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The Efficacy of Victim Services Programs

Alleviating the Psychological Suffering of Crime Victims?

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With the movement of the victim to the forefront of the criminal justice system, more and more services have been developed to alleviate the pain and suffering caused by the victimization experience. Some services seek to alleviate the psychological suffering of crime victims and include such programs as crisis intervention, individual and group counseling, and so forth. Several studies have examined to what extent such programming can actually improve the psychological functioning of crime victims. The present study examines that question through a quasi-experimental design in which victims who used services and victims who did not use services participated in a statewide telephone survey. The major finding of the study adds to those of previous studies: There is no significant difference between service and nonservice users when it comes to improvement in the psychological functioning of crime victims.

Keywords: *crime victimization; victim services programs; psychological functioning; social skills; support network*

Victim services programs were developed to provide certain types of assistance to victims. States began to implement victim compensation programs in the 1960s, and the federal government, in 1984, created legislation through which victims could be compensated for federal crimes (Doerner & Lab, 2002). Several social movements pushed for the recognition of the needs of victims and for the implementation of programs through which to provide them services. Special agencies were created, for example, to handle the critical issues associated with child abuse, and the women's movement worked to facilitate interventions in the lives of battered women (Doerner & Lab, 2002). Rape crisis centers appeared almost simultaneously with shelters for battered women and their children (Doerner & Lab, 2002). At the present time, a plethora of programming now exists for victims of crime, including (a) victim compensation programs, (b) victim-witness programs, (c) individual and group counseling, (d) shelters for victims of domestic violence and their children, (e) rape crisis counseling, and (f) job training and placement services, to name a few.

New and Berliner (2000) report that although individuals may be suffering from crime-related psychological conditions, very few ever seek assistance from victim services programs. Those who do are more likely to be victims of violent crime and to have been a victim prior to the current victimization experience (Norris, Kaniasty, & Scheer, 1990). The impact of crime on victims, especially crimes that are violent in nature, include posttraumatic stress disorder (PTSD), substance abuse, or thoughts of suicide (Freedy, Resnick, Kilpatrick, Dansky, & Tidwell, 1994). Victims of violent crime often experience extended hospital stays and lost days of work because of medical and mental health treatment (Cohen, Miller, & Rossman, 1994; Harlow, 1989).

In a national study of mental health care providers, Cohen and Miller (1994) discovered that upwards of 25% of patients reported being the victim of a crime, with costs of treating this population at \$48.1 million annually. As pointed out by New and Berliner (2000), "even when cost is not a factor, treatment-seeking crime victims obtain relatively modest amounts of therapy" (p. 703).

This article presents findings from an evaluation of victim services programs in Pennsylvania in which differences between users and nonusers of victim services by crime victims were examined related to alleviating psychological distress. The major findings of the study are discussed in light of the extant literature presented here, and conclusions are drawn by the authors as to how the findings relate to public policy in the area of victim services programs in general.

Review of the Literature

There is no doubt that experiencing a crime can have a debilitating impact on individuals. Although it would seem that victims of a violent crime would suffer more, both physically and mentally, than would a victim of a nonviolent crime, there is evidence that suggests that suffering by victims of some nonviolent crimes exist as well. The following review examines these issues.

In 1987, Lurigio conducted a study to explore the generalized effects of crime by comparing victims against nonvictims and the differential effects of crime by comparing separate groups of burglary, robbery, and nonsexual crime victims. In Detroit, phone interviews were conducted with 277 crime victims who were victimized during a 4-month period and 104 randomly selected nonvictims. The Detroit police department provided the names and phone numbers for the crime victim sample, and the victims selected had experienced one of three types of crimes—residential burglary, robbery, or felony assault—during a prescribed 4-month period. Researchers were most interested in the immediate impact of crime, and thus contact with victim respondents was attempted within 2 weeks after they filed an incident report with the police (Lurigio, 1987). Lurigio found that victims were more likely to report higher levels of vulnerability; fear; and distressing symptomology, such as anxiety, unpleasant thoughts, and upset stomach; and lower levels of self-efficacy than were nonvictims.

Victims were also more likely to engage in protective behaviors, such as looking out for suspicious people, avoiding strangers during walks, and checking behind the front door of their apartment or home as they enter. Burglary victims were more likely to report feeling vulnerable and fearful (Lurigio, 1987).

