any significant way.

The Victim/Witness Program has attempted to urge officers to request their services in robbery and burglary cases in which the victim appears traumatized. Despite efforts by the program to educate officers about the fear and other emotional upsets felt by many victims of burglary and robbery, officers seldom request program advocates for burglary cases and request the advocates only in a minority of robbery cases. From our discussion, it became clear that Victim/Witness is not requested in these cases because most officers think that burglary is so common (and less personalized than some other crimes) that victims are not upset, but rather almost expect it to happen. If there is an emotion associated with burglary, officers believe* it is anger, not fear. The exceptions are certain victims who are elderly, living alone, and/or female; these victims may be very upset and require the assistance of Victim/Witness advocates, but these are relatively rare cases.

Robbery is viewed in a similar light, except that residential robbery (where one's own property is stolen) is seen as potentially more traumatic than commercial robbery. Also, there is recognition by some officers that robbery victims may suffer a delayed reaction, but because officers seldom see the victim after their initial response to the crime scene, they stated that they could only speculate about the existence of a delayed reaction.

Based on these findings, it seems unlikely that officers will ever be very receptive to requesting the Victim/Witness Program except for a small minority of all burglaries. They might, however, be amenable to requesting program advocates for a greater majority of robbery cases.

Survey. We administered a written survey to 148 Tucson Police Department officers, randomly selected from among the four "teams" which serve the city. The majority (83%) of the officers surveyed were patrol officers and the vast majority (93%) stated that they use the Victim/Witness Program. Six key issues were explored and are presented in summary form (readers interested in specific responses to each item on the survey are referred to Appendix E).

*The reader is cautioned that these statements are police officer opinions about victim emotional trauma and should not be confused with the assessment of victim trauma levels during the victim interviews. Many victims of burglary and robbery were upset, though not as traumatized as victims of domestic violence or rape.

First, we asked officers their opinions about the usefulness of the Victim/Witness Program for particular types of cases. The overwhelming majority of officers reported that Victim/Witness is "often" or "sometimes" useful in 99% of all sexual assault cases, 96% of domestic assault cases, 95% of death notifications, and 94% of suicides. Many officers also replied that the program is "often" or "sometimes" useful in 73% of all nonsexual assault cases, 67% of robbery cases, 66% of cases involving mentally disturbed individuals, and 49% of burglary cases, but in only 24% of cases involving drunkenness.

During the survey, Tucson police officers were asked how Victim/Witness helps them and crime victims. Officers were especially favorable about the many ways the program assists victims. When asked specifically how the program helps victims, 95% of officers noted that Victim/Witness is "very" or "fairly" helpful to victims by providing important information to victims; 95% stated that the program helps with the victim's family or friends; 93% said the program helps to calm victims; 84% replied that the program helps victims in ways which law enforcement cannot; and 71% indicated that Victim/Witness helps victims "feel" better about the justice system.

Officers were also positive about the effects of Victim/Witness on them, but they were slightly less favorable than about the benefits victims derive from the program. Seventy-two percent of the officers replied that Victim/Witness makes their job easier; 66% said the program allows them to concentrate on their work; 65% responded that it saves them time; and 52% reported that it takes some of the stress off of them.

We asked a series of questions about the officers' general views of Victim/Witness. Again, the responses were extremely positive. One hundred percent of the officers stated that the program helps crime victims; 99% said it helps individuals (other than crime victims) who are in need of assistance; 97% reported the program is good because it assists the "forgotten" crime victim; 95% indicated it is a valuable addition to the criminal justice system. When asked about the general effects of Victim/Witness on themselves, 93% said it helps police officers; 91% stated that Victim/Witness is responsive to the needs of police officers; 82% said it increases police efficiency; and 68% reported that Victim/Witness makes their job more satisfying.

We included in our survey several questions specifically focused on the officers' opinions about the Victim/Witness mobile crisis unit. One hundred percent of the officers "strongly agreed" or "agreed" that the crisis unit is an essential component of the Victim/Witness Program. Only 4% thought that crisis services are not really necessary and later services would be just as effective. A full 92% rated the crisis unit as the most helpful part of the Victim/Witness Program. In addition, 67% agreed that the crisis unit was often unavailable when they were needed and 97% replied that the crisis unit needs more than one car to serve the City of Tucson.

We asked officers about the need for Victim/Witness services in burglary and robbery cases. We were especially interested in these types of crimes because the program was actively attempting to increase referrals for burglary and robbery victims during our evaluation. However, their attempts met with little success. Through our survey, we explored officers' perceptions of the need for services for these types of victims and their reasons for requesting (or failing to request) assistance for burglary and robbery victims. We found mixed results. In burglary cases, 62% of the officers "strongly agreed" or "agreed" that victims are not very upset; 70% stated that burglary victims do not want help from Victim/Witness; and 83% further replied that most officers do not think of requesting Victim/Witness for burglary victims. While these responses indicate that officers perceive little need, desire, or consideration of Victim/Witness for burglary victims, the majority of officers (76%) also stated that they believe the program can help these victims. If officers believe the program can be helpful, why not request them more often in burglary cases? According to our survey, 76% of the officers stated that they do not request assistance from Victim/Witness more often in burglary cases because the program "should be saved for more appropriate assaults."

Fewer officers replied that robbery victims are not very upset following the incident as compared with burglary victims. Only 27% "strongly agreed" or "agreed" that most robbery victims are not upset; 31% stated that most robbery victims do not want help from Victim/Witness, but 49% said that most police officers do not think of requesting the program for robbery victims. Only 9% responded that there is "really nothing that the Victim/Witness program can do for robbery victims." As in burglary cases, 76% told us that they do not request

Victim/Witness more often in robbery cases because they think the crisis unit should be reserved for more appropriate cases, such as assault.

The survey concluded by asking officers to rate the Victim/Witness Program overall. Their responses were extremely favorable: 17% rated it as "excellent," 53% as "very good," 27% as "good," 3% as "not very good," and none rated it as "poor" or "very poor."

Summary. Police officers exercise wide discretion in determining when to request the services of the Victim/Witness Program. During our interviews, we learned that, like other forms of police discretion, officers guard their discretionary power carefully and are resistant to forfeit any of their domain. We found that officers are very favorable about Victim/Witness; believe the program helps them and victims; want the program available to them; and want more crisis units available. Yet, we know the unit presently available is under-utilized. From program statistics, observations and interviews with program staff, it is clear the mobile 24-hour crisis unit spends much of the time simply waiting for calls. Reasons for under-utilization might include "saving" the unit for more serious calls; disbelief that one unit can possibly be sufficient for the entire county, leading to concern that the unit will not be able to respond promptly; and previous experiences of the police when their request for services was denied because the unit was busy, leading to the perception that they are always busy. We further found that officers are unlikely to request the assistance of Victim/Witness counselors in most burglary and many robbery cases (even though the program states they are eager to accept more of these cases). Especially in burglary cases, officers do not believe that the victims are upset and need counseling and again, they want to "save" the Victim/Witness Program for more "appropriate" cases such as sexual and domestic assaults. The perception that the unit is "always busy" is not consistent with the reality, but has major implications for the under-utilization of the crisis services. This will be examined in the Discussion chapter as well as possible remedies to increase police officers' use of the program.

Deputy County Attorneys and the Victim/Witness Program

Deputy county attorneys may refer any individual to a Victim/Witness program. The services provided by the program to victims/witnesses involved in

the court process may include:

- counseling
- referrals for counseling, food, shelter, financial aid, and so forth
- explanation of the court process or case outcome
- notification of court dates
- escort services to accompany the victim to court
- transportation to the courthouse
- consultation regarding the victim's wishes for case disposition
- updates on case progress and defendant's release status
- help in determining restitution

For each victim/witness whose case goes to court, the Victim/Witness Program mails a letter to inform the individual of the existence of the program and the types of help available. If the victim/witness wants help, they are advised to call the program. While this generates some calls, referrals emanate primarily from deputy county attorneys. Victim/Witness staff members rely heavily on prosecutors to assess the victim's/witness' need for services. As in police referrals, the program is thus largely dependent on others to make the initial critical assessment of who needs services.

Using a similar survey administered to the Tucson Police Department, we surveyed all 35 deputy county attorneys. Like police officers, the vast majority of the deputy attorneys (97%) reported that they use the Victim/Witness Program and their general views of the program were positive. Specific responses to each item on the survey are contained in Appendix E and are summarized below.

When asked which Victim/Witness services they have used, approximately one-fourth of the prosecutors responded that they use the program for counseling (28%); to explain the court process (28%); to notify victims of pending court dates (28%); and to determine the victims' wishes regarding case outcomes (26%). Slightly fewer (16%) reported using the program to refer victims for services; to explain a plea bargain (19%), or to determine restitution needs (19%).

We asked prosecutors to rate the usefulness of Victim/Witness for particular types of crime. One hundred percent of the prosecutors rated the program as "often" or "sometimes" useful in domestic, sexual, and nonsexual assaults. A full 96% also replied that the program was "often" or "sometimes" useful in

homicide and hit/run cases while 93% and 76% felt they were useful in robbery and burglary cases, respectively.

Like police officers, prosecutors replied that Victim/Witness is very helpful to crime victims but slightly less helpful to them. The vast majority of the prosecutors stated the program was "very" or "fairly" helpful to victims: 94% said it helps calm the victim and provides important information; 87% stated it helps victims in ways the criminal justice system cannot; 82% believed the program helps victims feel better about the criminal justice system; and 66% responded that it helps the victims' friends and family. Slightly more than three-fifths of the prosecutors, 63%, also believe that the program saves them time, helps them concentrate on their work, and makes their job easier, while 54% stated that it removes some stress from their job. Seventy-four percent indicated that the program helps develop cooperative victims.

We were also interested in how effective prosecutors believed the Victim/Witness Program is in meeting the needs of victims, the court, and the prosecutors, and their evaluation of the skills of the counselors. Over 90% of the prosecutors responded positively to each item probed in this section of the survey. One hundred percent "strongly agreed" or "agreed" that the program is helpful to victims and that it is a valuable addition to the criminal justice system, and 94% said Victim/Witness is good because it responds to the forgotten victim. Also, 100% "strongly agreed" or "agreed" that Victim/Witness increases their own job satisfaction and that the program counselors are responsive to the needs of deputy county attorneys; 94% noted that the program is helpful to them and allows them to do their work more efficiently. All prosecutors agreed that Victim/Witness counselors are well-trained.

Like police officers, prosecutors' overall evaluation of Victim/Witness were complimentary: 63% rated it as "excellent," 29% as "very good," and 9% as "good," with no prosecutors using the available ratings of "not very good," "poor," or "very poor."

Summary. Deputy county attorneys share with police officers favorable (or very favorable) views about the Victim/Witness Program and the help it provides to victims and prosecutors. Yet, many prosecutors do not frequently refer victims to the program. Once again, we are confronted with an apparent

inconsistency. Prosecutors report that they like the help provided by the Victim/Witness Program and believe the help has a positive impact on victims and prosecutors, but when asked specifically how often they use the program, many reported only sporadic use. Three explanations are plausible for this apparent inconsistency given our conversations with prosecutors and observations. First, prosecutors report that Victim/Witness is helpful domestic assaults, sexual assaults, and other cases, but have not used them frequently for these cases as they have not personally been assigned to many of these types of cases. Second, while prosecutors believe that the program is useful in domestic violence, sexual assault and other cases, they may perceive (accurately or not) that only a minority of victims in such cases are upset enough to need services. Thus, the program is not routinely used, but is activated only for the minority of victims they perceive need assistance. Third, prosecutors do believe the services of the Victim/Witness Program are helpful but have not used them frequently for a variety of practical reasons, such as they do not think about the program in particular cases, they find it inconvenient to use the program, they believe the program is too busy to use except in the worst possible cases, they do not want to interrupt their own rapport they have established with their witness, and so on.

In our interviews with Victim/Witness staff, we were told that many prosecutors are not referring all victims who could benefit from the program's services. However, staff members did not project the same frustration about this under-utilization as they did with the police. When waiting for police referrals in the crisis unit, staff and volunteers may become bored and feel like they are wasting their time. The same is not true for staff members as they await referrals from deputy county attorneys. These are received during normal working hours when staff are busy conducting follow-up calls and completing paperwork. Therefore, there is not the same discouragement as there is when they are "just waiting for calls" from police while riding in the mobile unit. Also, the number of referrals from deputy county attorneys has increased dramatically over the last two years and, thus, staff see the prosecutors as becoming more perceptive of the needs of victims and more aware of how the Victim/Witness Program can help. In contrast, police referrals for crime victims have remained stable over several years in spite of program attempts to increase these calls. Thus, it is not surprising that staff are not as discouraged about prosecutors' "under-

utilization", especially since the Victim/Witness staff reported to us that they have more referrals from deputy attorneys than they can practically handle. Therefore, they appear relatively content with the interaction between deputy attorneys and their program.

Chapter V Discussion

In this chapter we discuss our findings from the victim interviews and police and prosecution surveys. While our evaluation was based in Tucson, Arizona, there is little reason to believe that the experiences and feelings of the victims in our sample are different from those of victims across the country. A great deal of data was presented in Chapter III about victims' reactions to the crime and their attempts to cope with its negative aftermath. We now synthesize those data and draw implications for providing services to victims. We also discuss the victim program's impact on police and prosecutors.

General Effects of Victimization

The most dramatic effects of victimization were on the emotional state of the victim. In particular, the levels of anxiety experienced by our sample were quite extreme, particularly during the first month, when they were comparable to clinical populations. There seems little doubt that the victimization experience is a shocking event, the effects of which continue to affect the victim for weeks, months, and perhaps much longer. Moreover, although the level of trauma is associated with the type of victimization (crime), many victims of non-assault crimes were also quite traumatized. But while some effects linger on for months for some victims, nearly all indices, both emotional and behavioral (with the distinct exception of fear levels), showed substantial decreases over time.

