

VICTIMS SEEKING SERVICES: PATTERNS OF SERVICE SEEKING

By

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A thesis submitted to the faculty of Radford University in partial fulfillment of the requirements for the degree of Master of Arts in the Department of Criminal Justice

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April 2021

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ABSTRACT

This research specifically examined five different types of crime victims and whether they sought help from victim services. The crime types studied were rape, sexual assault, physical assault, robbery, and property crime. The data were collected from the National Crime Victimization Survey in 2016, which surveyed crime victims about their victimization experiences. The specific hypotheses that were tested in the analysis explored how service seeking varied based on victims' sex, crime type, and victim-offender relationship. Results show that victims who were female, those who knew their offender, and those who were victims of robbery and property crime were more likely to seek services than those who were male, those whose offender was a stranger, and those who were victims of rape, sexual assault, and physical assault. The research also found that there were not statistically significant variations between seeking specific types of services and respondents' sex, victim/offender relationship, or crime type. Lastly, victims of rape, sexual assault, and physical assault were no more likely to seek counseling than they were to visit a doctor or nurse, seek help from the ER/hospital or clinic, take medication, or seek another type of service. A multivariate logistic regression included respondent sex, age, and race, as well as crime type and victim-offender relationship as predictors of whether or not a victim sought services. The only variable in the regression that was found to be a significant predictor of the likelihood that a victim sought services was respondent sex.

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DEDICATION

To all victims of crime, this thesis is dedicated to you.

Those who are victims and those who may be victims in the future, you are not alone.

This thesis shows that there are people who work for you.

It was important to me to focus my research efforts on victimology because this is where
my heart really lies.

It is my hope that the following research allows for changes to be made in the victim
services that those may need one day.

ACKNOWLEDGEMENTS

I will never be able to thank all the people who came in and out of my life during my last six years at Radford University. I owe a huge thank you to all of my professors, mentors, my friends, and family. There are some without whom I literally could not have finished this thesis and it is those who I will thank specifically here.

To the faculty of the Department of Criminal Justice – those who I had the opportunity to work with and those who I did not, thank you. I am more than a little indebted to Dr. Stephen Owen, who honestly got me to this point. I do not think he realizes all of the things he has done for me. The day he met me six years ago, he had no idea what he was getting himself into. The hours spent doing criminal justice ambassador stuff, to the endless meetings about this thesis or anything else school related are endless. He always understood exactly what to tell me from getting into my head (which happens all the time) and I always left every conversation feeling more confident than when I went into it. I do not know what I would have done without him! To Dr. Pate – I want to thank you for specifically walking me through SPSS, statistical tests, and methods writing styles (what must have seemed like) hundreds of times. I know I always had a ton of questions, but you always handled all of them with grace. To Dr. Riane Bolin – I do not know what I would have done without you either, especially when it came to the edits on my thesis. While at the time, I thought the edits were super hard, looking back everything made my thesis sound better, and for that I am grateful. I always joke that I am sure all of you will be extremely excited to never receive emails from me regarding this thesis again.

I am also very thankful for the family that I have. Mom and Dad, you were there for every step of this process and I couldn't thank either of you enough. However, Mom – I owe a special thank you to you. I called you for literally everything and I mean everything. I have cried a countless number of tears to you about this thesis because I truly thought I would never finish it. You always knew I would though and never gave up on me. To my brother Michail – I always tried to never bother you about this thesis. With you being eight years older than me, I just did not want to bother you. However, when the worst times came when I was upset about it, you were always there to listen. That even means when I was just crying on the other side of the phone.

Lastly, I also owe a thank you to all of my friends. You were the ones that kept me sane. I understand that there were countless times that I complained or said I could not do something because of my thesis. However, you never made me feel bad and were always there when I needed you. Lastly, to my best friend Lynne – I owe you a special thank you. Radford University brought you into my life freshman year. I never knew what a best friend was until I met you. Even through the tears and stress that I had from this thesis, you brought me joy and laughter when I needed it most. I do not think you will ever understand exactly what that meant to me.

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Chapter 1: Literature Review

Introduction

Crime in the United States has declined significantly over the last 20 years (Youstin & Siddique, 2019). Victimization of those who are ages 12 and older have decreased from 79.8 per 1,000 in 1993 to 22.5 per 1,000 in 2011 (Truman, et al., 2015). Nevertheless, in 2016 there were still 5.7 million violent victimizations, including crimes such as rape, sexual assault, robbery, simple assault, and aggravated assault (Youstin & Siddique, 2019).

Research on victimization focuses mainly on victims' psychological distress. Much less is known about victims' help-seeking behaviors (Youstin & Siddique, 2019). There are many different types of victims whose needs may vary based on the types of crimes they experienced. Some victims may try to seek services to help cope with being the victim of crime, while some may choose not to seek help at all. Research needs to explore the different nuances of victims and victim service seeking behavior in order to help ensure that victims themselves, as well as others who work directly with victims, understand what services are available to them.

This literature review will discuss prior research on victim experiences, psychological stress, and factors that impact victim experiences and psychological functioning. In addition, this literature review will discuss the history of victims' rights, their experiences with criminal justice system processes, available victim services, service utilization, and the factors impacting victim service seeking.

The Experiences of Victims

Victims' reactions are often similar regardless of the type of victimization they experience. Individuals who are criminally victimized experience a range of emotions including but not limited to separateness or isolation, vulnerability, helplessness, disbelief, shock, anger, inner protest, and a need for revenge (Frieze et al., 1987). To help explain the differing reactions of crime victims, it is useful to divide them into immediate reactions, short-term reactions, and long-term reactions. Immediate reactions occur directly after the victimization occurs and often include feeling helpless, weak, and frightened (Frieze et al., 1987). Short-term reactions typically occur after a few hours or days and can persist for 3 to 8 months. Anger and fear are common short-term reactions reported by victims. Lastly, long-term reactions can last for years after the victimization. Victims often report long-term effects such as guilt, low self-esteem, depression, fear, feeling unsafe, and difficulties with future relationships (Frieze et al., 1987; Youstin & Siddique, 2019).

While there are some common reactions across victimization types, certain crime types tend to elicit specific types of reactions. The crime types that will be addressed in this thesis are rape, sexual assault, physical assault, robbery, and property crime.

Rape and sexual assault victims often experience similar symptoms post-victimization. Immediately following the crime, victims of these offenses usually report feeling anger and anxiety as well as disbelief and shock that the attack actually took place. Rape and sexual assault victims often experience short-term reactions where there is a shift between believing that they are able to cope, to feeling completely unable to cope, after their victimization. They often reach a time where they stop being afraid about

the attack itself but begin fearing the possibility of getting raped or sexually assaulted again in the future (Frieze et al., 1987). This fear can often times turn into a long-term reaction.

Rape and sexual assault victims also often report long-term reactions of never fully recovering; many years after the victimization, they still have difficulty returning to regular life (Ullman & Filipas, 2001). They fear getting attacked again and feel anger and rage towards the person who attacked them. Female victims have reported developing a distrust of men; this may be true for male victims as well, but to date, research has not directly addressed trust issues that may be experienced by male rape and sexual assault victims. There is only anecdotal evidence that suggests male sexual assault and rape victims often have the same experiences of female victims (Davies, 2002). Victims may also choose to stay at home more often and not go out alone or decide to move to a different home due to the crime (Ahrens et al., 2001; Wirtz & Harrell, 1987). Victims' sexual activity is impacted as well. After a victim experiences sexual assault, their sexual activity and what they feel comfortable with may change after being attacked (Burgess & Holmstrom, 1979).

Victims of physical assault report similar reactions to victims of rape and sexual assault. Consistent with victims of rape and sexual assault, the majority of physical assault victims report feeling anger and rage towards the perpetrator immediately following the incident (Frieze et al., 1987).

Robbery victims also report feeling unsafe immediately following the victimization and feeling fearful that they may be attacked again. Female victims, in particular, tend to indicate feeling unsafe in their homes after experiencing a robbery

(Winkel, 1991). This heightened fear causes robbery victims to be more cautious of their surroundings. These victims often develop short-term reactions that result in the need for retaliation (Frieze et al., 1987). In some cases, feelings of being unsafe lead robbery victims to obtain a weapon of some sort to help protect themselves against future crimes. This is a divergence from the reactions of victims of rape and sexual assault.