Kilpatrick, Saunders, Veronen, Best, and Von (1987) conducted a similar study to identify both the immediate and long-term psychological impact of criminal victimization on women. The study's sample consisted of 391 female residents of Charleston County, South Carolina, selected via random digit dialing. Two structured interviews were administered to determine lifetime criminal victimization experiences, crime reporting, and psychological impact. The crime types studied in this research included completed and attempted rape, completed and attempted sexual molestation, other types of sexual assault, aggravated assault, robbery, and burglary. Results showed that 75% of the women in the sample had been a victim of crime and that 53% had been victims of at least one sexual assault, specifically. The mean length of time postcrime for all crimes was 15.0 years. Only 41% of all crimes were reported to police by either the victim or by someone other than the victim. Burglary had the highest reporting rate and sexual assault the lowest (Kilpatrick et al., 1987).

One of the interviews used by Kilpatrick et al. (1987) was a modified version of the Diagnostic Interview Schedule, which was administered by specially trained clinical psychologists or clinical psychology interns. The Diagnostic Interview Schedule is a structured interview designed to determine objectively whether a respondent meets the diagnostic criteria based on the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., American Psychiatric Association, 1980) for current and lifetime presence of several mental health disorders, including PTSD. Findings indicate that 28% of victims had developed PTSD at some point after the crime. Lifetime prevalence rates were highest for completed rape, aggravated assault, completed molestation, and burglary. Eight percent of the respondents were experiencing PTSD at the time of the assessment (Kilpatrick et al., 1987).

The most comprehensive work found on the psychological impact of crime on victims was by Markesteyn (1992), who recognized the many limitations of victimization research. He found that many researchers had a narrow focus to their work, that most of the work was primarily exploratory, and that many of the psychological instruments used were not standardized, limiting generalizability and preventing cross-study comparisons. Markesteyn also noted that many researchers recruited participants by placing advertisements in the newspaper, by drawing a sample from police files, or from victim crisis programs. These methods of sample selection prevent a great number of crime victims who have not sought assistance from participating.

Seeking to avoid the pitfalls of previous research, Markesteyn (1992) first sought to identify factors that mediate the degree of harm experienced by victims. Borrowing from other researchers, his model included the following factors: (a) pre-victimization characteristics of the victim (e.g., income, occupation, gender, and age), (b) characteristics of the crime event (type of crime and extent of the injury to

the victim), and (c) victims' postvictimization abilities to cope (coping skills, social support systems, etc.). His assumption was that "these three sequential classes of variables span the period before the crime to months, even years following the victimization and that each set of factors may influence later variables, as well as the overall outcome" (Markesteyn, 1992, p. 10). Markesteyn concluded that the psychological impact of crime is not qualitatively dissimilar for victims of different criminal offenses but is rather a matter of degree. In other words, although the psychological symptoms experienced by victims of sexual assault, robbery, burglary, and kidnapping vary in intensity, the nature of their distress is the same.

A similar effort was undertaken in an earlier study by Davis (1987). Victims were assigned to one of four treatment groups: (a) crisis intervention with supportive counseling, (b) crisis intervention with cognitive restructuring, (c) material assistance only, and (d) no services. Respondents were randomly selected from felony complaint records in eight New York City precincts and were interviewed twice: 1 month after the crime and 3 months later. A total of 249 victims (burglary, robbery, assault, or rape victims) completed the first interview, and 181 completed the second interview, which is a relatively high rate of panel mortality. Davis identified a number of scales that are often used to assess mood, posttraumatic stress, general psychopathology, fear of crime, and social readjustment but found no benefits for victims in their psychological adjustment as a result of the services they received. He concluded that the typical and short-term intervention often associated with crisis intervention was not enough to have much of an impact. Too, whatever effects might be found to be associated with crisis intervention treatment could be short lived and begin to dissipate the further the event is removed in time (Davis, 1987).

In a study examining the impact of violent crime on victims and their families, Freedy et al. (1994) discovered that 26% met the diagnostic criteria for PTSD, defined as "a debilitating anxiety disorder that may develop following experience with highly traumatic events, such as violent crime, with such symptoms as flashbacks, dreams, sleep problems, or hypervigilance, etc." (p. 452). In a sample of 251 cases drawn from court records and from a Department of Corrections's list of violent crime victims, the authors found that less than one third reported receiving psychological treatment.

Koss, Bachar, Hopkins, and Carlson (2004) note that for rape victims, preparing for and then going to trial can be extremely stressful. They point out that although efforts aimed at involving rape victims more in the trial process are commendable, the negative backlash consists of "increased nightmares, decreased social activities, more dissatisfaction with heterosexual relationships, loss of appetite, recurrence of phobias, and greater psychological distress" (p. 1442). These authors provide evidence from a comprehensive review of studies measuring the impact of restorative justice programs that victim-offender mediation programs can do more to alleviate the psychological impact of victimization than can the more traditional approach to providing services to crime victims. They also point to a 1984 British crime survey indicating that about 50% of crime victims said they would be interested in participating in a meeting with the perpetrator (Koss et al., 2004).