However, the impact of the crime was not confined to the emotional domain. It is clear that victims often suffer from multiple problems -- adjusting to work, coping with physical injuries and financial problems -- which may also last for months.

Our findings on the general effects of victimization are, for the most part, compatible with the results of previous studies of victimization, although most of the past empirical studies have focused exclusively on rape victims. (McCahill, et al., 1979; Baum & Shore, 1984; Kilpatrick, Veronen, & Resick, 1979; Burgess & Holmstrom, 1974, 1979; Ruch & Chandler, 1980, 1981, 1983). For example, a study of rape victims found that approximately two weeks after the crime (comparable to the time of our first interview), victims reported a variety

of physical (stress) symptoms, such as headaches and loss of appetite; and heightened levels of fear, particularly with respect to situations related to the incident. Resick and her associates (1981) found that rape victims also scored in the "more dysfunctional direction" on social adjustment at two weeks, one month, and two months post-assault. Kilpatrick, et al. (1979), found that rape victims obtained significantly higher scores on several emotional trauma scales, including the State-Trait Anxiety Inventory, during the first few weeks after the crime.

In these studies of rape victims, most of the differences which initially existed between victims and non-victims were greatly reduced or eliminated several months later (Ellis, 1983). However, fear and anxiety continue to be fairly high (Kilpatrick, et al., 1979). Kilpatrick, Resick and Veronen (1981) concluded that the bulk of improvement in symptoms of anxiety occurs somewhere between one and three months, but that this is followed by a leveling off with some victims becoming even more anxious at one year.

Less research has been conducted on the distress of victims of other crimes, although such studies have begun to appear. Persons victimized by intimates and friends, especially spouses, exhibit symptoms of psychological distress (Walker, 1979; Moore, 1979; Gelles, 1979). Bourque and her associates (1978) found that victims of robbery and burglary also experience continued negative reactions to the crime.

Although the data on the level and course of emotional trauma suffered by rape victims in previous studies generally matches our data quite closely, certain of our findings point to victim effects not previously reported. We found that the levels of emotional trauma suffered by many victims of crime (even many victims of non-assault crimes) follow a course very similar to that of the rape victim. For example, among victims who received crisis intervention services, non-assault victims had an average anxiety score of 3.10 -- a high score, equal to that of assault victims, and close to that of rape victims (3.22). Thus, although victims of sexual assault were the most traumatized (on all three of our scales) many other victims displayed emotional trauma very close to that of rape victims.

Among the three main emotional trauma scales, different patterns emerged. Initially, anxiety appeared as the dominant emotional problem -- feelings of nervousness and an inability to relax. Stress symptoms (mostly physical symptoms) dropped considerably over time to a point where most victims were no longer bothered by them. However, the maintenance of fear levels over time is striking: across treatment groups and types of victimization, the fear scores of victims remain virtually unchanged. It appears that the fearfulness produced by the experience of victimization does not disappear very quickly.

In the search for the main determinants of victim distress, two sets of factors have emerged from the literature: (1) the type of crime, particularly the degree to which the crime is an intrusive violation (Bard and Ellison, 1974); and (2) the victim's pre-existing psychological status and social support network (Ruch and Chandler, 1983). Friedman and his associates found that victims of violent crimes (more intrusive) experienced more problems than victims of property offenses (Friedman, et al., 1982), but there is also evidence that some victims of non-violent crimes such as robbery and burglary exhibit more long-term adverse consequences than victims of violent crimes. Our data provide support for the intrusiveness hypothesis (e.g., rape victims were typically more distressed than burglary victims), but there were also many victims of other crimes who were just as traumatized as rape victims. Thus, a close examination of these data indicates that there is indeed a relationship between type of crime and level of trauma, but that beneath such differences lies a considerable core experience that is common across categories of intrusiveness. (For a more detailed examination of this issue, and an analysis of the effects of the victim's pre-existing psychological status and social support network, the reader is referred to a companion volume, "The Social Psychological Effects of Victimization," by Harrell, Cook & Smith, 1985.)

Effects of Victim Services

In considering the question of the impact of victim services we must recognize its many facets. We looked for effects in three broad areas: (1) several areas of emotional and behavioral adjustment, especially as measured by the psychological scales; (2) victims' own claims about how they perceived the victim assistance services; and (3) the attitudes of the police and county attorneys toward the victim program (since the services were intended to help not

only the victim but the criminal justice system as well). The research found effects in each area, but, in the emotional domain they were not what had been hypothesized. However, there is little doubt that the degree of non-equivalence among the groups, especially with regard to their level of emotional trauma, contributed to the crisis intervention group yielding a higher level of emotional trauma (at least initially) than the other two groups. As the design evolved, it was thought that the calling in of crisis intervention counselors by police officers was very nearly a chance event; because so many apparently upset victims (of assault, rape, etc.) were not provided crisis intervention services, it appeared that the group assignment process would yield highly similar groups. In many respects they were similar, and on the chief identifiable difference (type of victimization) the effect was shown to be relatively independent of, and separable from, the effects of services. But it now appears that the police called in the victim assistance crisis unit for the most severely traumatized victims; the assignment process was not the near-random event it originally seemed to be. Consequently, the differences in the composition of the groups resulted in a comparison of emotional trauma that was unfair to the victim services: in order to show positive effects, the most traumatized victims (the program's clients) would have to display the lesser trauma after receiving services -- not an impossible event, but hardly the situation desired for either fair comparisons or clean inferences. Thus, it is not surprising that on most measures of emotional trauma, the victims receiving services did not show less trauma than victims who did not receive services.

What, then, can we say about the effects of services on emotional adjustment? Although the crisis intervention services did not prevent those victims from being the most traumatized initially, we cannot know, given the selection differences, whether these victims would have been even more traumatized without the services. The fact that the victims receiving crisis intervention showed the greatest reduction in both anxiety and stress is some indication of positive effects, although of a qualified sort: they had the farthest to fall. Still, it did not appear that with respect to the anxiety scores the groups had simply bottomed out, come to rest at a relaxed level. On the contrary, the average anxiety levels of all these groups were still quite high several months later, indicating that they were all still undergoing a process of improvement and that the crisis group was improving the fastest. If we were to ignore the initial differences in group composition, one would

conclude that victim services have virtually no effect on the reduction of emotional trauma. But because such differences cannot be ignored, one can only draw the conclusion that in this study little evidence was found that victim services reduced emotional trauma. It is left to further research (ideally a randomized design) to determine the final answer to this question. However, it should be noted that although random assignment usually strengthens the internal validity of a field test, it does not, ipso facto, eliminate ambiguity in causal inference, and has little impact on external validity. The reader is referred to Cronbach (1983) for an especially cogent discussion of this issue.

Beyond the probable selection differences among the groups, there is another possible explanation for initially higher levels of anxiety, fear, and stress in the crisis intervention group. It should be remembered that the crisis counseling experience does not attempt to suppress the victim's emotional response to the crime; indeed, victims are encouraged to vent and accept their emotions, that there is nothing wrong with feeling bad. Thus, the higher levels of emotional trauma at the time of the first interview may be a function of the willingness of those who received crisis counseling to express their feelings of anxiety, stress, and fear related to the victimization experience.

Victims' self-ratings of behavioral adjustment produced results in some contrast to the emotional data. The delayed services group showed the greatest difficulties in adjusting to daily routines and work performance. Perhaps if this group had also been given crisis intervention, they would have adjusted as well as the crisis group (perhaps better, given selection differences). It is particularly interesting that the victims who received no services reflected the highest degree of self-blame, an issue of particular concern to victim assistance counselors. On most of the other behavioral adjustment indices (social isolation, family problems, etc.) there were no differences among the groups.

When placed beside the findings on emotional adjustment, these results are especially interesting, particularly for crisis intervention. Despite the fact that the victims receiving crisis intervention services were initially the most emotionally traumatized group, they adjusted behaviorally as well as (sometimes better than) the delayed services group and the victims who received no services. And it seems that the assistance provided to victims, both immediately and later, helped them avoid the self-blame that too often plagues victims. On the negative

side, it is somewhat puzzling that the delayed services group appeared to have the most problems adjusting to daily routines and work life.

When we asked the victims themselves about their views of the service, the evidence was unequivocal: There is no doubt that nearly all the victims who received services from the program felt very positive about it. Moreover, the program was given high marks on specifics as well -- response time was short, assistance time was long; valued assistance was rendered in the form of both emotional support and concrete services. Although victims who received crisis intervention and delayed services both gave high marks to the victim counselors, crisis services were consistently rated higher: victims seemed to reserve their deepest appreciation for the crisis intervention counselors.

How is it that victims have an overwhelmingly positive reaction to victim service, especially to crisis intervention, yet the objective data (emotional scales) indicated that the victims receiving services felt worse than the others? Probably because the most troubled victims received the most extensive services, and regardless of the pain they felt, they were deeply grateful to the victim assistance program. Perhaps a medical analogy is appropriate. When an individual receives medical treatment after physical trauma (e.g., a car accident which inflicts multiple injuries), the patient may endure a great deal of pain and suffering -- much more so than someone who does not require the attention of a physician. Nevertheless, the patient typically feels thankful for the physician's efforts. In the same fashion, the most severely traumatized victims feel grateful to the assistance rendered by the victim program. The efforts of the program do not make the pain go away -- only time will do that -- but they provide the support and guidance sought by victims.

In this connection, it is interesting that many victims said they wanted more help, and those who received a moderate amount of help (delayed services) more frequently wanted further assistance than either the crisis intervention group or the no-service group. Apparently, a moderate amount of help makes a victim want more.

A word or two about the measurement scales used in this study and the implications for further research. The various measures held up quite well, particularly the specially derived emotional scales. The reliabilities of the

scales as measured by coefficient Alpha and by repeated administrations were high, particularly for such short scales (see Appendix D). Moreover, the results of the analysis of the emotional scale data (e.g., the analysis of type of victimization) consistently provided considerable evidence for the validity of the scales. To date, most research efforts attempting quantitative measurement of victims' emotional states have relied on established scales which are typically quite long and developed on clinical populations. The emotional scales used in this research were designed to be brief and were developed specifically to measure the emotional impact of victimization, rather than more generalized emotional states. But more of these scales are needed. For example, rather than asking single questions about some aspect of behavioral adjustment, it is likely that a brief scale could be developed. Short scales assessing other emotional states common to victims might also be developed, such as anger and depression.

In assessing the impact of a victim program on police and prosecutors, we should consider two issues. One centers on officials' assessments of the quality of the program: how police and prosecutors feel about the program, officials' perceptions of the effectiveness of the program for crime victims, and officials' evaluations of the effectiveness of the program for their own job performance and satisfaction. The other centers on quantity issues: how often officials use the program and how the program affects officials' daily functioning.

The quality issue, from the perspective of police and prosecutors, clearly appears unproblematic. Overall, police and prosecutors were very favorable about the Victim/Witness Advocate Program. They believe it helps victims and witnesses in ways that the criminal justice system and officials cannot, believe the program counselors are competent and responsive to the needs of victims and officials, and believe the program is a valuable addition to the criminal justice system. The strong positive response by the police (especially) and prosecutors to a service organization speaks highly of the interaction achieved between program personnel and these criminal justice officials. But program impact should also be considered from a quantity viewpoint, i.e., how does the program affect the day-to-day functioning of police and prosecutors? While some officers and deputy county attorneys reported fairly frequent use of the program, many reported sporadic use, thus keeping the impact of the program minimal on a day-to-day basis. To some extent, this is understandable and not troubling. Many of the daily tasks performed by police officers and prosecutors do not bring them

into direct contact with victims which would provide the opportunity for referrals to the victim program. And, of the victims seen by police and prosecutors, many are not assessed by the officials as requiring assistance. However, a problem arises when police and prosecutors believe a victim would benefit from assistance and yet consciously decide not to call a program counselor because they believe the program should be "saved" for only those in greatest need. Then police and prosecutors are limiting the program's impact on both police and prosecutors' day-to-day treatment of cases as well as restricting victims' access to the program. We believe this is happening to some extent in Tucson. It is in part the result of a misperception by police officers that the crisis counselors are always busy and an accurate reflection that program staff feel overloaded with a heavy caseload of delayed service cases. In the next section we discuss whether the Victim/Witness Program is under-utilized by police and prosecutors as well as mechanisms (and obstacles) for increasing the program's use.

Under-Utilization of Victim Services

Among the findings uncovered in the course of this research were two sets of data which, when considered beside one another, initially seem highly inconsistent and somewhat inexplicable. On the one hand, the overwhelming majority of police officers and deputy county attorneys hold high opinions of the work and worth of the Victim/Witness Program. And yet each week there are many cases, seemingly appropriate for victim services, which are not referred to the program. The most glaring example of this situation is the chronic under-utilization of the mobile crisis intervention unit by the police.

Under-utilization by the police. Before addressing the reasons for under-utilization and the potential remedies, perhaps we should first ask if usage really is too low. If one compares the number of victims of crime in the county -- sexual assaults, domestic violence cases, robbery, etc. -- with the number of victims who actually receive services (particularly crisis intervention), the former number dwarfs the latter, leading one to the seemingly inevitable conclusion that there is a tremendous problem of under-utilization. But this view must be tempered (at the very least) by the emotional trauma data. Across measures of trauma and across types of victimization, victims who received crisis intervention services were significantly more traumatized than victims who did

not receive services. Doesn't this general finding indicate rather strongly that the police are getting the crisis services to the victims who need them? The answer must be no. For while it is true that the most severely traumatized victims are receiving services (and should be commended for doing so), many victims who are also quite traumatized are not getting services. For example, victims of assault-type crimes (sexual assault, domestic violence, and assault) who did not receive services had an average anxiety score shortly after the crime of 2.98 -- a very high anxiety score and only .12 lower than the victims who received crisis intervention services. And in our sample of victims alone, there were 19 victims of sexual assault who received no services. This situation seems all the more frustrating with the knowledge that while most of these victims are being attended by the police, a crisis counselor rides about the county waiting to be called.