Victims of both robbery and property crime report having long-term reactions that include feeling unsafe and choosing to focus their efforts on preventing further victimizations. Property crime leads victims to install more locks on the home or change the residence completely due to not feeling safe, especially in a place where the crime took place (Wirtz & Harrell, 1987). Victims of burglary also often experience long-term feelings of shock due to the event being so unexpected (Winkel, 1991). In addition to the reactions described above, in some instances, victims also may experience psychological stress.

Victimization and Psychological Stress

Victimization may lead to stress that is serious enough to receive a psychological diagnosis, such as post traumatic stress disorder (PTSD), adjustment disorder, and acute stress disorder. The criteria for all diagnoses are listed in Tables 1 and 2 of the Appendix (American Psychiatric Association, 2013, p. 271-281).

The American Psychiatric Association established the diagnostic criteria for PTSD in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The DSM-V acknowledges that victims who experience a crime as severe as sexual assault, physical assault, domestic violence, or robbery may ultimately develop PTSD (APA, 2013; Amstadter et al., 2008; Bacchus et al., 2003; New & Berliner, 2000;

Sims et al., 2006; Ullman, 2007). Research has found that PTSD affects 90% of rape victims immediately and about two-thirds of rape victims up to 3 months after (Ullmann & Filipas, 2001). Female crime victims are more likely than male victims to develop PTSD (Sims et al., 2006). However, that does not mean that male victims are immune from developing PTSD. In a study that compared male victims of intimate partner violence (IPV) to males from the general population, it was found that male IPV victims were more likely to develop PTSD than males in the general population (Hines & Douglas, 2015). This is important because although females are more likely to develop PTSD than males, when males are victims of certain crimes, they are also at risk of developing PTSD.

According to the APA (2013), a person who experiences victimization could also be diagnosed with either adjustment disorder, which is very similar to PTSD, or acute stress disorder. A diagnosis of adjustment disorder is given when a person meets criterion “A” of a PTSD diagnosis but does not meet any other criterion. Criterion “A” is directly experiencing, witnessing, or learning of a traumatic event. It can also be made when a person experiences the symptoms of PTSD after experiencing stressors, but does not fully meet criterion “A” of PTSD. Acute stress disorder varies from PTSD based on timing:

Acute stress disorder is distinguished from PTSD because the symptom pattern in acute stress disorder must occur within 1 month of the traumatic event and resolve within that 1-month period. If the symptoms persist for more than 1 month and meet criteria for PTSD, the diagnosis is changed from acute stress disorder to PTSD. (American Psychiatric Association, 2013, p. 286)

Acute stress disorder can develop from the experience of many different crime types but specifically from a person being attacked physically or sexually, or experiencing a mugging (APA, 2013). Store employees who are victims of armed robbery and/or some type of physical assault have been known to develop acute stress disorder (Elklit, 2002).

Victims experience a wide range of emotions following victimization. Some crimes tend to elicit specific reactions among victims. The types of reactions or responses that victims of crime can have are endless, and sometimes seeking help is the only way one can cope with what happened to them. If treatment is not available or the support is not helpful, the reactions or symptoms mentioned above have the possibility to remain over the long term (Frieze et al., 1987).

Factors Impacting Victim Experiences

Researchers have noted that individuals' reactions to victimization vary based on a number of factors including gender, disability status, type of crime, age, personality, social support, and service seeking.

Research has found gender differences for psychological distress post-victimization. Gender has been found to be significant in determining levels of psychological distress. Youstin and Siddique (2019) found that female victims had higher odds of experiencing psychological distress than male victims.

Victims who have a disability have also reported higher levels of psychological distress. There is a possibility that these victims experience distress from being victims of crime, but they also have an additional level of distress due to having a disability.

The type of crime that a victim experiences may also influence levels of distress (Sims et al., 2005; Stohr, 2005; Youstin & Siddique, 2019). Crime victimizations that result in direct physical harm have been found to be a direct cause of higher psychological distress. Specifically, victims of aggravated assaults and sexual assaults have been found to have the highest levels of psychological distress (Youstin & Siddique, 2019). It is also important to mention that victims of crime committed by a past or current intimate partner increase the odds of experiencing high psychological distress levels.

Age has also contributed to victims' levels of psychological functioning. In terms of age, the older a victim is, the higher levels of psychological functioning they are likely to demonstrate post-victimization as well as lower levels of stress (Sims et al., 2006; Youstin & Siddique, 2019).

Research has found that a victim's personality characteristics and levels of social support influence psychological functioning (Sims et al., 2006). The personality of a victim can positively impact a victim's level of psychological functioning after being victimized. Personality traits such as those who have positive attitudes about themselves, those who have a sense of being in control of their lives, and those with high self-esteem retain high levels of psychological functioning after becoming victims of crime (Sims, Yost & Abbott, et al., 2006). Victims with a strong social support system tend to also experience high psychological functioning levels post-victimization, which aids in their recovery.

Research has also explored how seeking services impacts psychological functioning, post-victimization. A study conducted by Johnson (1997) examined the relationship between a victim's psychological distress level as affected by service

seeking. Victims who sought help from a health-related service and continued to utilize the service reported that there was a decline in their psychological distress. It was also found that victims who used legal services reported declining levels of psychological distress or fewer symptoms 6 to 12 months after receiving help.

The Criminal Justice System's Response to Victims

The experiences that victims have after becoming a victim of a crime are important to note, especially in the aspect of potentially seeking help from victim services. However, the history of victims' rights in the United States is important to acknowledge because there needs to be a background of victims of crime to establish where they started and where they are now. Lastly, victims and how they are involved in the criminal justice system needs to be mentioned because their involvement in the criminal justice system is also their involvement in victim services.

History of Victims' Rights in the United States

The United States Victims' Rights Movement began in the 1960s when crime increased, and greater attention was focused on the criminal justice system. This era included notable historical events such as the 1968 race riots and public outrage due to social and political events, including the Civil Rights Movement and Women's Rights Movement that sought to address control, power, dominance, and inequality in society (Young, 1990; Young & Stein, 2004).

In response to the increasing crime rate, the federal government developed the President's Commission on Law Enforcement and Administration of Justice and the Law Enforcement Assistance Administration (LEAA) to examine the causes and characteristics of crime in the United States and began funding victimization surveys.

Ultimately, money from the LEAA helped support the first victim-witness program. The women's movement also impacted the victims' rights movement as women began to speak out against rape and domestic violence. Due to the influence of the women's movement, the first victim service programs created in the United States were rape crisis centers (Muscat, 2010). Developed during the 1970s, these programs were operated by individuals who were actually crime victims themselves. The first three victim assistance programs were Bay Area Women Against Rape in Oakland, California; Aid to Victims of Crime in St. Louis, Missouri; and the Washington, D.C. Rape Crisis Centre (Young, 1990, p. 181). The programs in Oakland and Washington, D.C. were rape crisis centers. These centers provided services to address the needs of victims of rape, including peer counseling and a 24-hour hotline that they could call at any time (O'Sullivan & Carlton, 2001; Young, 1990). Victims were also assigned an advocate who would be present at the hospital, during interviews with police officers, and in the courtroom if the case made it to court. The Aid to Victims of Crime in St. Louis, Missouri differed because it focused on victims of additional crime types.

During the 1980s, over 1,500 pieces of legislation were passed that affected victims and how they were treated (Young, 1990). Fourteen states and the federal government implemented legislation that permitted all victims to provide victim impact statements during the sentencing process. There were also 32 states that "passed a statutory bill of rights" that focused attention on victim needs and services, which complemented multiple different state laws that addressed victim services and rights (Gewurz & Mercurio, 1992; Mastrocinque, 2010, p. 98). The federal Victims of Crime Act (VOCA) of 1984 expanded victim services by raising money and awareness (Davis

et al., 1999). VOCA generated money to fund the field of victim services, which provided local and state levels with more funding to handle victim needs (Young, 1990). In 1988, VOCA was reauthorized, leading to the development of victim service programs in almost every state.

The National Organization for Victim Assistance (NOVA) has also been beneficial for crime victims. This organization has developed training programs that have been given to workers such as prosecutors, nurses, law enforcement, social workers, judges, and victim service workers. NOVA currently provides online and in-person training that is available for individuals or groups. They also provide additional annual training that is specific to victims of sex trafficking, campus victimizations, and more (NOVA, 2021). Not only does NOVA provide training, but it has also led to the development of a written curriculum for victim assistance that criminal justice professionals can utilize (Young, 1990).

After many years of trying to change the way victims of crime were treated, a bill was introduced to Congress in 1997 to amend the United States Constitution with a proposed Victim's Rights Amendment. While the Victim's Rights Amendment was ultimately not adopted (Cellini, 1997), in 2004, a piece of legislation known as the Crime Victims' Rights Act (CVRA) advanced all previously proposed victims' rights (Aaronson, 2007).

