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PROVIDING HELP TO VICTIMS:  
A STUDY OF PSYCHOLOGICAL  
AND MATERIAL OUTCOMES

EXECUTIVE SUMMARY

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#### A. Introduction

Only a decade ago, little was known about the psychological effect of crime on its victims. Just as victims were relatively ignored by the criminal justice system, so too were their mental health needs ignored by society.

Today the situation has changed markedly. Beginning in the early 1970s, psychological researchers began to find that many victims experience psychosocial adjustment problems. These problems may include disorientation, fear, humiliation, helplessness, anger, and depression. As research has gained sophistication, it has become possible to describe both the intensity and duration of these reactions. Recent research has tried to determine which victims (based on demographic factors, crime-related factors, and coping styles) are likely to suffer the most intense or most prolonged psychosocial adjustment problems.

As a result of research efforts, society has come to realize that victims often need professional assistance in dealing with the aftermath of crime. Many programs have sprung up across the country to help victims recover. The model that most of these programs have adopted is crisis intervention--a brief therapeutic technique designed to aid persons who normally function successfully, but who are experiencing temporary adjustment problems because of a well-defined stressful situation. The technique is one which was developed in other fields (suicide prevention,

serious illness, death of loved ones), but which seems quite appropriate for crime victims.

Crisis counselors attempt to determine the extent of the crisis; assess what resources the individual has that can help him or her through the crisis; and develop and carry out an intervention plan. Crisis counseling typically involves compassionate listening and efforts to help the victim to make sense of the event. Victims are often reassured by counselors that the crime was not their fault, that the distress they are experiencing is normal, and that they will recover and be able to cope with their life circumstances in time. Crisis intervention services often include material assistance such as emergency food, shelter, clothing, or cash; home security or crime prevention services; and other services designed to help victims regain a sense of control over their lives.

But, while crisis intervention has been widely applied to the treatment of crime victims, there is relatively little data on whether it is effective in helping victims to recover. A 1982 survey of victim assistance programs, Cronin and Bourque decried the lack of evaluative data on crisis intervention services. When the American Psychological Association's Task Force on the Victims of Crime and Violence issued its final report in 1984, they found that the situation had changed little. The Task Force report states bluntly, "Both those who seek help and those who pay

for services deserve interventions for which the efficacy is known or is under systematic study. Little is known about the effectiveness of services currently being offered to victims" (1984:100).

Very recently some attempts have been made to document the effects of therapeutic intervention with crime victims. But so far these attempts have not been able to demonstrate that victims who receive services fare any better than those who do not. Given the infancy of the field, that is hardly surprising: the state of knowledge is little better in other areas where crisis intervention is used--for example in the fields of suicide prevention, acute psychiatric crises, and serious illnesses. And, it has only been in recent years that the weight of evidence has begun to suggest that even longer-term therapy for psychological problems is more effective than no treatment. The effects of counseling are simply not easy to measure, and the methodological problems involved in trying to measure them are substantial. Still, much money is being spent on crisis intervention services for victims, and--as the American Psychological Association's Task Force suggested--those who receive services and those who pay for them certainly have a need to know which forms of treatment work and which do not.

B. The Present Study

The current research grew out of interest by the Victim Services Agency in New York in knowing whether the crisis counseling it was providing was effective in helping victims to recover from the psychological effects of crime. Also, because VSA places a heavy emphasis on material assistance, the Agency was interested in knowing whether those services played a demonstrable role in victims' recovery. Finally, VSA was interested to know if other counseling techniques might be used in conjunction with the traditional crisis counseling approach that it normally used to make a stronger treatment. One technique that seemed particularly promising was cognitive restructuring, a technique which ferrets out and challenges "irrational" beliefs about the world, one's self, and others which are assumed to give rise to adjustment problems. The essence of this approach is embodied in a quote from Epictetus: "Men feel disturbed not by things, but by the views which they take of them."