As already mentioned in Chapter IV, our interviews and surveys uncovered several possible explanations for this under-utilization, most of which center around the perception that the program cannot respond in a given situation; e.g., the belief that one unit cannot serve the entire county, the perception that the unit is always busy, etc.

Given the almost total discretion of officers to call the unit (or not) and their concern about saving the unit, three avenues appear promising to reduce their under-utilization of the Victim/Witness Program. First, further training and education could change the misperceptions now commonly held among officers. By presenting officers with statistics on the relative low use of the crisis unit, the program may be able to convince officers that the unit is not "always busy". Coupled with this, the program might explain what they can do for burglary and robbery victims and that burglary victims may experience trauma, if they want officers to call in these types of cases. Although this communication might appear a relatively simple route to correcting officers' misconceptions, it may prove more difficult to operationalize. During our evaluation, several messages were sent, both by the program and through the Command Staff, that the program wanted more referrals for crime victims and less for general social services cases. In addition, a training tape was made explaining the positive input the Victim/Witness Program could have for crime victims, including victims of robbery and burglary. But, as we learned through our interviews, these rather straightforward messages were not always clearly received. Communication within

the police department is largely accomplished through written memoranda which leave open the potential for misinterpretation as officers read through a pile of memoranda each week. As an example, officers were sent a memorandum from the Chief to refer more crime victims and less social service cases to the Victim/Witness Program. During the course of one of our group discussions, we probed officers' perceptions of the availability of the mobile crisis unit. An officer stated: "I used to use Victim/Witness more, but we got this memo saying to cut back on their usage," to which another officer countered, "Wasn't that just for social service type of cases?" to which the first officer replied, "I guess so, but I figured that they must be getting too many cases, so as a favor to them I cut back on all my referrals."

Unfortunately, this approach to the problem was probably being undercut by several characteristics of the police bureaucracy. One characteristic is simply a resistance to change in organizational routine. While police departments do not have a corner on this problem -- it is an oft-noted plague of many organizations -- their particular combination of political visibility, hazardous work, size, organizational structure (quasi-military), and tradition of individual discretion leaves them especially susceptible to resistance to change. Wilson (1978) and Goldstein (1977) have both touched on this problem in their writings about police administration. Goldstein has suggested that if improved practices are to be introduced, new systems of incentives should be designed. He added that police departments should make greater use of task forces and conferences (brief meetings of officers) to implement desired changes. Wilson has emphasized the "gross, imprecise" effects of a police administrator's actions on the officer's behavior on the beat. However, perhaps this problem is most effectively addressed as one which is a combined effect of the particular nature of the police department (as described above) and the general phenomenon of resistance to change that has been documented in the organizational behavior literature for decades (Dunnette, 1976). According to the latter perspective, individuals are especially resistant to new practices when they have not participated in the decision to implement the new practices. Such lack of participation not only leaves them with a sense of having little control, but also does not allow management to utilize constructive input from the individuals with regard to how the new practices can be best implemented. Second, if new practices are to be effectively communicated (including two-way discussions and participation), there must be mechanisms for holding group meetings on a frequent basis. There

really is no such mechanism in most police departments today. Finally (reinforcing Goldstein's approach), there should be incentives for police officers to assimilate and execute new practices. All this is not to suggest that massive changes in organizational structure or process will be required in order to increase utilization of victim services, only that one should be mindful of these rather basic processes and potential obstacles if one attempts to implement educational and training approaches to effect new practices.

A second avenue to pursue in increasing police usage would be to add another mobile unit or several units or at least provide a back-up unit. Education and training may not convince officers that it is reasonable to believe a single unit (with no back-up support) could possibly be sufficient to serve the entire county. When we pointed out in interviews and in other conversations with officers that the mobile unit is frequently not busy and anxious to receive calls, officers usually responded that the slack times were not the issue. They explained that police officers often are waiting for calls also, but when a call came, they needed to have units available to respond. As an officer put it, "It makes about as much sense to have one of them as for one police car to serve the city. We are not busy many times, but when a call comes, we have to be ready." As long as officers believe it is impractical to have one unit available, it is likely they will continue to save the unit for what they perceive as the neediest cases. Because this perception was so strong and consistent among officers, attempting to convince them to call the single unit available more often may prove impossible. An alternative would be to add more mobile units, or at least have a back-up system available when the one unit is busy. This might convince officers to call more frequently because they would be more confident that help was available to respond to both their current case and the potential rape or domestic assault yet to come.

A third (and potentially more volatile) way to increase police referral would be to reduce their discretion to summon the Victim/Witness Program. It is more volatile because it was clear during our discussions that officers resent any infringement in their discretionary power. Many officers emphasized that the decision to request help from the Victim/Witness Program was theirs alone and they disliked any second guessing. For example, some referred to "nasty-grams" from their superiors which questioned why the program was not called and/or chastized them for failing to call the Victim/Witness Program. (This was another

attempt by Command Staff to increase the use of the program.) They further stated that any attempts to mandate the use of the Victim/Witness Program would destroy the program, as they would just stop calling them. Whether in fact officers would violate a Command Order to use the program is moot, but pushing officers to use the program against their own judgment could prove difficult. While a mandate to use the Victim/Witness Program in certain cases or an automatic referral by police dispatcher may cause problems, lesser steps might be initiated more easily. For example, officers could be instructed to call the Victim/Witness Program (or have the dispatcher do so) in any case he feels is appropriate, to see if they are busy, rather than automatically assuming they are too busy to handle all but the most serious matters. Or, for certain crime types (e.g., sexual assault, robbery, domestic assault, other assaults), the dispatcher might check to see if the Victim/Witness Program is busy and automatically relay that information to the officer. Information that the unit is available may encourage an officer to request services, or at a minimum, remind him that the victim may need assistance and the Victim/Witness Program is "out there" and is not busy.

Under-utilization by prosecutors and others. Our data clearly demonstrated that many victims who are traumatized and desire services do not receive assistance from the Victim/Witness Program. Under-utilization by police officers largely explains why a large number of victims never receive crisis services. Unless referred to the program by the police, a large majority of victims "fall through the cracks" early in the system since many victims' involvement with the justice system terminates with the filing of a police report. For those minority of victims whose cases proceed to the court system, prosecutors may interact with victims and refer those who appear traumatized to the victim program. Or perhaps the victims themselves will respond to the standard letter that the Victim/Witness Program sends to all victims and witnesses in the court system. It appears that through prosecutors and greater program outreach, more victims in need could be identified and helped through the Victim/Witness Program. Similar to the police, many prosecutors told us that they "save" the program for the most serious cases and would refer more victims if the victim counselors were not overloaded with cases. Unlike the police misperception that the crisis counselors are always busy (when they are not), prosecutors' perceptions that the program counselors have an excessive number of cases may be accurate. While volunteers assume major responsibilities for the crisis counseling provided by the program, Victim/Witness staff are the chief

providers of delayed services. There are only seven staff members and they are operating at full capacity (according to the staff and the program director). In order to increase prosecutors' referrals or program outreach efforts substantially appears to require more staff. In contrast to attempts to increase the number of victims who receive crisis services where the primary task is to encourage police officers to call counselors who are available and waiting for referrals, attempts to increase the number of victims who receive delayed services may require additional program costs. The issue of costs and the use of volunteers is discussed below.

Program Costs

We concluded our cost analysis by stating that the Victim/Witness Advocate Program costs per client are relatively low. In large measure, the costs for crisis intervention are kept to a minimum by maintaining an active volunteer cadre to assist program staff. Without the use of volunteers, it would be impossible for the seven staff members to operate a 24-hour service, seven days a week. The program expends considerable time training and working with volunteers and has been very successful in recruiting and nurturing its volunteers. This is reflected in the low turnover among volunteers. Because the program has 35-50 volunteers actively serving, we believe that additional (or back-up) crisis counselors could be available during the night hours to give police officers confidence to use the counselors more routinely rather than saving them for the worst cases. We also believe that it may be possible to involve volunteers with more victims who need delayed services. Currently, volunteers play a very minimal role during the program's normal working hours and serve almost exclusively during the nighttime crisis hours. If volunteers could be incorporated into the delivery of delayed services, the program would be able to help more victims in need of services.

A final word on cost. In all communities there are many human service needs, often more than can be met within fiscal restraints. Decisions about where to expend resources are always difficult. Key considerations are whether there is a need for services and the cost of such services. Our study clearly documents that victims endure substantial trauma as a direct result of their victimization and that there is a need and desire for services. Our analysis suggests that such service costs are relatively low, especially when compared with the resources

expended on those who commit the crime. And we know that when victims received help from the Victim/Witness Program they appreciated the services and found them helpful. Thus, it appears that the resources expended on these victims were not ill-spent.

Further Research

We believe further research is needed on the effectiveness of providing services to crime victims. Although clinical studies suggest that providing services will help victims recover, to our knowledge, our research is the first large-scale empirical study on the issue.* Additional research to validate our findings and expand upon them is necessary to help us comprehend how best to help victims cope with the aftermath of victimization. Our research, along with numerous previous clinical and empirical studies, provides considerable evidence that victimization impacts negatively on victims' emotional, social, financial, and physical well-being, sometimes for months after the crime. Across the nation, victim groups are operating to help victims with their problems, but do the services they provide result in shortening the intensity and duration of the trauma experienced by victims and do the services help victims "feel better"? Our research provides some preliminary answers but, as discussed, selection bias may have restricted our ability to identify program effects. We suggest that further study will help clarify our current findings. Two general areas of research hold promise: Study of the effects of service provision and a study of the utilization of victim services.

A small additional study in a jurisdiction where there are no victim services would be helpful to obtain a more equivalent group of "no-service" victims to compare with those receiving services in our sample. As we discussed, there is reason to believe that police officers and prosecutors may be referring more traumatized individuals to the victim program and thus victims in our treatment groups are not equivalent to those in our no-treatment group. We could minimize this potential selection problem by administering our interview to a group of victims identified by police officers and prosecutors as "traumatized" and needing crisis or delayed services if services were available in their

*There are some current studies of rape victims underway funded by the National Institute on Mental Health, but the results are not yet available.

jurisdiction. This would produce a more equivalent control group to compare with those who received services in our current sample.

A more extensive field test study would allow a rigorous test of the effectiveness of providing services to victims. Randomized assignment of victims to treatment variations in several test jurisdictions holds considerable promise for expanding our current knowledge about the effectiveness of services for victims.

This research clearly documents that many victims who need and desire services do not receive any formal assistance with their problems. Research on the utilization of victim programs could help identify successful mechanisms for reaching victims in need. A study of numerous victim programs focused on their various utilization components (police referral, prosecutor referral, program outreach, and community/social service referral) would increase our understanding of how programs might best reach those victims who want and need services. Improved ways of reaching larger numbers of victims in need might then be tested and evaluated.

Chapter VI Conclusion and Recommendations

In the course of this two-year research effort, a sizable amount of varied data drawn from numerous sources was gathered, sifted, and analyzed. The findings yielded by this research provide a picture of victimization and victim assistance that is complex and dotted with the unexpected. Although our study was conducted in Tucson, Arizona, and the results are most directly applicable to victims and programs similar to those in Tucson, the findings have implications for cities and criminal justice agencies across the nation.

Conclusions

Our conclusions with respect to the effectiveness of victim services are as follows:

- The provision of services, both crisis intervention and delayed services, assists victims in a variety of ways. However, there was only slight evidence that services help to reduce emotional trauma.

The Victim/Witness Advocate Program helps victims in many ways, from providing emotional support to transportation. The victims who are assisted by the program are overwhelmingly positive about the value of the services, especially the crisis intervention services. Despite the victims' feelings that the program helped them considerably, the measures of emotional trauma did not indicate any substantial effects. There were indications, however, that program services, especially crisis intervention, helped victims in their behavioral adjustment; i.e., adjustment to daily routines of life and work.

- Police and prosecutors feel that the victim assistance services are helpful to victims and are of considerable aid to them in their work.

The police and deputy county attorneys (prosecutors) value the work of the victim/witness program, both for its assistance to victims and for helping them with their jobs. The police have special praise for the crisis intervention units. Both police and prosecutors feel the Victim/Witness staff are skilled and fulfill several useful functions; most want more counselors available.

- Despite the positive views that police and prosecutors hold toward the Victim/Witness Program, they do not use the services to their capacity, particularly the crisis intervention services.

Our research indicated that there are many victims who are in need of, and would like, assistance, but they are not being referred by police or prosecutors. Reasons for the under-utilization of the crisis unit by police stem largely from their perceptions (mostly erroneous) that the single unit cannot respond to more calls. It is suggested that these perceptions are difficult to alter because of organizational processes in police departments which hinder the communication and execution of changes in police officer behavior.

- The cost of victim assistance services, especially the volunteer-laden crisis intervention services, are relatively low.

Costs per citizen served are estimated between \$54 and \$62. Costs for the crisis intervention component are estimated at only \$31 to \$37 per citizen served, mainly because almost all of the crisis counselors are volunteers.

- Volunteers can be effective counselors and can be integrated successfully into a victim assistance program.

The Tucson Victim/Witness Advocate Program maintains, through careful selection and training, a very competent cadre of dedicated volunteers who have provided helpful crisis counseling for several years, virtually without negative incident. There seems no reason why such a cadre cannot be established in any metropolitan area.

With respect to the general effects of victimization, our conclusions are the following:

- Victims suffer from several problems, the most severe of which is emotional trauma.

During the first few weeks after the incident, most victims suffer from heightened levels of anxiety, fear, stress, anger, and sadness. Several months

later, most of the emotional trauma subsides, but anxiety remains rather high and fear continues unchanged. In addition, many victims are beset by difficulties in adjusting to normal routines of life and work, and by physical and financial problems.

- Many different types of victims are highly traumatized and in need of assistance.

Our research found the expected differences in effects among victims of different crimes, e.g., sexual assault victims were consistently the most traumatized. And yet many victims of other crimes were also traumatized and in need of assistance.