The most important element that came out of the proposed CVRA was that judicial enforcement was created, meaning that crime victims would have enforceable rights. The CVRA attempted to restore fairness to victims throughout federal criminal justice proceedings (Cellini, 1997; Mastrocinque, 2010). Victims were given "protection

from the accused; notice of public court proceedings; [the] right to be heard at public proceedings involving release, plea, sentencing, or parole; the right to confer with the prosecutor; [and] the right to timely restitution” (Mastrocinque, 2010, p. 104). As a result of the act, not only were victims given the right to participate during different trial processes, but they were also given the right to be “treated with the fairness and with respect for the victim’s dignity and privacy” (Aaronson, 2007, p. 681; Cellini, 1997; Mastrocinque, 2010). Finally, a victim of a crime could participate by providing victim impact statements in the criminal trial against the offender accused of committing the crime.

The CVRA established a new set of rights that victims have during criminal justice processes. The CVRA held that victims and/or the state should independently enforce provisions related to victims’ rights, through processes that include:

- (1) standing for crime victims to appeal a violation of their rights immediately after the violation occurs to federal appellate courts;
- (2) a mandatory review by an appellate court;
- (3) a fast track time schedule, requiring that the appellate court take up and decide that case within seventy-two hours after a petition has been filed;
- (4) a stay or continuance of the proceeding below for up to five days while the appeal is being heard; and
- (5) a written opinion clearly stating the reasons for denial, if the court of appeals denies the relief sought. (Aaronson, 2007, p. 664-665)

Victims should ultimately be able to participate with the prosecutor during criminal court processes. Victim advocates often explain this as a due process right for victims. This can be considered a due process right because when victims are given better treatment or

treated more fairly, they are more likely to work together with other members of the criminal justice system (Aaronson, 2007; Giannini, 2007). The sentencing process ends up being a more legitimate process when both the offender and the victim are involved. If these rights are enacted properly, victims of crime will be accommodated as persons who have rights and as persons who can choose to enforce their rights.

One of the major controversies of the victim's movement was whether it should focus on victims in general or only victims of crime (Young, 1990). Victims in general could be those who experience a trauma such as hostage-taking, torture, terrorism, or repression or oppression, which can be caused by race, gender, and religion. However, victims of crime would include being a victim of crimes such as rape, sexual assault, physical assault, robbery, and property crime. Since the term "victim" was so broad, some believed that it could essentially decrease victim service programs' effectiveness if the concept of "victim" was changed to include victims of all types. However, these fears did not materialize.

Victims and the Criminal Justice System

After a victimization has occurred, the police may become involved and their actions moving the case forward are important. Ultimately, the police should immediately provide access to medical care, inform victims of their rights, explain the criminal justice processes, and provide recommendations on services (Parsons & Bergin, 2010). However, this is the best-case scenario, and law enforcement has been known to not provide such services to victims, especially victims of domestic violence and rape. One study found that victims of robbery and burglary also reported that the police did not take the crime as seriously as they would have for more severe offenses (Brickman, 2002).

Although most of the victims in the study reported having positive police experiences, they noted that the police did not provide much further information on victim services during their interactions.

The discussion will now turn toward the elements of successful victim service programs. Young (1990) identified eight different elements of service deliveries for victim assistance programs which include:

“support during case investigation,” “support during prosecution,” “support after case disposition,” “crisis intervention,” “supportive counseling and general advocacy,” “crime prevention services,” “public education services,” [and] “training of allied professionals” (Young, 1990, p. 193-194).

One of the elements identified was “support during case investigation” (Young, 1990, p. 194). This element would become available if law enforcement was seeking an investigation with the possibility of an arrest. Some of the services in this element include, but are not limited to, accompanying the victim when they are trying to identify the offender (e.g., through a lineup), providing help with obtaining restraining orders, and coordinating investigative interviews.

Another element that Young (1990, p. 194) identified was “support during prosecution.” This element focuses on the support needed during the prosecution of the case. Victim assistance is provided in multiple areas, including help with general case information, help understanding the charging and bail decision making, and assistance with writing a victim impact statement. Victims are often provided transportation to court and even provided help with childcare when they need to be in court.

Progress has been made in terms of providing victims more services and rights throughout the criminal justice process, but there remains work to be done as one of the biggest complaints victims often give is about a lack of involvement in the court process (Brickman, 2002). Often, victims are not given information and ultimately do not know what is going on with the case. When victims have information on their case, there are different ways in which they can be involved, such as by providing testimony or an impact statement.

A study conducted by Camacho and Alarid (2008) showed that victims who were involved in court processes were considered as “being cooperative” with the criminal justice system; those were the same victims who cooperated immediately after the arrest and who provided an impact statement. There is a correlation between victims having case information and being involved during criminal justice processes or providing an impact statement. One way to participate in the criminal justice processes post-victimization is by providing an impact statement. Those same victims who provided impact statements generally were involved more throughout the entire process (Brickman, 2002; Camacho & Alarid, 2008). However, victims who did not participate in any court services were the same victims who did not provide an impact statement. By not participating in court processes, they did not have the same opportunity as victims who did to receive service information. This does not mean that just because victims do not provide an impact statement, they cannot receive information. It means that because the victim was not as involved in the process, the service providers simply did not reach out to them. It is important to note that victims who are involved in the process have different outcomes, and are simply provided with more case and service information.

Finally, if a victim is involved in the case, the defendant is more likely to be found guilty (Camacho & Alarid, 2008). This is especially true for victims who provide impact statements (Mastrocinque, 2010). Research also shows that victims who participate in court processes are more likely to cope with their victimization (Kilpatrick & Otto, 1987). The process of helping prosecute the accused has been shown to reduce victims' negative attitudes and reactions (Frieze et al., 1987). A strong predictor of positive mental health outcomes was involvement. Victims involved in court and trial processes have been found to have positive mental health outcomes (Parsons & Bergin, 2010).

As Young (1990, p. 1994) identified, "support after case disposition" occurs after a verdict, a plea, or a dismissal is made. This element helps victims understand sentencing and will ultimately provide the victim with whatever counseling services the victim needs, no matter the outcome of the case. During this stage, victims are often informed of the status of the offender in their case. The victim is always informed of whether the offender is moved or released. If an offender is up for parole, the victim is also provided with the opportunity to write an impact statement.

Services for Victims

The services that victims seek is the most important aspect of this literature review; therefore, the formal victim services that are available, specifically mental health/therapy, and community-based services will be discussed. While informal services are not the main focus of this thesis, they are important to mention because victims do choose to seek help from these areas as well. It is also important to mention service utilization and impacts, the factors that impact formal service seeking behavior, and the

barriers in seeking formal services. These areas should be discussed because it can provide insight on not only what services are available to victims, but why victims are choosing to and not to seek services. The impacts and barriers that come with service seeking can also help explain why there is a discrepancy in victims service seeking tendencies.

Formal Victim Services Available

While formal services are the focus of this research, it is important to note that services can be divided into formal and informal support (McCart et al., 2010). Formal services used by victims are those in which the help is provided by persons such as doctors and mental health professionals. There are many different types of formal services available, but it is important that any service that is given to victims is offered well. Stohr (2005) argued that the best victim services would include the following eight elements:

- (1) identifying the multiple needs of clients; (2) focusing services on those who need them most (e.g., those victims of violent or sex crimes); (3) configuring the programs to fit the most pressing of those needs (e.g., shelter for victims of interpersonal violence); (4) attracting, hiring, training, and maintaining skilled and knowledgeable staff; (5) including cognitive and behavioral pieces to the service, when appropriate; (5) staff and client modeling of survival behavior, when appropriate; (6) involving clients in their own case and service decisions; (7) follow-up care (known as aftercare in correctional treatment); and (8) building in process and outcome evaluations to enhance service development.. (p. 395)

One of the major milestones of the Victim's Rights Movement is victim access to

services. Service types vary widely across jurisdiction and program goals.

As previously noted, Young (1990, p. 193) identified, “crisis intervention” is when a victim is provided with 24-hour emergency formal services. This includes emergency physical and financial assistance and crisis counseling where a victim can be provided services immediately after calling in their victimization. Trauma recovery centers (TRCs) represent an example of the crisis intervention element in action. TRCs were first established in California to provide victims of violent crimes with services that help in areas that are specific to the individual. A victim is provided services to help with their mental, emotional, and physical needs, all in one specific place, using a holistic approach. These centers specifically reach out to victims instead of requiring them to search for their own help. Overall, victims have reported that the TRC helped them emotionally and helped them cope with their medical problems and multiple other aspects of their lives (Baroni, 2017).