In a meta-analysis of 41 evaluations of restorative justice programs involving juvenile offenders, McCold and Wachtel (2002) discovered consistently higher mean satisfaction scores associated with those victims who went through a restorative justice model as opposed to those who went through the more traditional model of justice. These findings leave many researchers and practitioners alike to question whether increasingly scarce resources should be funneled into an alternative approach to treating victims (e.g., one that truly empowers victims as they come face to face with the perpetrator). For one thing, and as noted by Koss et al. (2004), "victims are more likely to be kept informed about their cases . . . and to feel they have had their emotional hurt acknowledged and be relieved of their anger and bitterness" (p. 1447).

There is no doubt that crime can have a debilitating, psychological effect on crime victims, especially victims of violent crime. Although that effect is greater for victims of a violent crime, however, individuals who suffer some nonviolent victimization, such as burglary, experience some degree of psychological suffering as well. As suggested by New and Berliner (2000), the next step is to determine whether victims who do use services are helped by them. The present study's major purpose is to examine the efficacy of treatment programming for victims of all types of crime and to determine whether using services makes a difference or not when it comes to improving the psychological functioning of victims. The findings presented here lend even more credence to calls from the field that we need to look again at the type of services being offered to victims and what those services are intended to accomplish.

The Present Study

The first step (Phase 1) in the present study was to conduct an inventory of victim services programs currently provided throughout Pennsylvania. This inventory included a look at types of services provided and types of clients served, and a number of comparisons were made related to such issues as number of staff, educational requirements of staff, and so forth. This first step was taken primarily to identify agencies that would be willing to participate in a quasi-experimental design that would provide a comparison of outcomes related to lessening the psychological suffering of crime victims between victims who had used victim services programs and victims who had not used services. Agency cooperation would be needed to create the experimental group for the study.

The result of Phase 1 of the study suggests that 31% describe themselves as a victim/witness program, 28% as a community-based victim services agency, and 28% as a domestic abuse center. Only about 1 in 20 (4%) agencies classify themselves as rape crisis centers. Yet this disparate set of labels belies many similarities in program goals across these agencies. Two thirds (67%) of victim service programs have a goal of providing direct services to victims, about three in five (59%) say that education is a goal of the organization, and half (50%) report that advocacy is a key organizational

goal. This indicates a great deal of overlap or similarities in the types of services being provided by these programs.

Initially, 14 victim witness programs, 25 community-based victim service programs, 14 domestic abuse centers, and 4 rape crisis centers agreed to provide us with a sample of clients who had used the agency's services in the year prior to the study. In essence, the lists we were to receive from the agencies would become the sampling frame for the experimental group: victims who had used services. In the end, however, only 8 programs participated in the study. Cooperating agencies provided the researchers with a database of all clients served during the 2001-2002 fiscal year.

Because confidentiality was a major concern for all involved, the original list of victims sent to the research staff contained only identification numbers with no personally identifying information. We then generated random samples and returned those numbers to the appropriate agency. Agency staff next contacted those identified crime victims to see if they would be willing to participate in the interview process with us. We also asked staff, in consultation with their clients, to determine whether participating in the interview process would put them in any danger. Those victims who gave their consent and were not considered to be at risk by the agency were then contacted by researchers to complete a telephone interview. The final sample of crime victims who used victim services during the 2001-2002 fiscal year is 223.

Reducing Bias Associated With Nonresponse by Victim Services Programs

Because of a concern over possible differences between victims associated with participating agencies and victims associated with nonparticipating agencies, a comparison of the key attributes of the victim service programs in our sample and of the nonsampled agencies was conducted. Although this is an imperfect attempt at examining how the two sets of corresponding victims might be different, it could be seen as a proxy for such a measure. As the nonparticipating agencies did not allow access to a list of their victims, there was no way to examine any bias introduced into the study because of lack of previously agreed-on cooperation. As shown in Table 1, some significant differences were found. Those agencies that agreed to cooperate with us (sampled agencies) reported having more full-time staff than did those agencies who did not agree to cooperate with us (nonsampled agencies), and there were differences across the sampled and nonsampled agencies when it comes to type of clients served.

Phase 2 of the Present Study: Identifying a Sample of Crime Victims Who Did Not Use Victim Services

To identify victims of crime who did not avail themselves of services (a comparison group), we created and implemented a statewide, random telephone survey of adults, 18 years of age and older. The sampling strategy called for randomly selecting

Table 1
Comparison of Sampled Agencies by Key Attributes

	Sampled Agencies	Nonsampled Agencies	<i>F</i>	Significance
Clients served	2,249	1,628	3.784	.054
Client types served	5.3	4.3	3.075	.081
Full-time staff	13.1	8.2	6.770	.010
Part-time staff	2.0	2.8	2.940	.088
Budget	593,007	832,611	0.162	.688
Total services	12.9	12.8	0.271	.603

an individual from each household using the "last birthday method." At this point, randomly selected individuals were asked a series of screening questions to determine whether they had experienced any criminal victimization during the 12 months prior to the interview. The telephone survey seeking to identify crime victims who had not used victim services resulted in a sample of 437 such victims.