Recommendations

Based upon the findings of this research, we recommend the following:

- Jurisdictions without victim services should strongly consider the establishment of such services. Victim assistance programs which are already operating should seriously consider the addition of a crisis intervention component.

The provision of any government services must be weighed against the availability of funds, and victim services are no exception. However, based on our analysis of program impact and benefits, and the comparative cost of services, we believe victim assistance services deserve strong consideration from all jurisdictions. Crisis intervention services provide the greatest benefit (immediate counseling) at relatively low cost; thus, existing programs should seriously consider adding such a component.

- Victim assistance programs, especially those with crisis intervention components, should address the problem of under-utilization.

In order for victims to be referred to victim assistance programs, criminal justice agencies must continually educate the agencies about the needs for, and the availability of, services for victims. When addressing police agencies this educational process should be shaped by a clear understanding of the special

organizational characteristics of police departments. In the establishment of crisis intervention services, programs should also consider the use of multiple mobile units and other arrangements which may improve the utilization of services.

- Victim assistance program should give more attention to the long-term needs of victims.

Many victims in our sample continued to experience difficulties months after the crime. Assistance should be made available to them on a more systematic basis during this extended period.

Recommendations for further research are as follows:

- A small study should be conducted to collect emotional scale data on a sample of traumatized victims in a jurisdiction where there are no victim services.

Because the most severely traumatized victims in our study received crisis intervention services, we were not able to determine clearly whether their trauma was reduced by the services. By administering the same scales to a sample of victims identified as traumatized by police officers and prosecutors in a jurisdiction where services are not available, their emotional trauma levels could be compared to the levels of victims in this research.

- A rigorous field test study should be conducted across several jurisdictions wherein victims are randomly assigned to treatment variations.

Although this research has generated a substantial amount of helpful knowledge about the impact of victim services, the findings are limited by the quasi-experimental design conducted at a single site. A random assignment field test study needs to be conducted across several sites. We believe a random assignment design is feasible in jurisdictions where victim assistance services (or at least crisis intervention services) do not currently exist.

- There is a need for research that will identify and test promising mechanisms for increasing the utilization of victim services.

Our research indicates that many victims in need of assistance do not receive it mainly because criminal justice agencies, particularly the police, are not referring them. We encourage the support of a research and demonstration project that would first identify promising approaches, then test their effectiveness within an evaluation framework. The results of such an effort should help to increase greatly the number of victims who receive needed assistance.

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APPENDIX A

Volunteer Training & Duties

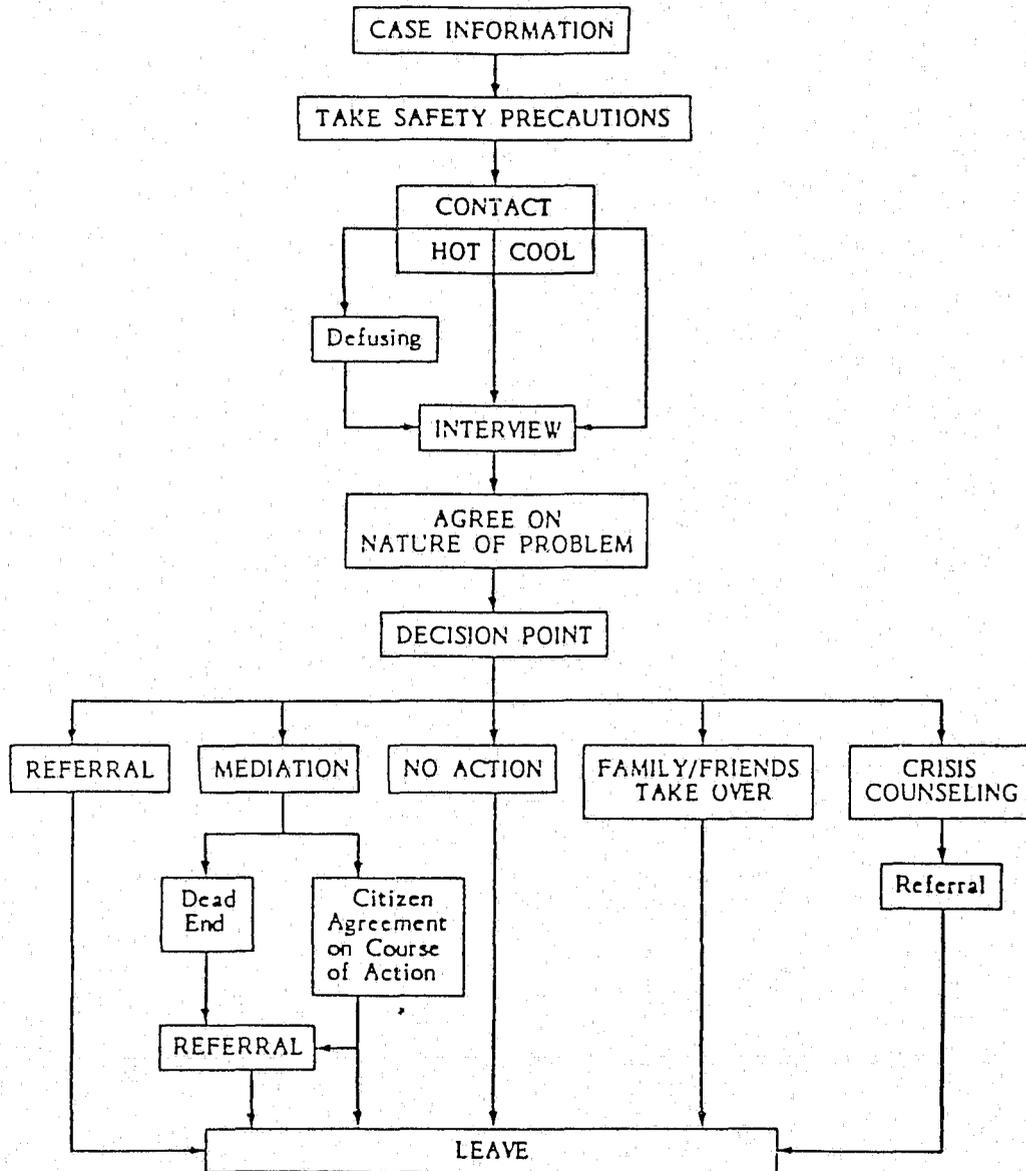
The Crisis Intervention/Mediation Training Program consists of 24 hours of classroom training. Anyone who is interested may sign up for the program on a first come-first served basis. Classroom size is limited to 50-60 persons and sessions are offered two to three times a year. The major goal of the training is "to teach Mediation/Crisis Intervention skills to volunteers and interested persons." The program costs \$10.00, which is donated to the Tucson Metropolitan Ministries Victim Fund. Following training, any interested parties may apply to become Victim/Witness volunteers.

To document the training program, our on-site research analyst attended the 1983 winter session. Eight three-hour sessions are held covering the following topics:

- (1) "Getting Acquainted/Skill Building." Three different activities were conducted to build trust, encourage persons to take risks with new people, and to "break the ice." Exercises were designed to give feedback and information to participants on communications.
- (2) "Communication Skill Building." Active listening, paraphrasing, reflective listening, parroting, and questioning were the communication skills practiced. Also taught were skills in soliciting information through questions designed to elicit more than yes/no responses from people. How to give feedback to others was also discussed. It was stressed that the most important factors in being a good counselor are warmth, empathy, and respect.
- (3) "Crisis Intervention Model." Sidney Wolfe's ABC Model was presented: Achieving Contact, Boiling Down the Problem, Coping With the Problem. It was noted that rapport building and achieving contact with clients should occur within the first three minutes. Considerable time should be spent on boiling down the problem so that the real problem may be ascertained to treat the cause of the problem, not the symptoms. In coping with the problem, emphasis is placed on encouraging clients to define their wants and needs and to commit to a solution based on available resources and options. Also presented was information on dealing with suicides and death notifications.
- (4) "Practice Models in Crisis." The ABC Model was used to practice perceptions of victims' needs and assessing victims' feelings. Also presented was information on dealing with sexual assaults.
- (5) "Family Violence Intervention." The LETRA Model of Crisis Intervention was presented, consisting of safety procedures, diffusion of the problem, interviewing, and action/problem resolution. In addition, information and class exercises were conducted to expose people to the violent realities of domestic violence.

A chart of the Schwartz-Silk Model is presented below.

CRISIS INTERVENTION TRAINING*



* LETRA Model, Modified for Victim/Witness Advocates. Taken from Lowenberg & Forgach (1982).

- (6) "Mediation." As a technique of conflict resolution, mediation was discussed in terms of the mediator's role, goals and processes of mediation, ground rules, and general overview of the process. Also presented was information about how the V/WAP assists victims and witnesses.
- (7) "Mediation Continued." How to achieve resolution of the conflict via the compromise process was discussed. Defining and facilitating what individuals are willing to do and bartering the compromise between disputants was presented.
- (8) "Impasse in Mediation" and "Volunteering for V/WAP." A final segment on neutrality and control in handling impasses in the mediation process was discussed. Steps to volunteer (see below) were explained.

Three Victim/Witness Advocate Program staff served as trainers, supplemented by guest speakers on occasion. Most of the training followed an experimental based model of DO-LOOK-LEARN-PROCESS and largely consisted of role-playing. Each class ended with a critique and written evaluation of the session. Overall, the sessions were concise and well organized.

The Victim/Witness Program is interested in spreading crisis intervention skills among the community and promoting the services of the victim program; thus training is viewed in a larger context than simply obtaining volunteers. Of the 40-50 persons who take the training each session, approximately 10-15 apply to be volunteers. If there are openings in the program,* individuals may apply and are accepted following training largely without screening with the exception of a criminal records check. The process of volunteering consists of:

- (1) Complete the Crisis Intervention/Mediation training.
- (2) Sign-up for an interview with a staff member.
- (3) Complete an application.
- (4) Call the V/WAP staff within one week of completing training to arrange an interview.
- (5) Complete interview -- this consists of reviewing the application; determining volunteers' wants from Victim/Witness, discovering what one can contribute to the program as a volunteer, discussing volunteer/agency concerns about volunteering.

* In the past year or two, several training sessions have been conducted when there were no openings on Victim/Witness. Further evidence that the program runs training for reasons other than securing volunteers.

- (6) Complete a records check (FBI) and fingerprinting.
- (7) Bring in a picture of self for obtaining an I.D. card.
- (8) Attend next volunteer meeting.

Volunteers are solicited for pager duty, officer duty, and the crisis unit. Pager duty consists of screening calls, obtaining information, and making decisions on how to handle cases. Pagers are used between 2:30-7:00 a.m. to respond to police calls once the mobile unit ceases for the night. In the beginning, volunteers work with someone who assumes the lead on pager. Office duty includes volunteering between 8 a.m. - 5 p.m. to assist in witness services (paperwork, calls, research, transportation, court preparation); assisting the staff person on duty responsible for accepting telephone calls, walk-in cases and preparing protection orders; and responding with a staff member to crisis calls. To become a crisis unit volunteer, individuals must observe in the mobile unit at least twice before assuming the role of volunteer. After two observations, the person then decides whether to assume a leading or co-leading role. To become a volunteer driver, further steps are necessary, including serving as a partner in the crisis unit, taking pager duty regularly, taking driver training from the Tucson Police Department, successful staff evaluations when serving as a driver trainee, and mandatory attendance at driver meetings.

The mobile crisis unit consists of a driver (staff or experienced driver volunteer) and a partner. Since volunteers may assume the role of driver with experience, they are given considerable responsibility. Staff of Victim/Witness expressed pride in the volunteer aspect of their program and rated their volunteers highly during our interviews with them. Similarly, volunteers questioned rated the Victim/Witness Program and the training they provide highly. Both volunteers and staff sometimes pointed out, however, that the large number of volunteers and few number of staff made personal guidance and sharing of experiences difficult and also resulted in some unevenness in the provision of services. But overall, staff and volunteers spoke highly of each other and the accomplishments of the

Victim/Witness Program -- accomplishments which they perceived as fiscally impossible without a strong and vibrant volunteer component.

APPENDIX B

Observations of Crisis Unit

The Pima County Victim/Witness Advocate Program is available to respond to crisis calls from individuals, the police, and other referral agencies 24 hours a day, seven days a week. During the day and early morning hours, staff and/or volunteers respond to telephone and police "pager" requests as needed. During the peak crime hours, 5:30 p.m. until 2:00 a.m., Victim/Witness personnel, in two-person teams, operate an unmarked police car (Crisis 1) and are dispatched by police radio whenever a police officer requests their assistance. During the week, a single mobile unit is staffed and handles calls from both the Tucson Police Department and the Sheriff's office, but on weekends two mobile units are available -- one serving the Police Department while the other serves the Sheriff's office.*

The mobile Crisis 1 unit is a pivotal component of the Victim/Witness Program and has helped the program gain national exposure. Although not unique to victim programs nationwide, the unit is unusual, given its ready availability on a regular round-the-clock basis and the strong emphasis on its use of volunteers.** Much of the crisis counseling services provided by the Victim/Witness Program occurs during their operation of Crisis 1; thus our staff conducted direct observations of the unit over the course of 11 nights during which we recorded 41 incidents/calls. For the purposes of our observations, we defined a "call" as any incident involving a verbal communication between the program and an individual referred by the police, Sheriff's office, or other agency or between the program and an individual receiving follow-up counseling by the program. For each call observed, we completed a semi-structured form which captured these basic details:

- Time elapsed between request for assistance and the Victim/Witness counselor's arrival on-scene.

* During the course of our evaluation, the mobile unit from the Sheriff's Department was terminated. Presently only one mobile unit operates, but is available for calls within Tucson and surrounding areas in the county.

** The program director believes that the Pima County program offers its volunteers unusually strong responsibilities and is the only program in the country which utilizes volunteers to drive and solely operate unmarked police cars.