Also as noted previously, another formal service element identified by Young (1990, p. 193) is “supportive counseling and general advocacy.” This element is there to provide the victims with help even when the criminal justice system is not involved. Supportive counseling can include peer group or individual counseling. In contrast, general advocacy refers to advocating on a victim’s behalf with the different social institutions with which they may come into contact, such as the media and employers.

Mental Health/Therapy Services

In addition to the types of services identified by Young, mental health services are an additional category in which there are many different program types. Two forms of mental health services that a victim can seek include cognitive behavioral therapy (CBT)

and feminist therapy (Campbell, 2001; Sims et al., 2006). CBT involves exposing a victim to the traumatic event that they have experienced. To reduce a victim's anxiety level, this form of therapy acknowledges that victims need to remember their own victimization to allow themselves to move past it. CBT is an effective way to help victims of crime who experience PTSD and symptoms of fear (Campbell, 2001; Krakow et al., 2001; Sims et al., 2006).

While CBT focuses more on immediate symptoms, feminist therapy focuses more on long-term symptoms such as shame and guilt. Feminist therapy has a specific goal to help female victims understand that being a victim of a rape or sexual assault is not a problem of the individual; rather, it is a societal one. Group therapy is oftentimes the preferred method with this program; however, this is not what every victim needs, and they also provide individual sessions. This therapy has been found to be effective with victims' recovery (Campbell, 2001).

Another mental health service is psychological first aid (PFA), which was specifically designed to play a role in early intervention and can be provided in police stations, hospitals, and shelters. This is a promising model that victims can be provided to help speed up their recovery. The model has eight goals that are used to help the victims:

- (a) initiate contact in a nonintrusive, compassionate, helpful manner;
- (b) enhance safety and provide physical and emotional comfort;
- (c) calm and orient emotionally distraught survivors;
- (d) identify immediate needs and concerns and gather information;
- (e) offer practical help to address immediate needs and concerns;
- (f) reduce distress by connecting to primary support persons;
- (g) provide individuals with information about stress reactions and coping; and
- (h)

link individuals to services and inform them about services they may need in the future. (Campbell & Patterson, 2011, p. 106)

Mental health professionals usually perform PFA, but these professionals can also teach law enforcement officers, legal personnel, and healthcare workers the proper way to perform it (Campbell & Patterson, 2011). While there is not much research on the effectiveness of PFA, a recent study found PFA to be effective in reducing levels of depression for female trauma victims (McCart et al., 2020). Researchers have also recommended PFA as a beneficial mental health service for victims of crime. McCart et al. (2020) found that no victims in their study experienced any type of symptom worsening after receiving PFA.

Community-Based Services

Returning to Young's elements, there are three that focus on the public or the surrounding community. The first is "crime prevention services," such as providing rape and burglary prevention programming (Young, 1990, p. 194). Such programs exist in schools to help provide students with prevention information. The second element is "public education services," in which victim services and victim issues are promoted at events and through the media (Young, 1990, p. 194). The final element is "training of allied professionals," in which professionals who work with victims, including police officers, prosecutors, judges, emergency room workers, mental health professionals, and others, are provided the proper education that they need to complete their work with victims (Young, 1990, p. 194). There are also a variety of additional ways in which community-focused programming may be provided.

One form of victim service programs is those from coordinated communities. Coordinated communities provide many different coordinated service programs that have been known to help victims of rape or sexual assault (Campbell & Ahrens, 1998). Integrated service delivery programs can be used by communities to provide victims with one location at which they can seek help (Campbell & Ahrens, 1998). This type of program specifically brings together victims, prosecutors, police, and hospital staff. The Sexual Assault Nurse Examiner Program (SANE) is an example of a coordinated service program (Campbell & Ahrens, 1998; Campbell et al., 2001; Muscat, 2010). Most of these programs are located in hospitals where female nurses perform high-quality forensic examinations and collections on rape victims after the trauma occurs (Ahrens et al., 2001; Cole, 2010). SANE has been found to have a number of benefits. One of the main benefits is that rape victims are treated by female nurses, because if the victim is also a female, she may feel less intimidated during the exam. There are also benefits of this program coordinating with other community organizations where victims can be provided help with counseling, legal, and medical services. Lastly, based on the belief that victims should not be charged for collecting forensic evidence, this program is free to all victims (Campbell et al., 2001; Cole, 2010).

A similar coordinated service program is the use of Sexual Assault Response Teams (SART), which seek to provide all services that a rape victim might need (Campbell & Ahrens, 1998, Cole, 2010; Greeson & Campbell, 2013; Greeson et al., 2016). This program is designed to provide multiple services to rape victims at one time and in one location, instead of them having to seek individual services on their own. SART is provided directly in emergency rooms because this is where the majority of

victims go first. Usually, a victim's medical needs are first addressed, followed by legal measures where the victim often provides a statement. Lastly, a victim advocate meets with the victim, helps to answer the victim's questions, and provides referrals to additional services.

It has been found that victims think of the SART program as a success, as it specifically acknowledges the specific roles of the medical, mental health, and legal systems (Campbell & Ahrens, 1998). Since there are many different elements within this program, it is important to learn system differences. This allows for an improvement in relationships between law enforcement and victim advocates. The one drawback to this program is that there are so many different services working with victims, it is hard to know which the victim sees as most beneficial. This is important to know because certain services may be more beneficial than others and knowing this information will allow the program to use those that are the most beneficial to victims.

A research study conducted by Campbell and Ahrens (1998) looked at innovative community services for rape victims. Researchers looked at two different types of communities, labeled as high and low. High coordinated communities met two criteria: In general, victims reportedly had positive outcomes with community systems, and the community in which the victims lived scored high on the Community Coordination Scale. A low coordinated community was defined as meeting two criteria: In general, victims reportedly had negative outcomes with community systems and the community that the victims lived in scored low on the Community Coordination Scale (Campbell & Ahrens, 1998).

High coordinated communities allowed people from the community to collaborate with service providers to conduct trainings at the rape crisis centers. Training sessions in high coordinated communities happened frequently, where they had many diverse learning formats that would reach many different audiences, whereas those in low coordinated communities were not provided with as much diversity. In low coordinated communities, training occurred in only one manner, lecture format delivered directly to community members. Training in low coordinated communities was conducted only about once a year.

Community-level reform groups, found only in high coordinated communities, were developed to provide communities with education on rape and sexual assault (Campbell & Ahrens, 1998). Instead of focusing on service delivery, they focused on community learning, public demonstrations, and legislative reform. This program worked because service providers found a way to better interact and learn from one another. Service providers also used their newfound communications to discuss what is important to victims of rape. Lastly, they decided that everyone, including the public, needed to understand the larger social context of rape (Campbell & Ahrens, 1998). The reason these programs were seen as successful was because they rejected traditional service models and redesigned the programs to focus on streamlining care to victims of rape and coordinating service providers, while also focusing on the importance of educating the whole community.

Domestic violence programs may also be structured as coordinated community programs (Campbell & Ahrens, 1998). Domestic violence shelters assist victims that have not only experienced domestic violence, but also sexual assault, because this often

happens within domestic relationships. The majority of times, these victims do not feel safe going back home or to the place where the assault took place; therefore, allowing the victims to stay at the shelter is beneficial. These programs provide 24-hour services, such as advocacy and counseling services for domestic violence and rape victims. However, these programs and shelters do not have enough space for the number of victims that need help.

One additional type of coordinated service program is Crime Reparation Assistance (Campbell & Ahrens, 1998). Often, rape survivors are provided a reimbursement by the state for the medical care that they have received. Most states have this for their victims, but paperwork for such reimbursements is difficult. Since there is often no formal place specifically for victims to go for these programs, rape crisis centers usually take the lead in helping victims and setting up the time and location for the teams to meet.

Lastly, victim assistance programs utilizing police officers have also been developed. Winkel (1991) examined a police communication program designed specifically for burglary victims. This program provided burglary victims with the chance to be involved with the police and for the police to provide information about preventing any further burglaries. The program provided victims with a greater level of satisfaction with the police, and also resulted in victims taking higher levels of preventative measures. Overall, the police and the victims had a better relationship, and therefore victims felt better about including law enforcement in the post-victimization process.

While there are variations in programs, victims seek help from services that target their needs and are seen as meaningful (Stohr, 2005). If a victim views a program as

effective and worthwhile, they are more likely to utilize the service. Victim services that specifically tailor their programs to fit with victims' needs are used the most frequently (Sims et al., 2005; Stohr, 2005).