Questionnaire Development

The questionnaire used in the telephone interviews of crime victims (users and nonusers of victim services) consisted of several theoretical domains: (a) characteristics of the crime event, (b) victim characteristics, (c) reported use and nonuse of victim service programs, (d) victims' use of social services, (e) individual coping mechanisms, and (f) psychological functioning. Table 2 shows the major concepts used for the study and how they were operationalized.

A series of questions were asked of respondents about the crime event itself. This in-depth probe was meant to allow for a more appropriate categorizing of the type of crime actually experienced by the victim. Respondents who said that they were assaulted physically, for example, were asked whether a weapon was used and the extent and nature of injuries suffered by the victim if they were indeed injured. Respondents who said they were the victim of some sort of property crime were asked a series of follow-up questions about those events to assist in determining whether the event met the legal definition of a burglary, minor theft, and so forth. The same is true for all other types of crime. Information from these probing questions about the crime event itself was then used to classify types of crimes experienced.

For ease in interpretation, a dichotomous variable was created with 1 = violent crime (simple and aggravated assault, robbery, rape/sexual assault) and 0 = nonviolent crime (burglary, theft, and other types of property crime). Recall that some of the literature suggests that victims of violent crime are more traumatized than are victims of property crimes. If this is true, it could be that victims of violent crime are more likely to avail themselves of services, especially when it comes to the need for some

Table 2
Operationalization of Concepts

Concept	Variable	Attributes
Independent variables		
Type of crime	VIOLENT	0 = nonviolent crime 1 = violent crime
Use or nonuse of services	USEDVS	0 = not used 1 = used
Age	AGE	Continuous/numerical
Gender	MALE	0 = female 1 = male
Race	WHITE	0 = non-White 1 = White
Education	EDUC	1 = less than high school 2 = high school 3 = some college 4 = technical degree 5 = college graduate 6 = postgraduate work
Marital status	MARRIED	0 = not married 1 = married
Income	INC	0 = greater than \$30,000 1 = less than \$30,000
Employment status	FT	0 = not full-time employment 1 = full-time employment
Religiosity	RELSERV	0 = does not attend regularly 1 = attends regularly
Government assistance	GOVASST	0 = no 1 = yes
Social support	SOCSUP	Index ranging from 3 to 12 ($M = 9.74$, $SD = 1.9$)
Coping skills	COPING	Index ranging from 16 to 24 ($M = 52.7$, $SD = 7.3$)
Dependent variable		
Psychological functioning	OBETS	Index ranging from 64 to 182 ($M = 153.65$, $SD = 16.93$)

type of crisis counseling. Furthermore, police could be more likely to make sure that violent crime victims know about services, in a sense, handling property crime victims differently from violent crime victims. They could, in essence, assume that property crime victims are not as emotionally traumatized by that type of event as is a victim of a more serious violent crime. In sum, victims themselves may feel more traumatized by a violent crime and be more likely to seek services about which they have been informed by police officers on the scene.

Use/Nonuse of Victim Services

As shown in Table 2, a dichotomous variable was created after combining the two samples: those who used services and those who did not use services. For the present study, 0 = not used and 1 = used.

Characteristics of Victims

It could be that membership in certain sociodemographic groups could influence one's decision to participate in victim services programs. Toward that end, the study included measures of age, gender, race/ethnicity, education, income, marital status, and employment status as control variables for the present study. Gender is coded 1 = male and 0 = female; race is coded as White = 1 and non-White = 0; age is a continuous level variable, asked as, "What was your age at your last birthday?" Education is a categorical variable ranging from 1 = *less than high school* to 6 = *postgraduate work*, income as 1 = less than \$30,000 and 0 = greater than \$30,000, and marital status as 1 = married and 0 = not married. Occupation status is coded as 1 = working full-time and 0 = not working full-time. Furthermore, religious participation could indicate greater social support, which could reduce the trauma of crime and thus the need for victim services. Religiosity in the current study was measured by the question, "Do you attend religious services on a regular basis?" with 0 = no and 1 = yes.