- Time elapsed between the program's arrival and departure from scene.
- Source of referral (Tucson Police Department, Sheriff's office, County Attorney, Victim/Witness Program follow-up, other).
- Type of call (crime victim, social service, follow-up, death notification, domestic dispute, other).
- Location of call (client's name, crime scene, other).
- Number of clients served.
- Name, sex, age of clients served.
- Emotional state of client upon the arrival and departure of the Victim/Witness counselor.
- Services provided by the program.
- Brief description of reason for call, services provided, and client's reaction.
- Absence/presence of police officers on scene.
- Number of police officers/police cars on scene.
- Police officer(s) active/passive during the presence of the Victim/Witness counselors.
- Name(s) of the program staff/volunteer.

We distributed our observations among the Victim/Witness staff and volunteers to enable us to witness individual approaches to and styles of crisis counseling. Each of the six staff were observed on at least one night (two were observed on two nights while two others were seen on three nights), and one night, we observed a team composed of volunteers only.

The decision to deploy Crisis 1 is discretionary with the individual police officer. When the officer believes counseling by the Victim/Witness would be useful, the police dispatcher is alerted to call the program. Although the program has attempted from its onset to define its first priority as servicing calls involving crime victims, it accepts a wide variety of calls. The police summon Victim/Witness to assist with a melange of social service cases including death notifications, attempted suicides, personal injury cases, transient problems, and so on. We recorded each call made during our 11 nights of observation to document

and describe the range of services the program provides in order to obtain a wholistic picture of the program.

Despite the program's consistent and continual efforts to increase the number of police referrals for crime victims rather than for those in general need of social services, we observed very few calls involving crime victims during our 11 nights. Of the 41 recorded observations, most involved general social service problems (41% or 17 calls), while seven (17%) included follow-up calls to check the condition of individuals previously counseled by Victim/Witness (of these seven calls, three were cases involving crime victims). Other calls (N=6 or 15%) centered on the provision of a wide range of services such as counseling the father of a crime victim, counseling those involved in personal injury accidents, witness notification, and so on. Only three requests -- less than 10% of those observed -- were received to help with crime victims (two sexual assault victims and one victim receiving harassing phone calls) while five cases (12%) involved domestic situations.* Examples of the type of calls we observed include the following.

General Social Services

- A two-year old boy was wandering in a convenience store, apparently lost or abandoned.
- An elderly man took refuge in a bus station after his mother-in-law locked him out of the house; he was without any funds.
- A young man had attempted suicide earlier in the evening.
- A blind woman whose husband had been arrested in a local bar needed transportation from the bar to her home for herself and her four-year old son.

Follow-up Calls

- Visit to a family whose son was killed in a homicide. The Victim/Witness counselor had given the death notification several days earlier and this was a return visit to see "how they are doing."

* In domestic cases, there was sometimes an identifiable victim (e.g., a battered woman) while in other cases, a mutual family fight had occurred in which no one individual was clearly the victim. Hence, we (the program and the Police Department) maintain these cases in a separate category.

- Visits to several rape victims who the Victim/Witness Program is continuing to counsel and to notify them of upcoming court proceedings.
- Follow-up visit to a young girl whose purse was snatched and now is having trouble in school and resuming her daily activities.
- Follow-up call to the parents of a young man who died during a car accident. He was driving while intoxicated and killed the two occupants of another vehicle. A Victim/Witness counselor had previously delivered the death notification.

Death Notifications

- Delivered a death notification to an elderly woman whose husband had died of natural causes. His wife had reported him missing to the police earlier in the day.
- Informed parents that their son (in his early twenties) had committed suicide.
- Notified a woman that her father-in-law died in a car accident.

Domestic Cases

- Called to assist with a woman whose husband had abused her and broken furniture around the house.
- Family argument involving mother-in-law, son-in-law, and daughter in which all three were upset and unhappy with each other.
- Fight between husband and wife during which the wife's car was taken by her husband which left her abandoned on the street with her young baby.

Other Cases

- Deputy county attorney referred the program to talk with 17-year old female's father who will not allow her out of the house since she was mugged. The case is now set for trial.
- The program was called by the police to the scene of an accident which resulted in personal injury to a young woman in her twenties.
- Longstanding feud between neighbors ended in a fight.

Of the cases we observed, approximately one-half (21 of 41 cases) were referred by the Tucson Police Department. Other referral agencies (such as Help on Call, a 24-hour hotline program; off-duty police officers working as security guards at the bus station; and various social service agencies) accounted for six

of the calls, the Sheriff's office for four of the calls, the County Attorney's office for two additional calls. The remaining seven calls were follow-up visits ("welfare checks") to determine how individuals recently counseled by the Victim/Witness Program were fairing.

Once summoned by the police dispatcher, the Victim/Witness mobile unit usually responded rapidly. Of the 34 cases in which a call was received (seven of the 41 cases were follow-ups which did not involve a specific time request), the counselors arrived at the scene within 30 minutes in 76% (N=26) of the cases. In all but one case, the response was within 60 minutes. A longer response time was the result of being delayed while handling another case or was due to the mobile unit's geographical distance from the scene.

When the Victim/Witness Crisis 1 unit was requested by either the Tucson Police Department or the Sheriff's office, the normal procedure was to meet with the officer(s) outside the individual's home or at the scene to allow the officer to "brief" the counselors about the situation. Once the Victim/Witness personnel arrived, they usually began their conversation with the officer by inquiring "how might we help you?" and thereby allowed the officer to define the program's role. The officer often described the problem at-hand and initially summarized the general services the individual apparently needed and then asked the counselors to address those problems.

The role the police played once the Victim/Witness team arrived varied depending on the situation and the individual officer. Usually, the officer escorted the counselors and introduced them to the individual(s) in need of assistance. At this stage, the officer sometimes vacated the scene and sometimes remained. If the situation appeared dangerous either to the officer or to the Victim/Witness staff, the officer volunteered to stay or would remain at the team's request. This was especially common in domestic violence cases which were frequently volatile, especially when both (or all) disputing parties were on the scene. The police officer also always accompanied the Victim/Witness team in death

notification cases to "legitimize" the notification.

In situations in which immediate danger did not appear problematic, the officer sometimes left the scene very quickly and sometimes remained and played an active role during the counselor's presence. This apparently depended on whether the officer was summoned to respond to another call as well as the officer's personal preference. Some officers seemed relieved to turn the situation over to the Victim/Witness personnel and departed quickly, while others appeared interested in continuing to interact with the individuals in need of assistance. Of the 25 cases in which an officer remained on the scene, a little over one-half (N=14) of the officers remained very passive, often not volunteering any conversation, while another 11 officers continued an active role even after the counselors arrived.

Overall, we observed very positive rapport between the police and the Victim/Witness teams. Many of the program counselors told us that they are always conscious that their role is to be supportive of both the police and the citizens they served and strove not to interfere with the officer's job. In only one instance did we witness any negative feedback from a police officer. In that case, the officer complained to the Victim/Witness team that they were interfering with the traffic flow at the scene of an accident but the officer later apologized for "snapping at them." In all other cases, the interaction was mutually courteous and respectful and most encounters concluded with a verbal thank-you from the officer.

One problem which did surface on occasion between the program counselors and police officers centered on the perception that the police were "dumping" inappropriate cases on the victim program. Counselors sometimes complained to us that they were not "a taxi service" to transport drunks nor equipped to handle all types of "mental" and transient cases. But these complaints were generally spoken just to us, outside earshot of the officers. To the officers, the counselors were usually cooperative and handled the referral with a gentle reminder that such cases were generally inappropriate for Victim/Witness (especially "simple transports").

In only two instances, the program refused calls which we were told were not really appropriate but the refusal was made because they were busy with other cases.* The counselors told us that they try to educate the police on the type of calls they should be handling in the future but make every effort to assist the officer even when the present call does not fit their program's guidelines.

The Victim/Witness personnel interacted with individuals in a variety of settings. In 23 of 41 cases recorded, the counselors assisted the individuals in their homes, but they also responded to such diverse locales as bus stations, bars, retail stores, the street, and neighbors' or relatives' homes.

Generally, the program counselors worked with only one individual during their visit (28 of the 41 calls), but in eight cases, two individuals were provided some service; in six cases, three individuals were served; and in one instance, four persons were given some service. When more than one person was rendered assistance, it usually occurred in domestic situations or in death notifications. In the former cases, the program counselors often listened to and counseled both (or all) members of the family who were engaged in the fight or argument, conducting "mini" mediation sessions to help the couple or family identify the causes of their problems. In death notification cases, there were often several members of the family who were consoled and comforted.

The individuals assisted by Victim/Witness ranged in age from 2 years through over 70 years of age, but most were in their 20's and 30's. Of the 67 individuals to whom the counselors provided service, five were under 10 years of age; two were 10-15 years old; five were between 16-20 years; 17 were in their 20's; 12 in their 30's; four in their 40's; 10 in their 50's; 11 in their 60's; and one was over 70 years old.

*Both involved transports and the Victim/Witness staff reported to the police dispatcher that they were busy on another call. They did assist the officer in obtaining a place for the individual to go (a shelter in one case, and a hospital in another) but the officer conducted the actual transport. In both cases, the counselors told us they were glad they were busy as they were "not a taxi service."

During our observations, we witnessed program counselors extend a broad range of services. Most frequently provided was counseling, transportation to the individual's home or to a safe shelter, and referral to other agencies for specific assistance with particular problems (e.g., help to obtain food, shelter, legal assistance, long-term counseling, etc.). The variety of services provided are illustrated in the following cases.

- The Victim/Witness counselors made phone calls in a death notification case as the wife (the deceased was her husband) was too upset to tell friends and relatives about the death.
- The counselors escorted a rape victim to the hospital and stayed with her through the medical exam.
- They arranged shelter for a stranded male at the local Salvation Army.
- The counselors transported a battered woman to a woman's shelter.
- The counselors arranged for a local hospital to conduct a psychiatric examination for a distraught, and possibly mentally disturbed, individual who was found wandering along the highway by the police.
- They informed a crime victim of an upcoming court date and explained the court process.
- The staff transported an abandoned/lost 2-year old to "Crisis Nursery" and referred the case to Child Protective Services.
- They referred a recently unemployed sexual abuse victim to the Unemployment Commission to start receiving benefits.
- Numerous referrals were made to other social service agencies for help with specific needs such as housing, food, mediation, counseling, shelter, medical care, legal aid, child services, school counselors, medical examiner's office, and so on.

The Victim/Witness counselors generally spent considerable time with the individuals and did not rush through their cases. We observed calls ranging from 10 minutes through five hours with the average call lasting close to one hour. The longer calls frequently involved sexual abuse cases, death notifications, and family fights.

Overall, we witnessed services consistently delivered in a professional, caring manner. The program counselors were respectful, sympathetic, empathetic, patient, and quite willing to expend time to listen to individual problems and help

seek solutions. In general, the counselors were non-judgmental and tried to get individuals to define their own needs, problems, and help shape solutions through directed questioning and presentation of "options." The counselors frequently dealt with more than the immediate reason for the call, often uncovering other problems confronting the individuals. For example, in a case involving a teenager who was mugged, it was learned that she is also having problems with her school work and thus the Victim/Witness staff member referred her to the school counselor for assistance in that area.

When the Victim/Witness counselors arrived, the individuals they encountered were usually visibly upset and shaken, sometimes hostile and angry. By the time the counselors departed the scene, we often noticed a distinct improvement in the individual's appearance and emotional state as they became outwardly more composed and uplifted. In almost all cases, that the program members counseled, we heard the individuals thank them for the services and frequently embraces were exchanged. Comments such as the following were commonplace: "We can't believe we have such a remarkable service available"; "I don't know what I would have done without you"; "God bless you"; "We can't thank you enough"; "I'm going to get my act together -- I see now that there are people who care."

The Victim/Witness counselors work in two-person teams composed of a staff member and volunteer or two volunteers, one of whom has seniority. When working with staff or a senior volunteer, the volunteers are given considerable responsibility and latitude to decide what role they wish to undertake. Volunteers are encouraged to share the dominant role and assert themselves in case management. Following each call, staff and volunteers discuss the case, giving feedback and constructive criticism on each other's performance and suggestions are offered for improvements in the future.

In Chapter II we presented examples of two cases of crisis intervention involving crime victims. We include here two examples of social service cases, since the Victim/Witness Program handles so many of these cases. Throughout this

interference. The counselor also made numerous phone calls to the police to advise them of the status of the case and was told that the police report could wait until the next day when the parents were calmer. The counselor then transported Ann and her husband home. The time was now 9:00 a.m. -- over three hours since the V/WAP team had arrived on the scene. All family members expressed appreciation for the program's services.

We conclude with a summary of our major observations during our 11 nights on Crisis 1 and a brief discussion of our assessments and impressions.

- Of the 41 calls we witnessed over the course of 11 nights, most involved individuals in need of a wide variety of social services. Only three requests were received to assist with crime victims while five others entailed domestic disputes.

Despite persistent efforts by the Victim/Witness Program to increase the number of crime victims referred by the police and other agencies, very few crime victims were referred during the nights we rode with Crisis 1. Reasons for underutilization are discussed at length in the Discussion chapter.

- The police use Victim/Witness for a wide variety of social service calls, some of which the program feel are inappropriate.

The police call the program in many cases involving individuals who need some type of social service -- those who are mentally disturbed, drunk, retarded, homeless, depressed, suicidal, and so forth. We often heard the police tell the program counselors that they did not know who else to call and asked Victim/Witness to handle it even though they realized this was not really their type of call. Generally, the counselors provided any assistance they could even though they told us later that they thought that the police in some instances were just "dumping" their cases. When the counselors felt the call was inappropriate, they usually gently reminded the officers that this case really wasn't within their purview or jokingly retorted that they would "do them a favor" and accept the call this time. In part, they seemed willing to take these cases to maintain a positive relationship with the police. Also in part, the counselors sympathized with the officer's and individual's plight and tried to help because, as they told us, no other agency is open at night to respond to these individuals. Thus, they realize that Victim/Witness is often the only resort the officers and individuals have

section, we have extracted parts of cases to illustrate our observations, but these fragmented examples cannot convey the scope of the situations handled by the program. Although four examples (Case 1 and 2 in Chapter II and Case 3 and 4 here) are not representative of calls as diverse as the range of human problems and emotions, we hope these case examples give the reader a feeling for the types of atmospheres, people, problems, and frustrations confronted daily by the Victim/Witness counselors. Following the case examples, we summarize and discuss our findings.