Informal Victim Services

Victims sometimes choose to seek support from informal services, which is when victims receive help from their family or friends (Brickman, 2002; McCart et al., 2010). The main informal service from which victims choose to seek help is through their friends and family members (Davis et al., 1999; Leone et al., 2007). Friends and family are often available to provide support immediately after a victimization occurs, whereas a victim service agency may not be available for a few days. Victims also report receiving fewer negative reactions from informal services compared to the negative social reactions they sometimes receive when choosing to seek help from formal services (Ullman & Filipas, 2001). The negative social reactions that victims receive can ultimately force them to feel as though they should not seek help from formal services.

While victims service utilization varies, there are factors that can influence service seeking behavior. These will be addressed in the following section.

Service Utilization and Impacts

Davis et al. (1999) found that much is unknown when it comes to understanding what services victims need in order to facilitate the process of recovering after falling victim to a crime. It is hard to determine whether services are meeting victims' needs or whether the victims who seek services are the ones who are the most in need.

Becoming a victim of a property crime is more common than becoming a victim of a violent crime. However, violent crime victims report seeking services more often

than victims of property crimes (Norris et al., 1990), especially when it comes to mental health services. Although victims of violent crime used mental health services more frequently, they reported having lower satisfaction levels with those services than property crime victims.

Research by Amstadter et al. (2008) showed that victims of rape are more likely to seek help from mental health services such as those previously mentioned. Specifically, this study found that over half of all rape victims reported seeking help by going to a mental health professional (54%), a medical professional (38%), or talking to a religious counsel (15%). Those who were victims of stranger rapes reported going more often to mental health services (Ullman, 2007). Women and children who are victims of rape are more likely than men to go to a mental health professional for help (New & Berliner, 2000).

However, a more recent study conducted by Youstin and Siddique (2019) specifically used data from the 2015 National Crime Victimization Survey (NCVS) to look at the relationship between seeking help from formal services and violent crime victims' psychological distress. Victims of sexual assault had the highest levels of psychological distress. However, even though these victims had the highest levels of psychological distress, they were not the ones who most sought formal services; victims of other violent crimes tended to seek services more often.

As previously discussed, victims of sexual assault have been known to develop mental health problems. However, they often do not seek help from a mental health professional until after symptoms or distress have already arisen (Campbell & Patterson, 2011; Ruzek et al., 2007). This suggests that if mental health services are sought more

quickly after a victimization, subsequent problems could be preventable because problems may not be as fully developed immediately after the offense as they would be if the victim waited.

Factors Impacting Formal Service Seeking Behavior

There are many different factors that can influence victims service seeking behavior, such as income status, disability status, type of crime, victim perceptions, gender, and age. The barriers that victims face when seeking services will also be discussed.

It is important to look at the number of victims who are actually seeking services. Research shows that only a small number of victims are being reached by service agencies and only a small number of victims actually seek services, especially services other than counseling (Davis et al., 1999; McCart et al., 2010). Specifically, data from the 2008-2011 NCVS show that only about 10% of violent crime victims, such as victims of robbery, sexual assault, rape, and physical assault, choose to seek help from victim services (New & Berliner, 2000; Sims et al., 2005; Zaykowski, 2014).

There are many different factors that can impact victims service seeking behavior, and one of those is income status. Overall, victims who do not have access to power or resources, or who already depend on government assistance due to having low income, are ultimately the victims most likely to seek services (Stohr, 2005). Those victims who are more likely to access services are those who have the fewest resources. For example, victims that seek help from social service agencies are likely to be powerless and be part of the lower class. This may be expected because, in general, social services and victim

services agencies often work with the same individuals. This is to be the case because “after all, where else would they turn” (Stohr, 2005, p. 392)?

Disability status is also a significant factor in service seeking behavior. A study conducted by Youstin and Siddique (2019) showed that victims with disabilities had a higher level of help-seeking behavior when it came to formal services, due to already being integrated into the healthcare system.

Research also shows that type of crime can influence a victim’s decision to seek services (Sims et al., 2005; Stohr, 2005; Youstin & Siddique, 2019). Sometimes, crimes that are more personal may cause more trauma to push a victim into seeking services. Victims of violent crime may seek services more often due to the violent event being traumatizing, so the need for services is higher (Sims et al., 2005). However, crimes such as rape and sexual assault are also more socially sensitive, meaning that a victim may choose not to seek services because of how the public might judge their victimization (Stohr, 2005). Victims of rape report that it is not always easy to tell family and friends, much less service providers, about their rape, as they are not always supportive (Campbell, 2001; Ullman & Filipas, 2001). Victims also expressed experiencing negative responses from their communities, which ultimately puts them in the position of “the second rape” (Ullman & Filipas, 2001, p. 5). Oftentimes, communities deny rape victims help, or if they are offered help, the victims feel as though it is their fault that they fell victim to rape. Since rape victims are left feeling that their victimization is their fault, and they have no support from their community, the term “the second rape” was established to explain how it feels to be denied assistance.

There are mixed research findings about female intimate partner violence (IPV) victims' formal help-seeking. Some studies have found that white female IPV victims with higher education levels are more likely to seek services (Coker et al., 2000; Kaukinen, 2004). Leone et al. (2007) found that of all female victims in their study, 81% of them chose to seek some type of service. Those who were attacked by an intimate partner were 4.5 times more likely to seek services (Zaykowski, 2014). While women are most likely to report IPV, both men (79%) and women (57.5%) choose not to get help from formal services (Coker et al., 2000). One study specifically looked at intimate partner violence on college campuses where a majority of students, about 86%, indicated that they had experienced it. However, only about 16% actually sought mental health services (Próspero & Vohra-Gupta, 2008). While those who are victims of IPV frequently seek services, other factors such as race, gender, reporting levels, and being in college also impact victims' levels of service seeking.

To continue the cycle of violence, most women who are victims of IPV (70%) will return to the person who abused them because they believe the problem will fix itself and they want to forget what their abuser did (Postmus et al., 2009). Even the lucky and brave women that leave and get help by living in a shelter often leave the shelter and go back to the life with their abusive partner that they had beforehand.

In addition, victims sometimes have other negative experiences with the criminal justice system. Sometimes victims reported that they are ultimately more distressed when the case is actually prosecuted against their offender (Campbell et al., 2001). While some victims report that their experiences with the investigating officers were positive, their overall experience with the criminal justice system was negative. When it comes to the

medical system, victims reported feeling violated after experiencing the exam procedures and even believe their medical help was not beneficial.

Another significant factor that influences service seeking behavior is gender. Women who experience psychological distress in response to victimization are more likely than men to seek help from formal services. This could be because women are usually more comfortable sharing their thoughts and feelings (Youstin & Siddique, 2019). When it comes to victims who are male, a study conducted by Monk-Turner and Light (2010) found that about a third of male sexual assault and rape victims decided to seek services. However, those who were penetrated were less likely to seek services. To explain this, male victims may feel shame, and therefore not seek help from others.

Age is also significant factor in victims service seeking behavior. Despite young people being more likely to be victimized, older individuals have been found to be more likely to seek services. This could be because as people get older, they feel more comfortable with the thought of victim services being beneficial and have learned to cope with being a victim of crime (Sims et al., 2006). Coping with a victimization could lead to a greater likelihood of service seeking because victims who have coped with their victimization may feel that they can talk about what happened to them with a service provider.

Barriers in Seeking Formal Services

The factors that were previously mentioned are significant in victims' service seeking behavior. However, there are also a number of barriers victims may face when seeking services.

One of the main reasons that service utilization may be low is that victims are not aware of the types of available services. One study found that 59% of women reported that they were not sure where to seek services in the first place (Postmus et al., 2009). Another study found that nearly 40% of crime victims as a whole said that they did not know what services were available to them (Sims et al., 2005). Therefore, it may be that in some cases victims are not being properly informed of the programs available to them.

Other reasons for not seeking services have also been identified in the literature. Mol et al. (2002) conducted a study on crime victims' perspectives on the victim service practitioners with whom they came in contact while receiving medical care immediately following their victimization. In this study, only 28% of victims wanted to seek some sort of help from a professional. Most victims refused services because they felt they could cope with their victimization without seeking help from a professional. Of those victims who initially desired help, most eventually ended up choosing not to seek it because they believed that their issues were medically insufficient, or because they believed their general practitioner or physician did not have the time to see them.