Individuals who are accustomed to accessing governmental services may be more likely to also use victim service programs because they are more comfortable asking for and receiving outside assistance to deal with their problems. Included here is a measure of whether individuals are currently receiving any type of government assistance, with the question, "Do you currently receive any type of governmental assistance such as food stamps, employment compensation, or health care assistance?" with 0 = no and 1 = yes.

Perceived Social Support

The current survey uses three items from the Multidimensional Scale of Perceived Social Support (see Zimet, Dahlem, Zimet, & Farley, 1988). These items use a scale ranging from *strongly disagree* to *strongly agree*. They represent support available from family, friends, and significant others (e.g., "There is a special person who is around when I am in need," "I get emotional help and support I need from my family," and "I can count on my friends when things go wrong"). These items were included because it is hypothesized that victims with a stronger social support system might not seek services. Scale reliability analysis on these three items yielded a Cronbach's alpha of .76. For use in subsequent analysis, a Social Support Index was created with a range of 3 to 12, a mean of 9.74, and a standard deviation of 1.9. Higher scores on this index indicate a strong social support system.

Individual Coping Mechanisms

The survey items used to measure individual coping resources were devised by Pearlin and Schooler (1978) and are scored again on the “strongly disagree/agree” scale. The authors identify coping as “any response to external life strains that serves to prevent, avoid, or control emotional distress . . . the personality characteristics that people draw upon to help them withstand threats posed by events and objects in their environment” (p. 5). The coping items have three subscales, measuring self-denigration, mastery, and self-esteem, which can be combined to create a total coping resources score. Self-denigration is the extent to which one holds negative attitudes toward one’s self. Mastery is the extent to which one feels that his or her life chances are under one’s control, as opposed to being fatalistic, and self-esteem is the positive opinion that individuals have toward themselves. Taken together, the combined scores for the three subscales indicate a respondent’s overall coping resources, with higher scores indicating more personal coping resources. These questions were included because we hypothesized that people equipped with a reasonable set of personal coping skills might be more likely to handle problems associated with victimization experiences on their own and not seek out victim services programming. Scale reliability analysis on this subset of questions yielded a Cronbach’s alpha of .55. The constructed Coping Skills Index has a range of 16 to 64, a mean of 52.7, and a standard deviation of 7.3.

Psychological Functioning: The Study’s Dependent Variable

Respondent’s psychological functioning is measured with the Outcome-Based Evaluation Tools (OBETS) scale developed by the Pennsylvania Coalition Against Rape. The instrument was designed to measure behavioral and physical areas of functioning that adequately capture the impact of victimization on a person’s life. The instrument contains 42 items, using a 5-point Likert-type scale (*almost never, rarely, occasionally, frequently, or almost never*) that measure activities in the following domains: maintaining personal relations, leisure activities, maintaining household responsibilities, sleeping habits, physical trauma manifestations, substance abuse, sexual functioning, aggressive behavior, maintaining scheduled activities, communicating the impact of trauma, dissociation, risky behaviors, personal hygiene, physical and behavioral trauma manifestations, self-harm, eating habits, work and school performance, and parenting skills. The scale is scored so that a higher score indicates higher psychological functioning.

Characteristics of the Sample

As shown in Table 3, the mean age of the sample is 43 and 66% are females. The majority of respondents are White (78%), and a little more than a third (36%) have a high school education, with 18% reporting having a college degree. Forty-three percent of respondents reported being married, and 32% said that their annual household

Table 3
Characteristics of the Sample^a (*N* = 660)

	<i>n</i>	%
Age		
Range = 18 to 88; <i>M</i> = 43		
Gender		
Male	224	34
Female	436	66
Race		
White	515	78
Non-White	145	22
Education		
Less than high school	55	9
High school	221	36
Some college	101	16
Two-year associate or technical degree	66	11
Four-year college degree	110	18
Postgraduate degree	68	11
Marital status		
Married	287	43
Not married	373	57
Income		
Less than \$30,000	185	32
Greater than \$30,000	372	65
Employment status		
Not full-time	326	49
Full-time	334	51
Religiosity (attends religious services on a regular basis)		
Yes	277	42
No	383	58
Receive government assistance		
Yes	120	18
No	540	82
Type of crime		
Violent	98	17
Nonviolent	495	84
Used victim services		
Yes	223	34
No	437	66

a. Numbers may not total to 660 and percentages to 100 because of rounding and/or missing data.

income is less than \$30,000. A little more than half reported working full-time (51%), and 42% said that they attend religious services on a regular basis. Only 18% of respondents reported receiving some type of government assistance.

Also shown in Table 3, 98 respondents (17%) reported being the victim of a violent crime, and 495 (84%) reported being the victim of a nonviolent crime.