Case #3. At 7:20 p.m., Crisis 1 was summoned by police radio to proceed to the bus station to assist with a stranded boy (the request was initiated by an off-duty police officer functioning as a security guard at the terminal). The unit arrived at 7:35 and was briefed by the officer who explained that lodging was needed for a 9-year old boy (Tom) who was in the bus station with his intoxicated father. The officer reported that the father and son were from Phoenix and were currently living as transients. The Victim/Witness team transported the father (John) and Tom to the Crisis Nursery. John had to sign an admission form for Tom, who was accepted into the Nursery. Tom seemed pleased with the warm, comfortable environment of the nursery, but he was worried about his intoxicated father. His father began crying outside the Nursery after he left his son and he was then transported back to the bus station. During the ride, the Victim/Witness team counseled John about his drinking problems and his need to "get his act together" if he planned to take care of his son. John talked about his problems with alcohol as well as financial, family, and medical problems. John was referred for services for help with these problems and was left at the bus station for the night.

Case #4. The Crisis 1 unit was called at 5:45 a.m. to respond to an accidental death (although the unit normally would return at 2:00 a.m. for the night and the early morning hours covered by a volunteer/staff member at home, the unit was still out completing other calls so that responded to this request). The Victim/Witness team arrived at 5:50 and spoke with the police officer who had initially requested their assistance. He reported that the mother (Ann) had accidentally killed her one-year old son by running over his head after the baby fell out of the car from an unsecured car door.

When we arrived, Ann was hysterical and many family members were present (12-15 people at least). The scene was total chaos. The police asked the V/WAP team to take Ann to the hospital for medical attention and to obtain a blood test to determine any alcohol content. Then the team was to transport her to the police station to complete an official report.

The counselors transported Ann and her husband to the hospital followed by all the family members. While at the hospital, the counselors learned that the family has been fragmented and tonight turmoil erupted between the wife's family versus the husband's family, and "camps" began to form as to which side of the family was going to take charge of the situation. The counselor mediated between the two families and quieted the tensions between the sides. The counselor also helped Ann and her husband find a quiet place to talk and make some decisions about the funeral by themselves without their family's

available to them.

- One-half of all the referrals came from the Tucson Police Department, while only four came from the Sheriff's Office.

The Crisis 1 unit is used infrequently by the Sheriff's Office. Like the Tucson Police Department, the decision to call the unit is discretionary with the individual officer in the Sheriff's Office. We were informed by Victim/Witness staff that the lower use of the unit by the Sheriff's Office versus the city police results from limited knowledge about the program among the geographically large and dispersed Sheriff's jurisdiction as well as general complaints about Crisis 1's response time. Because Pima County is so large (approximately 225 square miles), the Sheriff's deputies complain that they must wait at the scene too long for Victim/Witness to respond, thus they do not summon the unit frequently. During our observations, we recorded very quick response times; hence this perception may be inaccurate, but there were too few Sheriff's cases to make any judgments.

- The Victim/Witness Crisis 1 unit responded to its calls in less than 30 minutes in slightly over 75% of the cases.

We witnessed very rapid response times. In only 25% of the cases did it take the counselors over 30 minutes to respond to the scene. In the latter instances, delays were usually caused by the staff's presence at another call or because the unit was geographically far from the scene.

- The relationship between the Victim/Witness counselors and the police was very positive.

The normal approach by the program counselors to the police was to begin by inquiring "how can we help you?". The police initially defined the situation and the individual's needs and problems and usually escorted the counselors and introduced them to the individuals. At this stage, some officers left the scene (if there was no danger) while others stayed and continued to play an active role in the conversation.

We witnessed only one negative reaction by an individual officer to Victim/Witness counselors' presence, and even in this case, the officer later

apologized for "snapping" at the counselors. Usually, we observed interactions which were professional and in which mutual appreciation and respect was evident. The interactions usually concluded with a verbal thank-you by the officer, and in many cases, we noted visible signs of relief on the officer's face that he could hand the individual over to someone else for assistance and resume his police work elsewhere.

While the interactions we observed were overwhelmingly positive, we must remember that our sample was self-selected by the individual officers. We only saw cases in which the officer had made the determination to call the program and had decided he wanted them at the scene. We would not expect the same rapport if the Victim/Witness counselors appeared whether or not the officer wanted them present.

- The interaction between the Victim/Witness counselors and the individuals they served was very positive. The counselors were professional, caring, patient, respectful, and empathetic in most cases.

We were impressed with the services rendered by the program counselors. Overall, the quality of services appeared excellent to us as well as the breadth of services provided. Counselors were faced with diverse situations and individual personalities and problems which were often complex and difficult to confront. The individuals they saw were frequently upset, angry, nervous, and sometimes openly hostile when they first arrived. We witnessed many of these individuals become calmer, more in control, and less depressed as a result of the counselors' efforts. We saw visible signs of relief in their faces and through their mannerisms, and heard them verbally thank and physically embrace the counselors when they left. Given the personal pain many of these individuals were in following assaults, death notices, accidents, and so on, we were particularly impressed that they took the time to appreciate and thank the counselors.

- The individuals that the Victim/Witness counselors assisted ranged from 2 to 70 years of age. On average, the counselors spent one hour on each case, assisting from one to six individuals. The services provided were diverse with the most common being transportation, counseling, and referrals to other agencies.

The program dealt with all age groups and offered a wide variety of services. The counselors tried to assist individuals with a wide range of problems, not restricting themselves to the immediate crisis. During the early evening, the counselors made follow-up calls to check how those recently assisted by the program were doing. Often, other problems would emerge during these calls which the counselors also advised the individual about. For example, the mother of a seven-year old who was killed is now facing an unrelated upcoming court case in which she will be testifying as a character witness. She was nervous about the testimony so the program counselor spent time explaining the court process even though this had nothing to do with their original contact.

- Overall, the Crisis 1 unit is underutilized and much of the time is unproductive.

During our observations we witnessed large amounts of "dead time" during which the counselors were waiting for referrals. Follow-up calls were made in the early evening, but most counselors feel that after 9-10 PM it is too late to intrude on people. After 9-10 PM, some counselors simply leave notes while others cease their follow-up attempts. While waiting for calls, the Victim/Witness teams engaged in a variety of activities. Some ride around in the unit awaiting calls; others engage in paperwork in the office; some wait at home; others chat with police officers around the station, and so on. Like law enforcers, much of the time is just spent waiting. Unfortunately, this amounts to a lot of unproductive time because of the limited use of the unit by the police and Sheriff's departments.

APPENDIX C
VICTIM DEMOGRAPHICS

Tables C-1 through C-20 are from the initial victim interview; Tables C-24 through C-39 are Wave II data from the follow-up interview.

Table C-1
Victims' Marital Status

| | |
|----------------------------|-------|
| Married | 35% |
| Divorced/Separated/Widowed | 35% |
| Single | 30% |
| | N=323 |

Table C-2
Victim Has Children

| | |
|-----|-------|
| Yes | 66% |
| No | 34% |
| | N=323 |

Table C-3
Victims' Race

| | |
|----------|-------|
| White | 76% |
| Hispanic | 19% |
| Other | 5% |
| | N=323 |

Table C-4
Victims' Age

| | |
|------------------|-------|
| 16-20 years | 7% |
| 21-30 years | 42% |
| 31-40 years | 27% |
| 41-50 years | 9% |
| 51-60 years | 9% |
| 61 years or more | 7% |
| | N=323 |

Table C-5
Victims' Work Status

| | |
|------------|-------|
| Employed | 58% |
| Unemployed | 41% |
| | N=323 |

Table C-6
Victims' Education

| | |
|---------------------------------|-------|
| 0-8 years | 7% |
| Some high school | 21% |
| High school graduate | 29% |
| Some college | 29% |
| College graduate & post-college | 14% |
| | N=323 |

Table C-7
Victims' Living Status

| | |
|-------------------------------------|-------|
| Lives alone | 17% |
| Lives with spouse/spouse & children | 32% |
| Lives with child/children | 20% |
| Other | 31% |
| | N=323 |

Table C-8
Victims' Household Income

| | |
|------------------|--------|
| \$ 4,000 or less | 20% |
| \$ 4,000-10,999 | 29% |
| \$11,000-15,999 | 20% |
| \$16,000-20,999 | 13% |
| \$21,000-25,999 | 7% |
| \$26,000 or more | 12% |
| | N=311* |

*12 victims did not know their household income.

Table C-9
Nature of Victim-Offender Relationship

| | |
|-------------|--------|
| Known | 51% |
| Unknown | 46% |
| Seen around | 3% |
| | N=315* |

*Eight victims were uncertain whether they knew the offender.

Table C-10
Victims' Marital Status By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|----------------------------|---------------|----------------|-------------------|
| Married | 36% | 35% | 33% |
| Divorced/Separated/Widowed | 36% | 38% | 30% |
| Single | 28% | 26% | 37% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-11
Children By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-------------------------------------|---------------|----------------|-------------------|
| Victim has child/children | 64% | 69% | 64% |
| Victim does not have child/children | 36% | 30% | 36% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-12
Victims' Race By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|----------|---------------|----------------|-------------------|
| White | 77% | 75% | 75% |
| Hispanic | 17% | 20% | 21% |
| Other | 7% | 5% | 4% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-13
Victims' Age By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|---------------|---------------|----------------|-------------------|
| 16-20 years | 11% | 4% | 6% |
| 21-30 years | 38% | 34% | 54% |
| 31-40 years | 24% | 32% | 23% |
| 41-50 years | 9% | 14% | 2% |
| Over 50 years | 17% | 14% | 15% |
| | N=109 | N=114 | N=100 |

Chi-square=20.593
DF=8
p=.00

Table C-14
Victims' Work Status By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|------------|---------------|----------------|-------------------|
| Employed | 53% | 56% | 65% |
| Unemployed | 47% | 44% | 35% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-15
Victims' Education By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|---------------------------------|---------------|----------------|-------------------|
| 0-8 years | 9% | 6% | 4% |
| Some high school | 25% | 16% | 24% |
| High school graduate | 28% | 25% | 33% |
| Some college | 28% | 34% | 25% |
| College graduate & post-college | 10% | 18% | 14% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-16
Victims' Living Status By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|------------------------------------|---------------|----------------|-------------------|
| Lives alone | 19% | 17% | 16% |
| Lives with spouse | 11% | 5% | 11% |
| Lives with spouse & child/children | 20% | 25% | 22% |
| Lives with child/children | 18% | 24% | 16% |
| Lives with friend(s) | 9% | 8% | 13% |
| Lives with other relative | 6% | 7% | 7% |
| Other | 17% | 14% | 15% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-17
Victims' Household Income By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|------------------|---------------|----------------|-------------------|
| \$ 4,000 or less | 17% | 24% | 20% |
| \$ 4,000-10,999 | 33% | 23% | 31% |
| \$11,000-15,999 | 25% | 18% | 16% |
| \$16,000-20,999 | 10% | 17% | 9% |
| \$21,000-25,999 | 5% | 4% | 14% |
| \$26,000 or more | 10% | 14% | 10% |
| | N=105* | N=110* | N=96* |
| | | | N.S. |

*Four persons in each category either did not know their household income or refused to answer.

Table C-18
Nature of Victim-Offender Relationship By Treatment

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|---------------|---------------|----------------|-------------------|
| Spouse | 46% | 29% | 11% |
| Live together | 2% | 1% | 6% |
| Friend | 2% | 6% | 13% |
| Acquaintance | 10% | 6% | 6% |
| Relative | 6% | 6% | 9% |
| : Neighbor | 6% | 8% | 2% |
| : Other | 29% | 43% | 53% |
| | N=52 | N=77 | N=53 |

Chi-square=25.14; DF=12; p=.01

Table C-19
 Previous Problems Between Victim/Offender
 By Treatment Group

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|----------------------|---------------|----------------|-------------------|
| Previous problems | 71% | 67% | 60% |
| No previous problems | 29% | 33% | 40% |
| | N=49 | N=75 | N=48 |
| | | | N.S. |

Table C-20
 Police Called in Past By Treatment Group

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-------------------|---------------|----------------|-------------------|
| Police called | 48% | 56% | 38% |
| Police not called | 53% | 44% | 62% |
| | N=40 | N=55 | N=37 |
| | | | N.S. |

Table C-21
 Weapon Used By Treatment Group

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-----------------|---------------|----------------|-------------------|
| Weapon used | 39% | 36% | 30% |
| Weapon not used | 61% | 64% | 70% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-22
 Victims' Injury By Treatment Group

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|--------------------------|---------------|----------------|-------------------|
| No injury | 53% | 47% | 47% |
| Minor injury | 27% | 27% | 38% |
| Medical care required: | 18% | 22% | 14% |
| Hospitalization required | 2% | 5% | 1% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-23
Property Loss/Damage By Treatment Group

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-------------------------|---------------|----------------|-------------------|
| Property loss/damage | 60% | 54% | 63% |
| No property loss/damage | 40% | 46% | 37% |
| | N=109 | N=114 | N=100 |
| | | | N.S. |

Table C-24
Victims' Marital Status
Wave II

| | |
|----------------------------|-------|
| Married | 33% |
| Divorced/Separated/Widowed | 36% |
| Single | 30% |
| | N=258 |

Table C-25
Victim Has Children
Wave II

| | |
|-----|-------|
| Yes | 62% |
| No | 38% |
| | N=258 |

Table C-26
Victims' Race
Wave II

| | |
|----------|-------|
| White | 77% |
| Hispanic | 18% |
| Other | 5% |
| | N=258 |

Table C-27
Victims' Age
Wave II

| | |
|------------------|-------|
| 16-20 years | 6% |
| 21-30 years | 43% |
| 31-40 years | 26% |
| 41-50 years | 9% |
| 51-60 years | 9% |
| 61 years or more | 7% |
| | N=258 |

Table C-28
Victims' Work Status
Wave II

| | |
|------------|-------|
| Employed | 62% |
| Unemployed | 38% |
| | N=258 |

Table C-29
Victims' Education
Wave II

| | |
|---------------------------------|-------|
| 0-8 years | 4% |
| Some high school | 18% |
| High school graduate | 31% |
| Some college | 30% |
| College graduate & post-college | 17% |
| | N=258 |

Table C-30
Victims' Household Income
Wave II

| | |
|------------------|--------|
| \$ 4,000 or less | 15% |
| \$ 4,000-10,999 | 29% |
| \$11,000-15,999 | 21% |
| \$16,000-20,999 | 15% |
| \$21,000-25,999 | 8% |
| \$26,000 or more | 13% |
| | N=248* |

*12 victims did not know their household income.