VSA's research proposed to examine the effects of three service conditions on the post-crime adjustment of victims of a variety of crimes. The three service conditions, or treatments, included: (a) traditional crisis counseling (which incorporates psychological and material assistance), (b) cognitive counseling (used in conjunction with crisis counseling), and (c) material

assistance only (no psychological first aid provided. In a fourth, no-treatment condition, victims received no services.

The research design randomly assigned victims recruited from police felony complaint records in eight New York City precincts to one of the four treatment conditions. Victims in all conditions were administered an assessment battery including measures of mood (the Affect Balance Scale), post-traumatic stress (the Impact of Event Scale), general psychopathology, (the Symptom Checklist 90-R), fear of crime, and social adjustment (the latter two scales were designed specifically for the study). Victims were assessed through an in-person interview twice, once prior to treatment and once afterwards. The initial interviews were conducted within the first month after the crime, and the follow-up interviews three months later. All together, 249 victims completed the first interview and 188 of the victims also completed the follow-up interview. The sample was composed of 39% burglary victims, 34% robbery victims, 24% assault victims, and 2% rape victims. Demographically, the sample seemed representative of the communities from which the victims were recruited.

The random assignment of victims to treatments (the strongest type of research design), in conjunction with no-treatment control group, separate this from the few other recent efforts to examine the effectiveness of counseling for crime victims. Other

distinguishing features of the study are the large sample size and the inclusion of a treatment group which received material assistance, but not counseling.

C. Results of the Experiment

The effects of services were measured on two types of outcomes--victims' material adjustment and victims' psychological adjustment. To measure the impact of services on material adjustment, victims' were asked on both the pre-treatment and 3-month post-treatment interviews whether they were experiencing problems in each of four areas--financial, medical, job-related, and other" (which proved to be primarily stress-related problems). Prior to treatment, 73% of victims experienced at least one of these problems, and no significant differences existed between treatment groups in the incidence of crime-related problems. Victims in the two counseling groups and the Material Assistance Only group each received an average of about one form of material assistance from VSA (most frequently emergency cash or lock repair/replacement). But the aid did not lead to a greater reduction of crime-related problems among the groups which received it relative to the control group. It may be, though, that no differences were observed between groups simply because by the time of the post-treatment interview (three months after the pre-treatment assessment) crime-related problems tend to disappear with or without services: Among all victims,

crime-related problems declined from 73% on the pre-test interview to only 22% on the follow-up interview.

The effects of counseling on victims' psychological adjustment were measured using a measure of the predominance of positive versus negative moods (the Affect Balance Scale), a measure of post-traumatic stress (the Impact of Event Scale), a measure of general psychopathology (the Symptom Checklist 90-R), a measure of fear of crime, and a measure of social adjustment (both of the last two measures were constructed specifically for the study). The three published scales are ones which have been used in several studies on crime victims and which have proven themselves sensitive to the effects of victimizataion (viz., they distinguish victims from non-victims and show changes over the months following crime, as victims recover).

On the pre-test, no differences between treatment groups were apparent on any of the measures of psychological adjustment. Between the pre- and post-treatment assessments, scores on most of the measures improved significantly for the sample as a whole. Disappointingly, the improvement was no greater for victims in the two counseling groups than in the Material Assistance Only group or the Control group: No significant differences were apparent between treatment groups on any of the psychological measures from the post-test assessment (See Table 1). Essentially the same results were obtained when the analyses were

TABLE 1: DIFFERENCES BETWEEN GROUPS ON PSYCHOLOGICAL SCALES AFTER TREATMENT (WHOLE SAMPLE)