It is of concern that general practitioners may be dismissive of the needs of crime victims. General practitioners play a vital role in helping victims of traumatic events and thus need to be more helpful and supportive in assisting victims with their needs (Mol et al., 2002). Researchers believe that victim service practitioners could help explain to general practitioners the important role that they play in a victim's recovery. Victims also feel that the general practitioners could act as though they are more supportive and make sure they initiate follow-up consultations and that both the patient and medical provider understand principles of patient/provider confidentiality.

Victims may also choose not seek services due to there not being services that can address all of their issues. Of all victim types, female victims who have co-existing issues such as substance abuse disorders, learning disabilities, mental health issues, prior incarceration, or involvement in prostitution are less likely to seek services (Zweig et al., 2002). Few services exist to help female victims deal with the consequences of their victimizations along with other co-existing issues or barriers, such as substance use disorders or mental health issues. As a result, female victims have problems finding services that are able to properly treat all of their co-occurring issues. In addition, the available services may not have staff members who are educated on the multiple barriers that victims may face. Even on the rare occasion where female victims find a program that can address all of their needs, they still have to face the criminal justice system, which is usually reluctant to assist them in addressing issues co-existing with victimization.

To provide the most effective help to victims, services need to focus on multiple barriers and should be personalized for each victim (Zweig et al., 2002). Services will ultimately become easier to provide if agencies hire employees who have a background in fields such as substance abuse and mental health. Research has shown that victim service programs that develop agreements and trust with other programs (such as in substance abuse, mental health, and other areas) are the most effective in helping female victims.

Another reason for not seeking services identified in the literature is that victims do not believe they deserve the services or that the services will help them. Patterson et al. (2009) found that rape victims often failed to seek services because they believed that

these services would not protect them from the person who originally hurt them. Similarly, Postmus et al. (2009) found in their study that over half (54%) of the victims chose not to look for help with formal service providers because they believed that they were not worthy of the help, or they thought that it would not actually help them. It is important to note that for victims to gain insurance coverage, they often have to explain the trauma they experienced and what they feel to a third party, which can be very hard for a victim to do (Monk-Turner & Light, 2010).

Research has also found a correlation between reporting crime and seeking services. A small number of victims both report their victimization to the police and seek formal services (Frieze et al., 1987; McCart et al., 2010). It is known that most crime is never reported to the police. In many cases, victims who choose not to seek help from victim service agencies are the same victims who choose not to report a crime to the police (Stohr, 2005). There are similar reasons for why a victim chooses to report a crime and to seek services. Victims who choose not to seek help from victim services have similar feelings of reluctance in reporting a crime to police or victim agencies.

The type of crime that victims have experienced also influences decisions about reporting crime and service seeking. A victim of a minor crime or a crime such as sexual assault or rape is unlikely to report anything to the police (Stohr, 2005). These crime types are very different and are ultimately dissimilar categories, but those who fall victim to a minor crime may not understand that they are a victim. They may also feel as though there is no need to report the crime because it would be more trouble than it is worth. Those whose victimizations are from crimes such as rape and sexual assault, which are more serious, may be seen by the public as socially sensitive because of the nature of the

crime. This may also force victims not to report a crime because of how the public may view them.

However, there are conflicting results because research has also shown that the more serious the crime is, the more likely a victim will report it to law enforcement, and reporting the crime often pushes victims to be more likely to seek services (Frieze et al., 1987; McCart et al., 2010; Zaykowski, 2014). In a study that relied on the NCVS from 2008-2011, victims who reported the crime to the police were three times more likely to seek services (Zaykowski, 2014). On the contrary, if the crime is not reported, it is also likely that the victims are not seeking services either.

Victims of IPV also may experience challenges when seeking services. Victims often experience living life in what is called "the cycle of violence" (Dunn & Powell-Williams, 2007, p. 990). The majority of women who are IPV victims start life with a father who is abusive to their mother. When seeking a boyfriend or husband in the future, they seek someone who unfortunately demonstrates similar characteristics. Therefore, victims of IPV typically choose not to seek services (Bacchus et al., 2003). However, victims of SCV choose to seek help more often from informal services due to not wanting service providers to try to force them to leave the relationship (Leone et al., 2007).

Conclusion

There are many different aspects of the criminal justice system, and when a crime is committed, most people do not view victims as being as important as offenders. Victims of individual crime types such as rape, sexual assault, physical assault, robbery, and property crime were discussed individually. Although each crime victim can experience different feelings, victims often report feelings such as vulnerability,

helplessness, disbelief, shock, and anger. Many aspects can contribute to whether a victim is likely to seek services or not. Older victims are likely to recover from their victimizations more quickly than those who are younger and therefore do not need as much help from victim services. Gender is also important because victims who are female are more likely to seek help from victim services.

Not enough victims participate in criminal justice court processes, but some victims do express themselves and become involved with what is going on with the case. Victims who participate are likely to have cases that result in the defendant getting charged for their crime. The participation in court processes can also help a victim cope with their victimization. Lastly, this literature review discussed the history of victim rights, available victim services, service utilization, and victim advocates.

Many programs are available to victims of crime, and they are usually viewed as a success if victims use them. However, most victims choose not to seek help from services or, especially, from formal services. Victims usually choose to seek support from informal services such as friends and family members because they are available immediately after their victimization. Victims often receive negative social reactions that force them to feel as though they should not seek help from formal services. Therefore, service practitioners need to be more helpful and supportive in assisting victims with their needs. Victims can be provided with victim advocates who act as liaisons between the victim, members of the criminal justice system, and victim service programs. Ultimately, a victim advocate can act as an important service to victims as they can provide the victim support in every part of the criminal justice system.

This literature review has determined that victims are not being taken care of the way they should be, whether it is because victims do not know what services are available to them, the services that they do know about have treated them negatively, or they believe that the service will not be helpful to them (Sims et al., 2005). Ultimately, victims' needs are not being fulfilled by the criminal justice system (Parsons & Bergin, 2010). Since the system is confusing, victims are often left out, not knowing what is going on. Therefore, victims' confidence levels may be low and may lead to them not feeling confident enough to proceed with their case or to seek services. In the end, victims are choosing not to seek services just as they are choosing not to report the crime (Sims et al., 2005).

This thesis will explore what factors are related to victim's service seeking tendencies. The hypotheses and methods are discussed in the next chapter.

Chapter 2: Methods

Victim services may be the only form of help that many crime victims receive following their victimization. Research has found that these services can benefit those who choose to seek them by providing them an individual with whom to talk about their victimization, information regarding further resources to seek, or information about their case (O'Sullivan & Carlton, 2001; Young, 1990). Victims who are provided with an outlet to talk about their feelings and needs can attempt to start the process of recovering post-victimization. Despite the known benefits of victim services, little is known about crime victims' utilization of victim services. To further understand the current state of victim service utilization, this project will examine the relationship between respondent sex, relationship to the offender, crime type, and service seeking by crime victims.

This chapter discusses the methods utilized in this research project. The data used for this study were drawn from the 2016 National Crime Victimization Survey (NCVS), an annual survey that collects data on criminal victimization. This dataset was selected because it is the only survey from the United States that includes information on crime victimization from a nationally representative sample. This section will begin with a discussion of and justification for the hypotheses, followed by both a broad overview of the NCVS and the specifics of the 2016 data used. The section will conclude with a discussion of the study variables and the analyses conducted.

Hypotheses

As previously noted, gaps exist in the research on victim services, including what types of victims are most likely to seek services. To date, prior research has produced conflicting findings regarding how gender, the offender's relationship to the victim, and

crime type influence one's likelihood of seeking services (Sims et al., 2005; Stohr, 2005; Youstin & Siddique, 2019). The following paragraphs discuss the research that led to the development of the study hypotheses.

Gender and Victim Services

Past research suggests that female victims frequently utilize victim services. This is especially true of females who experience intimate partner violence, rape, sexual assault, and physical assault. Amstadter et al. (2008) found over half of all female rape victims reported seeking help of some kind. Similarly, Leone et al. (2007) found that 81% of female intimate partner violence victims chose to seek some type of service. Male victims, on the other hand, appear to utilize services infrequently. Monk-Turner and Light (2010), for example, found that only about a third of male sexual assault and rape victims decided to seek services.

While anecdotal evidence seems to suggest that female victims are more likely to seek service than male victims, few studies have actually examined this relationship. Kaukinen (2002), however, did find that female victims of violent crime were more likely than male victims of violent crime to seek any type of victim services. Based on this research, the present study hypothesized that if a victim is female, she will be more likely to seek services than male victims (Hypothesis 1).