When it comes to the use or nonuse of victim services programs by crime victims in our sample, 223 (34%) individuals either reported they had used services or were part of the identified sample of victims pulled from the records of victim services providers. Sixty-six percent, 437 individuals, however, did not use victim services in the year prior to the study.

Findings

To analyze the data, we began by conducting a series of bivariate correlations as a first look at the relationship between the study variables. We next conducted a linear regression as a way to better illuminate the differences between users of services and nonusers of services when it comes to the overall psychological functioning of crime victims.

Bivariate Correlations

The bivariate correlations analysis revealed several interesting findings. As shown in Table 4, the dependent variable, psychological functioning, appears to be significantly correlated with the background characteristics of victims and the remaining control variables. Older people, males, Whites, and people with a higher education are likely to score higher when it comes to psychological functioning. People in the higher income bracket (\$30,000 or higher) also score higher on psychological functioning, as do those who report being married and who attend religious services on a regular basis. Those who report receiving government assistance score lower on the OBETS scale, but those who report working full-time score higher. As might be expected, people who report a strong set of coping skills and a great deal of social support score higher on psychological functioning. When it comes to type of crime, also as shown in Table 4, victims of a nonviolent crime scored higher on psychological functioning scores.

Of particular note is the lack of a statistical relationship between use/nonuse of services and respondents' scores on the OBETS scale. This means that whether victims received or did not receive any assistance from victim services programs makes no difference when it comes to how victims are faring when it comes to psychological functioning.

Predicting the Psychological Functioning of Crime Victims

As noted above, to better understand the nature of the relationship between the independent variables and scores of psychological functioning, we conducted a multivariate model using ordinary least squares regression. As shown in Table 5, only two variables appear to have a significant effect on psychological functioning scores.

Table 4
Bivariate Correlations

X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11	X12	X13	X14
X1	.011	.112*	.082*	-.081*	.162*	.181*	-.008	-.152*	.060	-.001	-.091*	.282*	.165*
X2		.109*	.019	-.039	.103*	-.012	-.119*	.204*	.081*	.050	-.051	-.140*	.093*
X3			.115*	-.083*	.209*	.062	-.048	.146*	-.008	.042	-.093*	-.207*	.100*
X4				-.242*	.112*	-.039	-.242*	.180*	.222*	.080*	-.033	-.086*	.143*
X5					-.174*	-.043	.225*	-.215*	-.123*	-.078*	.101*	.018	-.143*
X6						.197*	.130*	.163*	.202*	-.149*	-.088*	.246*	
X7							-.094*	.028	.108*	.129*	-.106*	.017	.187*
X8								-.352*	-.216*	-.125*	.110*	.046	-.211*
X9									.096*	.048	-.072*	-.176*	.084*
X10										.608*	-.131*	-.028	.487*
X11											-.044	-.030	.333*
X12												.307*	-.115*
X13													-.015

Note: X1 = age; X2 = gender; X3 = race; X4 = education; X5 = income; X6 = marital status; X7 = religious services; X8 = government assistance; X9 = employment status; X10 = coping skills; X11 = social support; X12 = type of crime; X13 = use/nonuse of services; X14 = psychological functioning.

* $p < .05$.

Table 5
Psychological Functioning Scores by Independent Variables

	Unstandardized coefficients	SE	Beta	Significance
Age	0.114	0.054	.100	.035
Gender	1.881	1.477	.057	.204
Race	1.440	1.922	.034	.454
Education	0.167	0.491	.016	.734
Income	0.058	0.598	.004	.923
Marital status	2.637	1.503	.081	.080
Religious services	1.801	1.492	.055	.228
Government assistance	-1.859	2.007	-.044	.355
Employment status	-1.030	1.519	-.032	.498
Coping skills	0.870	0.127	.371	.000
Social support	0.507	0.474	.057	.285
Type of crime	-3.037	2.075	-.070	.144
Use/nonuse of services	1.239	1.772	.034	.485

$R^2 = .228$
 $F = 10.500$
 $p = .000$

The analysis shows that increasing coping skills ($B = .371, p = .000$) and age ($B = .100, p = .035$) are the best predictors of psychological functioning among crime victims. This means that individuals who have certain personality characteristics such as high self-esteem, a sense of being in control of their own lives, and who hold positive attitudes about themselves are more likely to function better psychologically after a criminal victimization. Furthermore, as age increases, so too does the psychological functioning of individuals. It could be that with age individuals come to view themselves in a more positive light and that they have learned ways to maintain control over their lives. It also could be argued that as people age they learn to better deal with traumatizing events, such as being the victim of a crime.