	<u>Control</u> <u>(n=48)</u>	<u>Material Assistance Only</u> <u>(n=55)</u>	<u>Crisis Counseling</u> <u>(n=53)</u>	<u>Cognitive Restructuring</u> <u>(n=25)</u>	<u>Significance</u> <sup>1</sup>
<u>SCL-90R</u>					
Somatization	0.77	0.87	0.76	1.01	$F(3,167)=0.68$
Obsessive-compulsive	0.67	0.75	0.73	0.78	$F(3,167)=0.13$
Interpersonal Sensitivity	0.81	0.95	0.83	1.14	$F(3,167)=0.82$
Depression	0.64	0.76	0.81	0.89	$F(3,167)=0.51$
Anxiety	0.63	0.67	0.78	0.72	$F(3,167)=0.30$
Hostility	0.68	0.69	0.77	0.78	$F(3,167)=0.13$
Phobic Anxiety	0.57	0.70	0.82	0.74	$F(3,167)=0.75$
Paranoid Ideation	0.63	0.69	0.69	0.65	$F(3,167)=0.05$
Psychoticism	0.61	0.63	0.73	0.65	$F(3,167)=0.22$
Global Symptom Index	0.66	0.73	0.75	0.81	$F(3,167)=0.25$
<u>Affect Balance Scale</u>					
Joy	2.12	2.11	2.16	2.28	$F(3,164)=0.20$
Contentment	2.14	2.19	2.08	2.29	$F(3,164)=0.38$
Vigor	2.20	2.26	2.16	2.35	$F(3,164)=0.29$
Affection	2.43	2.69	2.29	2.60	$F(3,164)=1.92$
Anxiety	1.52	1.77	1.65	1.83	$F(3,164)=0.96$
Depression	1.14	1.27	1.28	1.41	$F(3,164)=0.56$
Guilt	0.88	0.98	1.14	1.10	$F(3,164)=0.80$
Hostility	1.28	1.48	1.49	1.58	$F(3,164)=0.73$
Negative Mean	1.20	1.38	1.39	1.48	$F(3,164)=0.84$
Positive Mean	2.22	2.31	2.17	2.38	$F(3,164)=0.49$
Affect Balance Index	1.02	0.93	0.78	0.90	$F(3,164)=0.31$
<u>Impact of Event Scale</u>					
Avoidance	1.96	1.86	2.14	1.93	$F(3,174)=0.38$
Intrusion	1.89	1.78	1.73	1.79	$F(3,174)=0.10$
Overall	1.93	1.82	1.94	1.85	$F(3,174)=0.10$
<u>Fear of Crime Index</u>	4.50	4.73	4.49	4.80	$F(3,177)=0.11$
<u>Behavioral Adjustment Index</u>	2.33	1.75	1.30	1.24	$F(3,177)=1.44$

1. No tests approached statistical significance.

limited to victims exhibiting the most severe symptomology on the pre-test assessment.

It was noted, however, that nine in ten victims assigned to the counseling treatments only received one session of crisis counseling. Because a single session is a very small amount of counseling indeed, an attempt was made to determine whether counseling effects might have existed for those victims who received multiple sessions. Therefore, for victims assigned to counseling, correlations were run between the number of counseling sessions received and five summary measures from the psychological scales at the follow-up assessment. None of the correlations were statistically significant, either with or without controlling for victims' scores from the initial assessment on the measures of adjustment.

Victims, however, believed that they benefitted from crisis intervention services. When victims were asked whether the services they received were helpful 89% responded affirmatively. The proportion rating services as helpful was significantly higher for victims who had received cognitive restructuring counseling than those who had received crisis counseling alone.

This last finding is particularly interesting because cognitive restructuring was a new technique for all counselors who participated in the study. The technique was taught to the

counselors in just two group and one individual training sessions by a clinical psychologist skilled in its use. Counselors experienced definite difficulties in trying to apply the technique. Some found it generally frustrating, and never achieved any level of comfort with it. Others were able to integrate the technique successfully into their sessions. All argued that there were situations where it just was not appropriate. Those included situations with victims who were severely traumatized, victims who had little education and were not accustomed to analyzing their thoughts or motivations, and victims who had urgent practical problems.

But counselors also reported some significant successes in using the cognitive method. One was the case of a robbery victim who realized that the reason she felt depressed and suicidal was that she had cut herself off from the activities that gave her life meaning because she was afraid to go out of her house. When asked at the conclusion of the study whether the technique was a useful tool for their future work, all but one counselor agreed that it was.