Victim-Offender Relationship and Victim Services

There is little past research that specifically focuses on the association between the victim-offender relationship and the likelihood of seeking services. Thus, this hypothesis is grounded on the speculation that victims who report crime are similar to victims who seek services. Victims who choose to report their victimizations to the police

may also be more likely to seek help from victim services because both involve the victim reaching out to others for help, the police with the crime itself, and the services for the impact of the crime.

Black's (1976) book, *The Behavior of Law*, addresses the relationship between victims and offenders. He wrote that "the relationship between law and relational distance is curvilinear," meaning that the further the relational distance is between individuals, the more likely the police would be called (Black, 1976, p. 41). Ultimately, Black argued that intimates are not likely to report their victimizations and are less likely to call the police on each other.

Avakame et al. (1999) found support for Black's theory using data from the NCVS to see who called the police. The results showed that the more distant the relationship was, the greater the probability was that the police would be called. Ultimately, the relational distance between individuals was correlated positively with the probability of victims calling the police and police arresting the offenders, especially when the relational distance was large.

Early theories suggested that the criminal justice system was less likely to interfere in issues between intimates. However, even Avakame et al. (1999), while finding support for Black's theory, still noted that these early understandings have changed as views of the criminal justice system and victim's rights have changed, particularly as it pertains to intimate partner violence. The intimate partner violence movement was a victims' rights movement, which caused the criminal justice system to approach crime between intimates differently. Intimate partner violence used to be considered private but is now treated as a crime. As a result, it can be assumed that

intimates may no longer be hesitant to call the police. Data from the 2008-2011 NCVS showed that victims who reported to the police were more likely to seek services. Further, those who were attacked by an intimate partner were 4.5 times more likely to seek services (Zaykowski, 2014).

More recent research has not been consistent in determining the impact of victim-offender relationship on crime reporting, but results have cast doubt on Black's earlier finding. Some research has found there to be no difference when it comes to reporting (Birdsey & Snowball, 2013). However, other research has found that those who know their offender are more likely to report (Felson et al., 2002). Based on this research, the current study will continue to explore the impact of knowing the offender, in this case on the issue of service seeking.

As IPV has become more recognized as a crime through the efforts of victims' rights advocates, reporting of IPV offenses has increased. As suggested by the research cited previously, reporting of other incidents involving offenders known to the victim may also be more likely now than it was in the past.

While these new understandings challenge Black's theory, this research draws upon them as contemporary perspectives that can influence how the relationship between victim and offender affects the use of victim services. Taking these new perspectives into account, the present study hypothesized that if victims know the offender, then they will be more likely to seek services than victims who do not know the offender (Hypothesis 2).

Victims of Rape, Sexual Assault, and Physical Assault and Victim Services

The majority of past research on service seeking has focused on victims of sexual assault, rape, and domestic violence. The research has found that a substantial number of victims of sexual assault, rape, and domestic violence seek out services. Amstadter et al. (2008) found that 54% of the female rape victims in their study sought help by going to a mental health professional. Leone et al. (2007) similarly found that over half of the women in their study who had experience IPV chose to seek help from formal or community-based services. Further, they found that as the severity of violence increased, the more likely victims were to seek help. Victims who experience severe violence are ultimately forced to seek services because the violence becomes too much to ignore, as it is more trauma-inducing.

While research has explored the likelihood that victims seek services for crimes such as rape, sexual assault, and physical assault, few studies have examined service seeking behavior among victims of other crimes such as robbery and property crime. As noted above, the research on victims of rape, sexual assault, and physical assault suggests that victims who experience more violent offenses are more likely to seek services. Robbery and property crimes are nonviolent in nature; therefore, it can be assumed fewer victims of these types of crimes will seek services. Therefore, the present study hypothesized that victims of rape, sexual assault, and physical assault are more likely than victims of robbery and property crimes to seek services (Hypothesis 3).

Victims of Rape, Sexual Assault, and Physical Assault and Mental Health Services

Past research has looked at victims of crime and the types of services they seek. Research shows that victims of rape, sexual assault, and physical assault tend to seek

mental health services as a result of trauma induced mental illness. There are many instances where victims develop a mental health disorder due to their victimization. A study conducted by Amstadter et al. (2008) found that 54% of women who were victims of rape experienced PTSD or other mental health disorders, which resulted in them seeking help from mental health services. While research has explored whether victims of sexual and physical assault seek mental health services, it has failed to examine whether they seek mental health services more so than other types of services, such as coordinated and integrated community services, hospital services, and all informal services. The present study hypothesized that victims of rape, sexual assault, and physical assault who seek services are most likely to seek mental health and counseling services than other types of victim services (Hypothesis 4).

Data

To conduct this study, data from the 2016 NCVS, the most recent data available, was used. It was decided to use the NCVS dataset as it includes information on all variables of interest in this study including information on the crime, victim characteristics, and victim service utilization, thus allowing for the hypotheses to be tested. Further, the survey collects data from a nationally representative sample allowing for greater generalizability of the results.

History of National Crime Victimization Survey

The NCVS, which originated in 1972, is the primary data source about crime victimization in the United States (Bureau of Justice Statistics, 2016). The NCVS was developed during the presidency of Lyndon Johnson in response to the rising crime rates at the time. President Johnson convened the President's Commission on Law

Enforcement and the Administration of Justice to examine the causes and characteristics of crime in the United States. At the time, the only national crime data available was from the Uniform Crime Report (UCR), which included only crimes reported to police.

The Commission identified several limitations of the UCR. First, they noted that the UCR reported only crime that was known or reported to a police department. Because the UCR did not account for unreported crime, crime rates were likely inaccurate. Additionally, they acknowledged that the data collected by the UCR lacked important details and characteristics about crimes, offenders, and specifically victims. Victim information was unable to be obtained if the crime was not reported. In response to these limitations, the Commission developed a new way of collecting crime data, by asking individuals about their experiences with victimization. The National Crime Survey, as the NCVS was originally called, was the first national survey of crime victimization. The new survey was able to account for “the dark figure of crime,” as it collected information on those victimizations which were not reported to police. Further, the survey obtained more detailed information regarding the crime, offender characteristics, and victim characteristics than collected by the UCR (Lynch & Addington, 2007). Since its implementation, the NCVS has been administered annually.

NCVS Data Collection Procedure

The NCVS data are collected from a nationally representative sample of households in the United States. Households are selected using a stratified, multi-stage cluster sampling method (Bureau of Justice Statistics, 2016). To begin, the United States is divided into sampling units, with each required to have a population of 7,500 or more but with a land area not to exceed 3,000 square miles. Some sampling units, specifically

those in urban areas, are automatically included in every year's data collection. For all other sampling units, multiple sampling units within states are grouped together based on the similarity of their demographics; each of these groups is called a strata, and one sampling unit is selected from each of these strata. Within each sampling unit, a random sample of households is selected. The selected households are then divided into six groups, or panels, and "a different panel is interviewed each month during the six-month period" (Bureau of Justice Statistics, 2016, p. 9). As a result, "every group [panel] is interviewed every six months for a period of three years" (Bureau of Justice Statistics, 2016, p. 9). This ultimately helps them "avoid interviewing the same households indefinitely" (Bureau of Justice Statistics, 2016, p. 9). After a household has been included in the study for 3 years, it is rotated out of the sample and a new household is rotated in (Bureau of Justice Statistics Home page, n.d.c).

For each household, one person is selected as a household respondent; the respondent should be a household member that could reasonably be expected to know any answers regarding the household as a whole. The household respondent reports household victimizations, which include both attempted and completed crimes such as burglary, theft, and motor vehicle theft (Bureau of Justice Statistics. (n.d.a).

Additionally, all household members who are 12 years of age and older are asked to report their personal victimizations every 6 months. Personal victimizations include both attempted and completed crimes such as rape, sexual assault, robbery, personal assault, and personal theft, such as pocket-picking and purse-snatching (Bureau of Justice Statistics (n.d.b).

The surveys are administered by members of the U.S. Census Bureau on behalf of the Bureau of Justice Statistics. Typically, each respondent's first interview is a face-to-face interview and the others are conducted over the telephone (Bureau of Justice Statistics, 2016). Annually, around 240,000 interviews are conducted, involving approximately 160,000 individual people from about 95,000 homes (Bureau of Justice Statistics Home page, n.d.c).