Gender ($B = .057, p = .204$), race ($B = .034, p = .454$), income ($B = .004, p = .923$), marital status ($B = .081, p = .080$), religiosity ($B = .055, p = .228$), employment status ($B = -.032, p = .498$), and receiving government assistance ($B = -.044, p = .355$) do not appear to explain or predict psychological functioning among this group of crime victims even though it was hypothesized that they would. Type of crime does not matter either when it comes to the psychological functioning of crime victims ($B = -.070, p = .144$), although the relationship between type of crime and psychological functioning is in the theoretically expected direction. That is, victims of violent crime are less likely to score higher on the psychological functioning scales than victims of a nonviolent crime.

Finally, having a strong social support system in place does not appear to affect the psychological functioning of crime victims ($B = .057, p = .285$). Again, however, the relationship between these two variables is positive in nature and in the theoretically expected direction; as the scores on social support increase, so too do scores on psychological functioning.

Most important, the data presented in Table 5 indicate further support for previous studies in that the use of victim service programs by crime victims has no significant affect on their psychological functioning scores ($B = .034, p = .485$). The implications of this finding are discussed in some detail below.

Limitations of the Present Study

The first and obvious limitation of the present study is that it made no effort to determine the quality of the services used by the subsample of crime victims who availed themselves of such services. We did, however, ask victims who used services whether they were satisfied with them. Sixty-one percent of victims said that they were "very satisfied" with the services they received, 19% reported being "satisfied," and 10% said that they were either "somewhat" or "very dissatisfied" with victim services. Nine percent of victims who used services said they did not know if they were satisfied or dissatisfied with the services they received. An additional question asked victims who used services to tell us whether they would make the same decision to use

victim services if they had it to do over again. Well, more than a majority (84%) of victims responded "yes" to that question, 10% said they would make a different decision, and 5% said they did not know what they would do. Taken together, the responses to these two questions by crime victims who used services seem to point to an overall satisfaction with the services they received. This does not mean, however, and as the multivariate analysis points out, that being satisfied with victim services necessarily equates to the alleviation of psychological harm caused by criminal victimization. Perhaps a qualitative research design is called for to better understand why, although some satisfaction with services is reported by crime victims, the types of services offered to them is not doing much to assist them overcome the psychological impact of victimization.

Another limitation of the present study results from a lower than expected sample of crime victims who used victim services. The research team worked diligently to first convince service providers of the importance of the present study and to obtain their consent to cooperate with the identification of victims who were willing to participate in the study. In the end, some service providers who originally agreed to participate did not. Although the 223-member sample of services users was sufficient to allow for a statistical examination of the major research questions for the study, those tests would have been more powerful, and thus more reliable, had there been a higher number of respondents.

Policy Implications of the Present Study

As previously pointed out, one of the major goals of victim services is to improve the ability of the victim to deal with the stressors associated with the victimization experience. In the present study, no statistically significant differences were found between users and nonusers of victim services when it comes to the psychological functioning scores of victims, a finding that supports Davis's (1987) claim of 15 years prior. Rather, it was the degree to which victims reported possessing adequate and sufficient coping skills in their day-to-day living that significantly predicted higher scores on victims' well-being. Pearlin and Schooler's (1978) notion that some people are more equipped to handle stress and strife brought on by an unsettling event than are others certainly finds support here. The present study is limited, of course, in that it measures perceptions only, but it is victims' sense of their world that is of utmost importance to agencies and/or organizations that try to provide them with appropriate services.

The victim services program survey determined that crisis intervention counseling was the most common type of counseling provided by victim witness programs (79%), whereas almost all community-based programs, domestic abuse shelters, and rape crisis centers reported offering this type of counseling. From a policy perspective, it may be time to reconsider the overall goals of services provided to crime victims. It could be

that short-term approaches to counseling (most often consisting of one to two sessions) may not have much of an impact on the psychological functioning of victims. For example, even in the presence of residential, long-term treatment, adult survivors of child abuse show little improvement as time advances (Palmer, Gadbois, Stalker, & Harper, 2004). Although it might be seen as comparing apples and oranges, an argument can be made that victims traumatized by rape or ongoing, repeated domestic violence fare no better over time than do adults who were victimized as children.

Although through crisis (e.g., immediate) intervention for victims of domestic violence or sexual assault, for example, victims can be brought to safety, this might just be the extent to which this type of assistance can aid them. Domestic violence shelters and rape crisis centers both provide a safe haven for victims of these types of crimes, but more often than not they simply are not equipped to handle the long-term counseling needs of the people they serve. Or it could be that monies being funneled into programs to assist nonviolent victims could be diverted to shore up assistance for victims of sexual and physical assault. Resnick, Kilpatrick, Dansky, Saunders, and Best (1993) found that evidence of PTSD increased dramatically for female victims of physical assault and rape. They reported also that victims expected services to be provided to them although services through the criminal justice system are limited (Resnick et al., 1993).