Table C-31
Nature of Victim-Offender Relationship
Wave II

| | |
|-------------|-------|
| Known | 51% |
| Unknown | 47% |
| Seen around | 2% |
| | N=252 |

Table C-32
Victims' Marital Status By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|----------------------------|---------------|----------------|-------------------|
| Married | 33% | 33% | 35% |
| Divorced/Separated/Widowed | 36% | 42% | 30% |
| Single | 31% | 25% | 35% |
| | N=83 | N=95 | N=80 |
| | | | N.S. |

Table C-33
Children By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|--|---------------|----------------|-------------------|
| Victim has child/children | 60% | 65% | 61% |
| Victim does not have child/children | 40% | 34% | 39% |
| | N=83 | N=95 | N=80 |
| | | | N.S. |

Table C-34
Victims' Race By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|----------|---------------|----------------|-------------------|
| White | 76% | 78% | 76% |
| Hispanic | 17% | 19% | 19% |
| Other | 7% | 3% | 5% |
| | N=83 | N=95 | N=80 |
| | | | N.S. |

Table C-35
Victims' Age By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-------------|---------------|----------------|-------------------|
| 16-20 years | 13% | --- | 5% |
| 21-30 years | 40% | 38% | 53% |
| 31-40 years | 20% | 33% | 23% |
| 41-50 years | 8% | 14% | 5% |
| 51-60 years | 5% | 12% | 10% |
| 61+ older | 13% | 4% | 5% |
| | N=83 | N=95 | N=80 |

Chi-square=30.80
DF=10
p=.00

Table C-36
Victims' Work Status By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|------------|---------------|----------------|-------------------|
| Employed | 55% | 63% | 68% |
| Unemployed | 45% | 37% | 33% |
| | N=83 | N=95 | N=80 |
| | | | N.S. |

Table C-37
Victims' Education By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|-------------------------------------|------------------|----------------|-------------------|
| 0-8 years | 8% | 3% | 1% |
| Some high school | 21% | 14% | 20% |
| High school graduate | 29% | 25% | 40% |
| Some college | 30% | 39% | 20% |
| College graduate & post- college | 12% | 19% | 19% |
| | N=83 | N=95 | N=80 |
| | Chi-square=16.76 | | |
| | DF=8 | | |
| | p=.03 | | |

Table C-38
Victims' Household Income By Treatment
Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|------------------|---------------|----------------|-------------------|
| \$ 4,000 or less | 15% | 17% | 10% |
| \$ 4,000-10,999 | 30% | 24% | 34% |
| \$11,000-15,999 | 25% | 17% | 19% |
| \$16,000-20,999 | 13% | 21% | 9% |
| \$21,000-25,999 | 5% | 4% | 16% |
| \$26,000 or more | 11% | 16% | 12% |
| | N=79 | N=92 | N=77 |
| | | | N.S. |

Table C-39
 Nature of Victim-Offender Relationship By Treatment
 Wave II

| | <u>Crisis</u> | <u>Delayed</u> | <u>No Service</u> |
|---------------|---------------|----------------|-------------------|
| Spouse | 46% | 26% | 11% |
| Live together | --- | 2% | 7% |
| Friend | --- | 6% | 11% |
| Acquaintance | 14% | 3% | 2% |
| Relative | 8% | 6% | 9% |
| Neighbor | 6% | 10% | 2% |
| Other | 27% | 47% | 58% |
| | N=37 | N=62 | N=45 |

Table C-40
A Comparison of the Characteristics of the
Original and Retained Samples

| | Original Sample (n=323) | Retained Sample (n=258) |
|----------------------|-------------------------------|-------------------------------|
| Age | | |
| Less than 20 | 7% | 5% |
| 20 to 29 | 39% | 43% |
| 30 to 39 | 27% | 25% |
| 40 to 49 | 10% | 9% |
| 50 to 59 | 10% | 9% |
| 60 or older | 8% | 7% |
| Sex | | |
| Male | 19% | 19% |
| Female | 81% | 81% |
| Race | | |
| White | 76% | 76% |
| Hispanic and Other | 24% | 24% |
| Marital Status | | |
| Married | 35% | 32% |
| Divorced/Separated | 35% | 36% |
| Never Married | 30% | 32% |
| Children | | |
| Some | 66% | 68% |
| None | 34% | 32% |
| Education | | |
| High School or Less | 28% | 22% |
| High School Graduate | 29% | 31% |
| Some College | 29% | 30% |
| College Graduate | 14% | 17% |
| Income | | |
| \$ 4,000 or less | 20% | 16% |
| \$ 5,000 to \$15,000 | 49% | 48% |
| \$16,000 to \$25,000 | 20% | 11% |
| \$25,000 or more | 12% | 8% |
| Working | | |
| Working | 58% | 63% |
| Not Working | 42% | 37% |
| Treatment Group | | |
| Crisis Intervention | 33% | 32% |
| Delayed VAS | 35% | 37% |
| No Victim Services | 32% | 31% |

Table C-41
 A Comparison of the Original and Retained Samples:
 Levels of Psychological Distress
 About a Month After Victimization

| | Original Sample <u>(n=323)</u> | Retained Sample <u>(n=258)</u> |
|--|--------------------------------------|--------------------------------------|
| Psychological Distress at First Interview | | |
| Anxiety | 2.95 | 2.93 |
| Fear | 2.21 | 2.22 |
| Stress | 2.13 | 2.10 |

Table C-42
 Mean Levels of Psychological Distress
 About a Month After Victimization
 by Crime Type and Treatment Group

| | <u>Crisis Intervention Program</u> | <u>Delayed Victim Assistance</u> | <u>No Victim Assistance</u> |
|--|--|--|-------------------------------------|
| Assaults: Sexual, Domestic and Other (n=215) | | | |
| Anxiety | 3.10 | 3.00 | 2.98 |
| Fear | 2.43 | 2.30 | 2.23 |
| Stress | 2.35 | 2.41 | 2.00 |
| Robbery or Burglary (n=108) | | | |
| Anxiety | 3.10 | 2.71 | 2.56 |
| Fear | 2.20 | 1.97 | 1.84 |
| Stress | 2.09 | 2.02 | 1.50 |

APPENDIX D
METHODOLOGY

Research Design

Overview of design. The core of the research design was a quasi-experimental design in which victims were assigned to three different groups on a non-random basis. In an attempt to make the groups more nearly equivalent, the proportions of victims in each crime category (type of victimization) in the delayed services and no services groups were "shaped" to match the proportions in the crisis intervention group. As noted in Chapter III, the desired match was only approximate, with the crisis intervention group containing more sexual assault victims and fewer domestic assault victims than the other two groups, while the delayed service group contained fewer sexual assault and more assault victims than the other two groups. However, special analyses of the effects of type of victimization (also described in Chapter III) showed that while type of victimization exerted consistently strong effects on emotional trauma, there was no interaction between victimization type and treatment group. We should also note that because victim income also showed significant effects on the dependent variables (though not nearly so widespread or powerful as type of victimization), interaction analyses were also conducted on income by treatment group. The result was that interactions between income and treatment group were rare.

It should be emphasized that this core design was used to assess the impact of victimization and victim services on the victim. The larger evaluation design included (1) a survey of 148 police officers, (2) group interviews with police officers, (3) a survey of 35 deputy county attorneys, (4) interviews with staff and volunteers of the Victim/Witness Advocate Program, (5) observation of both crisis intervention counselors and police (including several nights spent riding with the crisis unit and with police), and (6) an analysis of program costs.

The information on program functions and relations with other agencies was gathered through the Process Study. Impact of victim services on victims and criminal justice agencies was assessed through the Impact Study. These are discussed below.

Process Study Methods. Several different methods were used to capture process information. These methods are further described below.

- Interviews with Victim/Witness staff. Each member of the program was interviewed using a semi-structured interview form. These interviews provided information on the roles and responsibilities of the staff, their views of the overall strategy and philosophy of the program, how services are assigned and delivered, and the relationships between the Victim/Witness Program, and other agencies and organizations. Although a substantial amount of this information also came from other sources (see below), interviews allowed us to see the program and its operations through the eyes of those who are closest to it.
- Observation and recording. Much of the information gleaned about the Victim/Witness Program operations came from informal observations of the on-site research analysts who were stationed near the program offices. By their continued presence and interactions with program staff, they were able to learn much about program operations, strategy, and philosophy.

In addition to these informal observations, other more systematic observations were also conducted. Our program staff accompanied the Victim/Witness counselors on initial visits to a sample of those victims who received the immediate crisis intervention services. These observations were designed to provide a thorough and accurate understanding of the dynamics of these activities -- counseling strategies used under various conditions and with different types of victims, program staff interactions with police, information provided to the victim, referrals made, etc. Each case observed yielded a case description, part of which was structured and uniform across cases -- type of crime, victim characteristics, state of victim upon arrival, time spent with victim (by staff and police), etc. -- and part of which was a narrative designed to capture the gestalt of the event along with any idiosyncratic aspects of the case. These observations were continued until the central aspects of the case descriptions became redundant.

- Analysis of victim records. Victim records from the Victim/Witness Program, the police, and the County Attorney's office were analyzed to identify the numbers and types of crime victims who receive victim assistance services.
- Interviews with police, prosecutors, and staff of other local agencies. Samples of police officers and deputy county attorneys were interviewed to determine reasons for requesting or not requesting victim assistance services. The interviews also probed criminal justice officials' attitudes toward the victim program.

Impact Study Methods. Face-to-face interviews were conducted with an initial sample of 323 victims. In-person interviews, though more costly than telephone interviews, were conducted initially because we administered a fairly lengthy interview (60-90 minutes) which explored the full range of the impact of the crime on the victim and included the administration of some psychological scales. These

scales are best administered in person. In addition, we expected that many victims would undoubtedly be frightened and upset when we first spoke with them shortly after the incident. Face-to-face interviews can often facilitate a more trusting relationship between respondent and interviewer than is true in telephone interviews. Of the victims in the sample, approximately one-third received full crisis intervention services from the Victim/Witness Program, one-third were composed of victims who received services without immediate crisis intervention, and one-third included a comparable sample of victims who received no special services.

Victim samples were drawn from both the Victim/Witness Program records and, for the group of victims not receiving services, from the Tucson Police Department records.

Victims we spoke with initially were followed up a second time (N=258), approximately four-six months after the initial interview. To maximize resources, this data collection was conducted through telephone interviews which lasted an average of 30-45 minutes. Because these follow-up interviews were shorter than the first interview, and because the initial interview was in-person, we did not anticipate the same types of problems discussed previously when the first contact is by telephone. At this stage, victims knew who we were and had already discussed many of their feelings with us. Our telephone interviews proceeded very smoothly and victims appeared very open and willing to participate in the follow-up interviews (as was true in the initial interviews).

The initial and follow-up victim interviews were designed to measure the emotional, physical, social, and financial impact of victimization, and the effects of providing services. We interviewed victims of sexual, domestic, and other assaults, as well as robbery and burglary victims, who did and did not receive services.

The sample for the anonymous survey of police officers was drawn randomly, stratified by team (the county is divided into four teams). The survey was first pre-tested with a small group (N=6) of police officers to ensure comprehension and

to estimate the time of administration. It was then modified slightly before administration to the sample. A copy of the survey is attached (Attachment B).

The group interviews with police were conducted with patrol officers at each of the four team locations. No supervisors were present, and no names were taken. Officers were told the purpose of the study and that all information was confidential and anonymous and to be used for research purposes. A copy of the interview is attached (Attachment C).

The survey of deputy county attorneys included the entire department, with the exception of two attorneys used for the pre-test and three who did not return their questionnaires. A copy of the interview may be found in Attachment D.

Other methodological issues. In addition to the non-equivalence issue discussed above (and in Chapters III and V), there were other methodological issues addressed in the course of the research. Issues included our concerns of external validity (the degree to which results may be generalized to other settings), given the inclusion of one experimental site. To maximize external validity we followed the "model of deliberate sampling for heterogeneity" (Cook and Campbell, 1979). This model emphasizes the selection of a broad variety of victim characteristics and crime types: what our design lacked in broad geographic representation, we compensated for in the types of victims sampled in Tucson. Also of concern was our ability to locate victims for our initial and follow-up interviews and enlist their cooperation. While most victims cooperated once we reached them, it was difficult to locate victims due to incomplete or inaccurate information on police and program records and to the transiency of many victims. Overall, we were able to initially reach 62% of the victims we attempted to interview and only 7% refused to be interviewed. For the follow-up interview, we were able to reach a full 80% of our initial sample -- a response rate higher than most previous victim studies.