D. Predicting Recovery

The study produced little evidence that counseling received by victims in the study enhanced recovery three months post-crime. We have noted that this was because--counseled or not--victims had recovered substantially from the crime three months later. Still, the degree of recovery on the follow-up interview did vary from victim to victim. A secondary goal of the research was to determine whether it is possible to predict which victims were likely to show high or low amounts of psychological distress both shortly after the crime and three months later.

Some research has suggested that recovery is affected by a number of factors, including (a) the degree of life stress experienced by victims in the period prior to the crime, (b) aspects of the crime (seriousness, endangerment of the victim's life), and (c) victim demographic characteristics (most notably socioeconomic status). Other researchers have focused on the relationship between how people perceive their victimization and their ability to readjust in the weeks and months after the crime. One aspect of how people perceive victimization centers around blame for the incident. A tradition of "Just world" research has long suggested that other people, as well as victims themselves, tend to blame victims for their misfortune. Crisis theorists in the victim field have noted this and have argued that such perceptions are detrimental to victims' recovery.

Some researchers, however, raised the question of whether it might be adaptive for victims to blame themselves for the incident. It has been argued that there is an important distinction between characterological self-blame (blaming the events on stable aspects of one's personality that cannot easily be changed) and behavioral self-blame (blaming the event of specific behaviors that can readily be altered). It has been suggested that, while characterological self-blame was a hinderance to recovery, behavioral self-blame might facilitate recovery by giving the victim a greater sense of control. As of yet there has been no empirical test of the validity of this hypothesis for crime victims.

Another theory of how people perceive victimization proposes that victims attempt to minimize their situation through a process of "selective evaluation", which takes several forms. They include (a) comparing oneself with less fortunate others, (b) focusing on attributes that make one appear advantaged, (c) comparing one's situation to worse possible situations, (d) identifying positive consequences in the situation, and (e) positively evaluating one's coping efforts. With some qualifications proponents of the selective evaluation concept argue that it is adaptive. Again, however, there is no empirical evidence to prove or disprove this hypothesis.

The present study attempted to try to isolate particular characteristics of respondents, of victimizations, and of the way

respondents perceived victimization that might result in high or low distress. Included in the analysis were (a) indicators of socio-economic status (education, income, employment status), (b) other demographic measures (age, sex, whether respondents' lived alone), (c) life stress measures (whether respondents had sought professional help recently for an emotional problem and whether they had been previous victims), (d) crime characteristics (type of crime, injury to victim, whether victims' life was felt to be in danger), (e) measures of victims' tendencies to focus on positive aspects of their situations (selective evaluation) and (f) measures of self-blame.

Initially, the simple relationships between these blocks of predictors and distress were examined, at both initial and follow-up assessments. Then, the effects of predictors on distress were examined while statistically holding constant the effects of other predictors, using a technique called heirarchical regression. The results are presented for the summary measure of psychopathology (from the Symptom Checklist 90-R) in Table 2 and a summary measure of positive mood (from the Affect Balance Scale) in Table 3.

The efforts to predict psychological adjustment confirmed several of the findings of other researchers. For example, women displayed more post-crime trauma than men in the initial weeks after the crime (but not on the follow-up interview). Socio-