Another possible problem that could be related to the lack of efficacy of treatment found for victim services programs is the fact that many staff members employed by these agencies often do not have the proper training and practical experience necessary to meet the counseling needs of victims. Jerin and Moriarty (1998) pointed out this fact and called on colleges and universities to begin offering programs designed to meet the unique needs of the field of victimology. They also called on victim services programs to simultaneously begin to set educational and training requirements for their personnel.

In this same vein, however, is a call from the literature suggesting that “top-down” processing by victims of traumatic events, often associated with the often used cognitive-behavioral therapy (CBT) modality, do not allow clients to “process the episodic memories or resolve physiological hyperarousal” (Solomon & Heide, 2005, p. 56). CBT, as noted by Solomon and Heide (2005), assists patients in understanding misplaced anxiety when encountered with memories of the traumatizing event. In other words, patients learn to process better negative images, thoughts, and so forth, in such a way as to enable them to “manage or inhibit problematic feelings, thoughts, or behaviors” (Solomon & Heide, 2005, p. 56). It is suggested here that perhaps those individuals providing treatment to crime victims would be well served to explore new alternatives to treatments that recognize both the psychological and the biological aspects of trauma. In the words of Solomon and Heide,

Biologically informed therapy focuses on processing traumatic experience. Episodic memories are processed and information transferred from the limbic system to the neocortex and filed away along with other narrative memories. Biologically informed therapy

includes bottom-up processing which focuses on what is going on in the body. This approach helps clients connect with their bodies and with their feelings. It facilitates their learning to tolerate intense feelings and to release emotion appropriately. Survivors learn to calm their physiology. (p. 57)

In sum, even increasing the odds that victims will avail themselves of services does not guarantee, as the present study suggests, that they will be better off than those who did not. As has been suggested here and in past studies (Davis, Lurigio, & Skogan, 1999; Freidman, Bischoff, Davis, & Person, 1982), the immediate needs of victims may not be met by victim services programs; rather, they are being met by family and/or friends or by victims themselves. Days, sometimes weeks, go by before any type of assistance is given to crime victims. When assistance does take place, more likely than not, it is through some type of counseling, much of which is short term. It has been shown, however, that the intent of this type of programming (e.g., to assist victims in overcoming the psychological trauma of the criminal event) misses its mark because it is not, given the resources of most programs, sustainable. Perhaps even more problematic is the fact that as noted by Monroe et al. (2005), victims of violent crime sometimes wait months or years to seek counseling related to continuing psychological distress related to the victimization experience.

Davis et al. (1999) suggest that the current emphasis of victim services programs might be misplaced. In the end, programming could be more successful at meeting victims' needs if it were more timely and if it were extended over a period of time. Because the research shows that people once victimized by crime are at an increased risk for future victimization (Anderson, Chenery, & Pease, 1995; Davis, Taylor, & Titus, 1997), it could be important for victim services programs to think about introducing a module of crime prevention, a component that has been, at least for the most part, overlooked. Several studies, as previously mentioned, suggest promising benefits from involving victims in restorative justice programming (Koss et al., 2004; McCold & Wachtel, 2002) and indicate that such programs can assist victims in moving beyond the psychological trauma associated with the victimization itself.

As noted by Sims, Yost, and Abbott (2005) and Fugate, Landis, Riordan, Naureckas, and Engel (2005), most crime victims do not use victim services. Sims et al. (2005) discovered that instead of relying on victim services programs, most crime victims rely on their own personal coping skills or turn to a friend or family member for the assistance they need. Fugate et al. found, in a study assessing why victims of domestic violence did not use victim services, that 82% of victims did not seek services. The most common themes for not using services were (a) a belief that talking about their victimization would not do them much good, (b) not knowing that services existed, and (c) turning instead to family or friends. These findings lend further support to other studies examined here and, at least in part, to the findings of the current study: Crime victims rarely use victim services programs either because they do not know they exist or they do not think they will do them much good.

It also appears that community campaigns could do a better job of getting the message out to crime victims that services are available. Perhaps widespread cultural changes will need to take place with attention paid to reducing a propensity to engage in violent behaviors to solve individual problems in the first place. In the end, however, there needs to be an acceptance of the fact that some victims are never going to look outside their own set of personal coping skills or social support network for assistance.

Future studies of this sort will need to overcome some of the barriers that often exist to prevent full contact with crime victims, resulting in somewhat biased findings. If some of the barriers that presently exist to preclude researchers from being able to reach enough individuals who have used victim services are not removed, findings from the evaluations of such programs will remain tenuous at best. Public policy in this critical area will, in the end, continue to exist on somewhat shaky ground.

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