Victim Interview Measures

The measures used in the course of the study included the survey and interview instruments discussed above (and presented in the attachments) and the victim im-

fact interview. A copy of the victim impact interview is included in Attachment E. The rationale behind the general content and structure deserves mention. In developing this instrument, we considered several (sometimes competing) goals. First, it was important that it be comprehensive. Although we were most interested in assessing emotional adjustment, we also wanted to include measures of behavioral adjustment; effects on social, family, and work life; financial effects; and victims' perceptions about the assistance received. Because some victims may have problems with eyesight or reading, we thought it important to make the entire interview orally administered. Because of the number and variety of different topics to be addressed, we decided that given time considerations, we could not afford to use lengthy standardized scales. (For example, the Modified Fear Survey has 120 items; the SCL-90 has 90 items.) Moreover, most of these scales were developed for use with clinical populations and included a variety of pathological constructs that were tangential to our purposes. Finally, we also desired a common response category across scales. Therefore, we decided that for our main measures of emotional effects, we would use a slightly modified version of the state subscale of the State-Trait Anxiety Inventory (STAI) and two brief specially developed scales, the Fear scale and the Stress scale. The Anxiety scale differed from the STAI in only three minor respects: (1) one item was deleted because it was long and awkward, (2) the frame of reference became the time since the crime or incident (rather than simply "at this moment"), and the middle categories of the four-point scale were changed to "a little" and "a fair amount" (rather than "somewhat" and "moderately so"). The Fear scale consisted of 12 items, and the Stress scale nine items, all answered by the same four-point scale. Items were included based upon the kinds of difficulties crime victims might experience, as indicated by past research and the authors' general knowledge of victimization effects. Both yielded high Alpha coefficients, indicating excellent internal consistency reliability. For the Fear scale the Alpha was .88, and for the Stress scale it was .84.

In addition to these emotional scales, there were eight individual questions about other emotional states ("angry," "tired," "sad"), and nine questions about the effects of the crime on behavioral adjustment (social life, work, family, etc.). Other sections of the interview addressed financial effects and several aspects of the nature and quality of assistance received.

Sampling

Beginning in the fall of 1982 and continuing for 8-10 months, our on-site analysts sampled every case in which a crime victim received crisis intervention or delayed services from the Victim/Witness Advocate Program. In addition, we sampled robbery, sexual assault, domestic violence, other assault and burglary cases from the Tucson Police Department on a bi-monthly basis. The police cases were randomly chosen to represent the geographic area of the city.

On a monthly basis, we examined the proportion of cases in each of our treatment groups and adjusted the number of cases included for each type of crime in the delayed services and no treatment groups in proportion to the crisis group. Thus, the number of robbery, sexual assault, domestic violence, other assault and burglary cases in each treatment group was largely dictated by the number of these victims who received crisis services in Tucson. An exact match of victims by type of crime among the three groups was not possible, however, because the likelihood that a victim would receive crisis services (or not) was largely dependent on the type of crime. For example, most sexual assault victims in Tucson receive crisis intervention; therefore, it was difficult to identify sufficient numbers of sexual assault victims who did not receive services compared with those receiving crisis care. While an exact match was not obtained, we were able to achieve relative proportions to allow comparisons among treatment groups based on type of crime.

APPENDIX E

POLICE & DEPUTY COUNTY ATTORNEY
SURVEY RESULTS

POLICE SURVEY RESULTS

1. The Victim/Witness Program is intended to assist with a variety of cases. Please indicate how useful you think Victim/Witness services are for the following types of cases.

| | <u>Often Useful</u> | <u>Sometimes Useful</u> | <u>Seldom Useful</u> | <u>Never Useful</u> | <u>N*</u> |
|-------------------------------------|---------------------|-------------------------|----------------------|---------------------|-----------|
| Domestic assaults/ family fights | 44% | 52% | 4% | | 142 |
| Sexual assaults | 81% | 18% | -- | -- | 147 |
| Assaults (nonsexual) | 15% | 58% | 27% | -- | 140 |
| Death notifications | 74% | 21% | 5% | -- | 144 |
| Suicides/attempt suicides | 59% | 35% | 4% | 2% | 142 |
| Drunkenness | 6% | 18% | 55% | 21% | 137 |
| Mentally disturbed | 17% | 49% | 27% | 7% | 140 |
| Burglary | 7% | 42% | 41% | 10% | 137 |
| Robbery | 14% | 53% | 28% | 5% | 135 |

2. The items below cover some of the ways that Victim/Witness might help you to perform your duty. For each item, please indicate whether you feel the program helps you "very much," "a fair amount," "a little," or "not at all."

| | <u>Very Much</u> | <u>A Fair Amount</u> | <u>A Little</u> | <u>Not At All</u> | <u>N</u> |
|--|------------------|----------------------|-----------------|-------------------|----------|
| a. Saves me time | 21% | 44% | 31% | 4% | 135 |
| b. Helps calm the victim | 43% | 50% | 7% | 1% | 136 |
| c. Allows me to concentrate on my work | 26% | 40% | 32% | 2% | 134 |
| d. Takes some of the stress off me | 18% | 34% | 34% | 14% | 134 |
| e. Helps develop a cooperative witness | 17% | 39% | 38% | 5% | 130 |
| f. Helps in situations that are not really law enforcement | 56% | 38% | 6% | -- | 137 |
| g. Makes my job easier | 27% | 45% | 26% | 1% | 135 |
| h. Helps victims in ways that I can't | 45% | 39% | 12% | 5% | 134 |
| i. Helps with victim's family or friends | 42% | 53% | 5% | -- | 136 |
| k. Provides helpful information to victims | 66% | 29% | 4% | -- | 137 |
| l. Helps victims feel better about the justice system | 31% | 40% | 24% | 5% | 127 |

*Due to rounding errors, percentages do not always add up to 100%.

3. The items in this section ask for your general views of the Victim/Witness Program. For each item, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

| | <u>Strongly Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> | <u>N</u> |
|--|-----------------------|--------------|-----------------|--------------------------|----------|
| The Victim/Witness Program... | | | | | |
| a. ...is helpful to victims | 43% | 57% | -- | -- | 148 |
| b. ...is helpful to those in need of Social Services | 42% | 57% | 1% | -- | 147 |
| c. ...is a valuable addition to the criminal justice system | 32% | 63% | 3% | 1% | 147 |
| d. ...helps make my job more satisfying | 12% | 56% | 28% | 4% | 145 |
| e. ...doesn't help me very much | 1% | 5% | 70% | 23% | 146 |
| f. ...allows me to do my work more efficiently | 12% | 70% | 14% | 3% | 146 |
| g. ...is good because it pays attention to the forgotten person -- the victim of crime | 51% | 46% | 2% | 1% | 148 |
| h. ...doesn't really help victims much | 1% | 2% | 62% | 35% | 147 |
| i. ...counselors are well-trained for their job | 11% | 80% | 7% | 2% | 138 |
| j. ...counselors are responsive to police needs | 19% | 72% | 6% | 3% | 144 |

4. The items in this section ask for your views on the Victim/Witness Crisis Unit, which offers on-scene assistance to victims. For each item, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

| | <u>Strongly Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> | <u>N</u> |
|---|-----------------------|--------------|-----------------|--------------------------|----------|
| The Crisis Unit... | | | | | |
| a. ...is an essential component of the Victim/Witness Program | 51% | 49% | -- | -- | 146 |
| b. ...often isn't available when you need it | 11% | 44% | 42% | 3% | 142 |
| c. ...usually responds rapidly to calls | 4% | 63% | 31% | 2% | 141 |
| d. ...is not really needed -- later services are good enough | 1% | 3% | 70% | 26% | 145 |
| e. ...usually takes too long to get to the scene | 2% | 39% | 55% | 4% | 137 |
| f. ...is the most helpful part of the Victim/Witness Program | 20% | 72% | 8% | -- | 143 |
| g. ...needs more than one car to serve the entire city | 63% | 34% | 3% | -- | 145 |

5. Among the cases the Victim/Witness Program is designed to assist are victims of robbery and burglary, but they don't get many cases of this type. Why do you think this is so? (Check as many as apply.)

a. Most burglary victims aren't very upset -- there's really no need for additional help.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 6% | Disagree | 34% |
| Agree | 56% | Strongly Disagree | 4% |
| N | | 144 | |

b. Most robbery victims aren't very upset -- there's really no need for additional help.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 3% | Disagree | 59% |
| Agree | 24% | Strongly Disagree | 13% |
| N | | 143 | |

c. Most burglary victims don't want help from Victim/Witness.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 5% | Disagree | 29% |
| Agree | 65% | Strongly Disagree | -- |
| N | | 140 | |

d. Most robbery victims don't want help from Victim/Witness.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 3% | Disagree | 64% |
| Agree | 28% | Strongly Disagree | 5% |
| N | | 137 | |

e. Most robbery victims don't want help from Victim/Witness.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 14% | Disagree | 14% |
| Agree | 69% | Strongly Disagree | 3% |
| N | | 145 | |

f. Most police officers just don't think of Victim/Witness for burglary victims.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 5% | Disagree | 44% |
| Agree | 44% | Strongly Disagree | 6% |
| N | | 146 | |

g. Most police officers just don't think of Victim/Witness for robbery victims.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 3% | Disagree | 73% |
| Agree | 20% | Strongly Disagree | 3% |
| N | | 145 | |

h. There's really nothing that Victim/Witness can do for burglary victims.

| | | | |
|----------------|----|-------------------|-----|
| Strongly Agree | 3% | Disagree | 78% |
| Agree | 6% | Strongly Disagree | 12% |
| N | | 144 | |

5. (cont'd)

- i. Victim/Witness is not called for these types of cases because officers think they should be saved for more appropriate cases; e.g., rapes, domestic assaults, etc.

| | | | |
|----------------|-----|-------------------|-----|
| Strongly Agree | 13% | Disagree | 24% |
| Agree | 63% | Strongly Disagree | -- |
| | N | 144 | |

DEPUTY COUNTY ATTORNEY SURVEY RESULTS

1. What kinds of Victim/Witness services have you used?

(N=35)

| | |
|--|-----|
| Referral services (e.g., shelter, food bank, treatment center, etc.) | 16% |
| Counseling | 28% |
| Explain court process | 28% |
| Witness notification | 28% |
| Transportation to court | 23% |
| Accompany victim/witness to court | 27% |
| Help in determining victim's wishes regarding disposition | 26% |
| Explain plea bargain/case outcome | 19% |
| Help determine restitution | 19% |

2. What kinds of cases has Victim/Witness helped you with?

(N=35)

| | |
|---------------------------------|-----|
| Domestic assaults/family fights | 19% |
| Sexual assaults | 13% |
| Assaults (nonsexual) | 19% |
| Homicides | 17% |
| Hit and run | 10% |
| Burglary | 15% |
| Robbery | 12% |
| Other (Specify) _____ | 11% |

3. The Victim/Witness Program is intended to assist with a variety of cases. Please indicate how useful you think Victim/Witness services are for the following types of cases.

| | Often Useful | Sometimes Useful | Seldom Useful | Never Useful | N |
|---------------------------------|--------------|------------------|---------------|--------------|----|
| Domestic assaults/family fights | 93% | 7% | -- | -- | 30 |
| Sexual assaults | 88% | 12% | -- | -- | 24 |
| Assaults (nonsexual) | 52% | 48% | -- | -- | 29 |
| Homicides | 81% | 16% | -- | 4% | 25 |
| Hit and run | 83% | 13% | 4% | -- | 24 |
| Burglary | 34% | 52% | 14% | -- | 29 |
| Robbery | 41% | 52% | 4% | 4% | 27 |

4. The items below cover some of the ways that Victim/Witness might help you to perform your duty -- or might not help at all. For each item, please indicate whether you feel the program helps you "very much," "a fair amount," "a little," or "not at all."

| | <u>Very Much</u> | <u>A Fair Amount</u> | <u>A Little</u> | <u>Not At All</u> | <u>N</u> |
|--|----------------------|--------------------------|-----------------|-----------------------|----------|
| The Victim/Witness Program... | | | | | |
| a. ...saves me time | 27% | 36% | 36% | -- | 33 |
| b. ...helps calm the victim/ witness | 53% | 41% | 6% | -- | 34 |
| c. ...allows me to concentrate on my work | 27% | 36% | 27% | 9% | 33 |
| d. ...takes some of the stress off me | 24% | 30% | 27% | 18% | 33 |
| e. ...helps develop a coopera- tive witness | 38% | 26% | 35% | -- | 34 |
| f. ...makes my job easier | 33% | 30% | 36% | -- | 33 |
| g. ...helps victim/witness in ways I can't | 48% | 39% | 6% | 8% | 33 |
| h. ...helps with victim's/ witness' family or friends | 30% | 36% | 33% | -- | 33 |
| i. ...provides helpful information to victims/ witnesses | 41% | 53% | 6% | -- | 34 |
| j. ...helps victims/witnesses feel better about the justice system | 30% | 52% | 15% | 3% | 33 |

5. The items in this section ask for your general views of the Victim/Witness Program. For each item, please indicate whether you "strongly agree," "agree," "disagree," or "strongly disagree" with the statement.

| | <u>Strongly Agree</u> | <u>Agree</u> | <u>Disagree</u> | <u>Strongly Disagree</u> | <u>N</u> |
|--|---------------------------|--------------|-----------------|------------------------------|----------|
| The Victim/Witness Program... | | | | | |
| a. ...is helpful to victims/witnesses | 80% | 20% | -- | -- | 35 |
| b. ...is a valuable addition to the criminal justice system | 71% | 29% | -- | -- | 35 |
| c. ...helps make my job more satisfying | 35% | 53% | -- | 12% | 34 |
| d. ...doesn't help me very much | 3% | 3% | 38% | 56% | 34 |
| e. ...allows me to do my work more efficiently | 29% | 65% | -- | 6% | 34 |
| f. ...is good because it pays attention to the forgotten person -- the victim of crime | 56% | 38% | -- | 6% | 34 |
| g. ...doesn't really help victims/witnesses much | 3% | 44% | -- | 53% | 34 |
| h. ...counselors are well-trained for their work | 26% | 71% | -- | 3% | 35 |
| i. ...counselors are responsive to the needs of deputy county attorneys | 40% | 60% | -- | -- | 35 |