TABLE 2: MULTIVARIATE PREDICTION OF SCL-90R GLOBAL SYMPTOM INDEX SCORES AT INITIAL AND FOLLOW-UP ASSESSMENTS

	Initial Assessment	Follow-Up Assessment		
	<u>Standardized Regression Coefficient</u>	<u>Percent of Variance Explained (<math>R^2 \times 100</math>)</u>	<u>Standardized Regression Coefficient</u>	<u>Percent of Variance Explained (<math>R^2 \times 100</math>)</u>
<u>Demographics</u>		7.1%		1.3%
Live alone?	0.08		0.01	
Sex	0.19**		0.03	
Age	-0.22**		-0.12	
<u>SES</u>		5.3%		11.3%
Education	-0.05		-0.12	
Income	-0.19**		-0.27**	
Currently employed?	-0.11		-0.11	
<u>Life Stress</u>		0.8%		1.5%
Prior counseling	-0.03		-0.06	
Prior victim	-0.09		-0.12	
<u>Crime Characteristics</u>		3.7%		5.4%
Type of Crime	-0.02		-0.07	
Life in danger?	0.07		0.20*	
Injured?	-0.23**		-0.25**	
<u>Selective Evaluation</u>		4.9%		1.3%
Comparison with others	0.07		0.06	
Selective focusing	0.13		-0.01	
Could have been worse	-0.12		-0.10	
Positive aspects	0.05		0.08	
Coping well	0.07		0.02	
<u>Self-Blame</u>		0.0%		0.4%
Behavioral self-blame	0.01		0.06	
Overall		30.9%		27.2%
Degrees of freedom=144				

\* Significant at .05 level.

\*\* Significant at .01 level.

TABLE 3: MULTIVARIATE PREDICTION OF ABS POSITIVE AFFECT TOTAL SCORES AT INITIAL AND FOLLOW-UP ASSESSMENTS

	Initial Assessment	Follow-Up Assessment		
	<u>Standardized Regression Coefficient</u>	<u>Percent of Variance Explained (R<sup>2</sup> x 100)</u>	<u>Standardized Regression Coefficient</u>	<u>Percent of Variance Explained (R<sup>2</sup> x 100)</u>
<u>Demographics</u>		2.8%		3.9%
Live alone?	0.05		-0.03	
Sex	0.05		0.12	
Age	0.20**		0.18*	
<u>SES</u>		0.1%		0.6%
Education	0.04		-0.06	
Income	-0.06		0.06	
Currently employed?	-0.05		-0.10	
<u>Life Stress</u>		0.4%		2.2%
Prior counseling	-0.06		0.15*	
Prior victim	0.05		0.05	
<u>Crime Characteristics</u>		0.8%		3.0%
Type of Crime	-0.14		-0.08	
Life in danger?	-0.09		-0.24**	
Injured?	-0.05		0.08	
<u>Selective Evaluation</u>		12.5%		10.6%
Comparison with others	-0.05		0.02	
Selective focusing	-0.27**		-0.28**	
Could have been worse	-0.10		-0.10	
Positive aspects	0.13		0.14	
Coping well	-0.20**		-0.10	
<u>Self-Blame</u>		1.5%		3.0%
Behavioral self-blame	-0.07		-0.10	
Overall		17.1%		20.0%
Degrees of freedom=140				

\* Significant at .05 level.

\*\* Significant at .01 level.

economic status was also a significant predictor of distress, and the disparities in distress between more and less affluent victims became larger at the follow-up assessment. It appears, in other words, that less affluent victims recover from the effects of crime slower than more affluent victims. (An alternative explanation is that both more and less affluent victims had recovered to baseline (i.e., pre-crime) levels of distress by the time of the follow-up assessment, but the baseline for low socio-economic victims was much lower than for high socio-economic victims. Without normative data for non-victims of demography comparable to the victim sample, it is impossible to distinguish with assurance between explanations of the gap between high and low socio-economic victims.)

Probably the most interesting finding in this section is the fact that how victims perceived their experience influenced their level of positive affect during the post-crime period. In fact, indicators of victims' tendencies to minimize their plight constituted the block of measures most strongly related to positive mood states in the multivariate analyses. (Significant correlations also existed between behavioral self-blame and positive mood states. They disappeared, however, in multivariate analyses.) To our knowledge this is the first study of crime victims to empirically validate a link between how people perceive victimization and their subsequent recovery. It is

especially significant because the relationship between victim perceptions and recovery were not a true focus of the study and the measures of perceptions were accordingly rough.

The finding linking victim perceptions to psychological adjustment has exciting implications for programs that counsel victims: If some victims have cognitive "styles" of responding to crisis that facilitate recovery, can these adaptive thought patterns be taught to other victims through counseling, with equally beneficial consequences? Based on research in the use of cognitive therapy in other fields, the answer is likely to be, "yes".

The findings of this study are consistent with the several other studies that have been done on the outcomes of counseling for crime victims. The vast majority of victims who received services believed that the services were helpful. (In our study, that was especially true for victims who received cognitive restructuring instead of crisis counseling alone.) But, while victims who received counseling showed improvement in measures of psychological distress three months later, improvement was equally great among victims who did not receive counseling. Similarly, victims who received material assistance reported fewer practical adjustment problems three months later, but the decline in practical problems was no greater than among victims who did not receive such services.

The results of this and earlier studies do not mean that counseling crime victims is not useful. But if counseling does have effects, why have they been difficult to demonstrate empirically?

The probable answer to this question is that the treatment administered in this study and in one earlier study--consisting usually of a single session of counseling--produced only weak and ephemeral effects. Any weak effects produced by counseling may well have been swamped by the healing effect of time. For most victims the crime does not produce such serious psychosocial disruptions that victims cannot cope themselves, and readjust over a period of days or weeks.

For other victims, there may be another reason why the effects of very brief counseling may be difficult to observe. It was noted that at least some persons who become victims are already suffering from a myriad of economic, social, and psychological problems. For such individuals, using the concept of "crisis" to describe a single burglary, robbery, or assault may be inappropriate. Crisis intervention services focused only on a specific incident are unlikely to have measureable effects on psychosocial functioning when the victimization is a relatively minor part of a pattern of life stress.

For these reasons, it is likely that trying to measure effects of the very brief crisis counseling that most victims who

request services avail themselves of would not prove fruitful. It may have to suffice to know that victims consider it helpful to have someone listen sympathetically for an hour, lend some reassurance, and provide material aid that they might not otherwise get.

We believe that future research efforts on victim counseling are needed, but that they ought to focus on victims who usually require more extensive counseling. Research has shown that there are long-term effects of rape on sexual functioning and psychological well-being that often are not resolved completely with the passage of months, or even years. For rape victims (and perhaps also for victims of domestic violence, victims of assaults involving catastrophic injuries, and survivors of homicide victims), the concept of "crisis" seems to apply much better than to other victims. That is, rape victims suffer from a readily identifiable, stressful event that typically produces large disruptions in psychosocial functioning that are not readily ameliorated through the victim's normal coping mechanisms. For these victims, counseling has the potential to lessen the harmful effects of crime that might otherwise remain at least partially unresolved. In other words, effects ought to be measureable. Moreover, victims are often willing to participate in a series of counseling sessions.

Within these parameters, there are a number of issues about how to counsel victims that deserve to be examined. Crisis

counseling is based on a set of beliefs about how victims ought to cope with crises, and those beliefs need to be carefully scrutinized. For example, crisis counselors argue that it is harmful to victims to blame themselves for their misfortune. Self-blame is seen as perpetuating the falsehood that victimization is anything other than a chance event, and is seen as injurious to victims' self-concepts. Accordingly, victim counselors often discourage victims from blaming themselves.

On the other hand, it has also been argued that self-blame actually may act to reduce distress--if it encourages victims to believe that they can control, through their actions, the risk of future victimization. This view is supported by empirical data from this and earlier studies which found that behavioral self-blame does seem to reduce psychological distress in victims. Moreover, studies from the field of attributional retraining in social psychology show that encouraging people to believe that failures on tasks are due to lack of effort--a controllable behavior--improves persistence and subsequent performance. Does this mean that victims who blame the crime on their behaviors are more likely to engage in precautionary behavior than other victims? Data from this study not represented in this report suggest that the answer is, "yes". What we do not know is whether victims who blame themselves are therefore less likely to suffer future victimizations.

We believe that more research is needed on the effects of counseling upon victims of rape and other crimes that are likely to produce consequences that most victims cannot successfully cope with alone. We further believe that such monies would best be spent examining the implications that different assumptions about how to counsel victims have upon their psychosocial adjustment, risk-avoidance measures, and the likelihood of revictimization.