The self-report data collected includes information on household property crimes and nonfatal personal crimes both reported and not reported to the police. For each criminal victimization that is reported through the survey, multiple types of information are collected, such as information about the offender, characteristics of the crime, whether the crime was reported to the police, the reasons for reporting or not reporting to the police, the experiences victims had with the criminal justice system, and lastly, questions about seeking victim services (Bureau of Justice Statistics, 2016). In addition, each respondent's demographic information is collected, including sex, age, race, income, and more.

Limitations of NCVS

The NCVS does have limitations, including the fact that it is a self-report survey. A respondent can ultimately choose not to answer a question or leave out important information. There is also the possibility that a respondent may have forgotten about an event or report an event as happening within the last 6 months, when it really did not. There is always the possibility of misinterpreting the time frame of a victimization; therefore, the data could have some reporting errors (Lynch & Addington, 2007).

2016 NCVS

The specific data being used for this research were drawn from the National Crime Victimization Survey conducted in 2016. Data were drawn from 266,600 persons within 212,900 households who met the requirements described above (Bureau of Justice Statistics, 2016). The demographic characteristics that were studied were victims' sex, age, and race. The sample consisted of males (48%) and females (52%), who had an average age of 46. The races were White (82%) and non-White (18%). The data were obtained from the Inter-University Consortium for Political and Social Research. Two different datasets, DS0003 and DS0004, were accessed in order to obtain all of the variables that were needed to conduct the analyses. The main dataset, DS0004, includes variables about victimization, but a separate dataset has the demographic of sex; therefore, this variable was merged into the other dataset to make one complete dataset.

Dependent Variables

Service Seeking

Several variables were used to measure service seeking. The first is "V4140b12 Seek Professional Help for Feelings Experienced as Victim of Crime." Participants were asked the specific question: "Did you seek any kind of professional help for the feelings you experienced as a result of being a victim of this crime?" The answer options were (1) Yes and (0) No. Of the people who answered this question, 22.1% said "yes" to seeking services, while 77.9% said "no."

Type of Services

An additional group of dependent variables identified the specific types of services that were sought by participants, asking: "What kind of professional help did you seek? Counseling/therapy, medication, visited doctor or nurse, visited ER/hospital/clinic,

or other.” Each variable from the NCVS is numbered and titled as follows: “V4140b14 Professional Help Counseling Therapy,” “V4140b15 Professional Help Medication,” “V4140b16 Professional Help Visited Doctor or Nurse,” “V4140b17 Professional Help Visited ER/Hospital/Clinic,” and “V4140b18 Professional Help Other.” The answer options for each individual variable was (0) No and (1) Yes. When looking at those who answered the individual questions regarding specific types of services, the results were as follows: Counseling, yes (85.8%), no (14.2%); Medication, yes (20.4%), no (79.6%); Doctor or Nurse, yes (21.2%), no (78.8%); ER/Hospital/Clinic, yes (10.4%), no (89.6%); other services, yes (6.9%), no (93.1%).

Independent Variables

Respondent Sex

To measure gender, the variable V3017 was used, which asked participants to specify their sex. The response options were (1) Male and (0) Female. This variable was merged into the main dataset (DS0004) from DS0003 using a one-by-one variable merge based upon the participant I.D. variable, to ensure that the participant I.D. matched between each dataset.

Knowing Offender

The variable “V4241 Single Offender Stranger” was utilized to measure whether the offender was known by the victim. The question asked, “Was the offender someone you knew or a stranger you had never seen before?” The response options were (1) Knew or had seen before and (0) Stranger. This variable includes only victimizations with a single offender to be consistent with the majority of past research that focuses on single victimizations (Amstader et al., 2008; Leone et al., 2007; Youstin & Siddique, 2019). To

date, no prior research includes incidents with multiple offenders. It is also important to note that group victimizations are different than those of a single offender. Of the respondents who answered this question, 69.2% knew or had seen their offender before, while 30.8% reported that their offender was a stranger.

Crime Type

Crime type was measured using the variable “V4529 Type of Crime Code,” which asked respondents to identify their victimizations by crime type. Of the respondents who answered this question, 18.4% of them were victims of rape, sexual assault, and physical assault, while 81.6% of them were victims of robbery and property crime. The original variable included 34 different offense types. For purposes of this research, the offense types were collapsed into a single nominal variable that includes two categories: The first included rape, sexual assault, physical assault, and the second included robbery, and property crime, which are summarized in Table 3 of the Appendix. This single nominal variable was used for chi-square analyses, and was also used in the logistic regression. It was important to divide the crime categories because rape, sexual assault, physical assault, and robbery are considered personal crimes and have different impacts on victim reactions, both physically and emotionally, as well as service seeking tendencies for each. Prior studies have generally focused on one type of crime, such as rape (Amstadter et al., 2008; Campbell, 2001; Patterson et al., 2009), sexual assault (Ullman, 2007; Ullman & Filipas, 2001), physical assault (Mol et al. 2002; Monk-Turner & Light, 2010), robbery (Elklit, 2002; Jones, 2002), and property crime (Winkel, 1991). Therefore, it was decided that following prior research would be beneficial. Property crimes are usually grouped together according to past research and typically there are not

significant differences between the different types of property crime (Norris et al., 1990; Wirtz & Harrell, 1987). Property crimes do not pose a direct physical harm to their victims; they are more likely to be similar to one another and do not need to be broken out separately.

To determine the categorization of crime types, it was decided that both completed and attempted crime needed to be in the same category, which can be referred to in Table 3 of the Appendix. It is important to include both completed and attempted crimes because whether or not the crime was completed, there is still a victimization that occurs.

Analysis

Multiple analyses were conducted to test the study hypotheses. Below are the null hypotheses that were assumed and the alternative hypotheses that were predicted.

H1: Gender and Service Seeking

Hypothesis one (H1) explored the relationship between gender and seeking victim services. The null hypothesis assumed that there would be no differences between males and females and their service seeking behaviors. However, the alternative hypothesis predicted that if a victim is female, then she will be more likely to seek services.

A crosstab with a 2x2 chi-square statistic tested whether there is a statistically significant relationship between respondent sex and whether any services, of any type, were sought. While not part of the hypothesis, a further exploratory analysis with an additional series of 2x2 chi-square statistics was utilized to test whether there is a statistically significant relationship between gender and each specific type of service seeking listed by the NCVS, including counseling, medication, visiting a doctor or nurse,

or visiting an emergency room, hospital, or clinic (resulting in four additional chi square analyses, one for each type of service seeking).

H2: Knowing Offender and Service Seeking

Hypothesis two (H2) explored the relationship between knowing the offender and service seeking. The null hypothesis assumed that there will be no differences between victims who knew their offender and those who do not and their service seeking behaviors. However, the alternative hypothesis predicted that if the victim knew the offender, then they will be more likely to seek services.

A crosstab with a 2x2 chi-square statistic tested whether there is a statistically significant relationship between whether the respondent knew the offender and whether any services, of any type, were sought. While not part of the hypothesis, an additional series of 2x2 chi-square statistics was utilized to test whether there is a statistically significant relationship between knowledge of the offender and each specific type of service seeking listed by the NCVS, including counseling, medication, visiting a doctor or nurse, or visiting an emergency room, hospital, or clinic (resulting in four additional chi square analyses, one for each type of service seeking).

H3: Crime Type and Service Seeking

Hypothesis three (H3) explored the relationship between crime type and service seeking. The null hypothesis assumed that there will be no differences between victims of rape, sexual assault, and physical assault and victims of robbery and property crime, regarding whether they choose to seek help. However, the alternative hypothesis predicted that victims of rape, sexual assault, and physical assault are more likely than victims of robbery and property crime to seek services. This research explored five crime

categories: rape, sexual assault, physical assault, robbery, and property crime and differences in service seeking was tested between the five categories. It was predicted that rape victims' service seeking will be higher than that of victims of robbery or property crime, that sexual assault victims' service seeking will be higher than that of victims of robbery or property crime, and that physical assault service seeking will be higher than that of victims of robbery or property crime.

A crosstab with a 2x2 chi-square statistic tested whether there is a statistically significant relationship between crime type and whether any services, of any type, were sought.

H4: Rape, Sexual Assault, and Physical Assault Victims and Service Type

While H3 addressed the difference in service seeking between crime type, this hypothesis sought to identify what were the most common services sought by victims of rape, sexual assault, and physical assault.

Hypothesis four (H4) explored the types of services that victims of rape, sexual assault, and physical assault seek. The null hypothesis assumed that there will be no differences in the types of services that victims of rape, sexual assault, and physical assault seek. However, the alternative hypothesis assumed that victims of rape, sexual assault, and physical assault are most likely to seek mental health and counseling services than other types of victim services.

An additional series of 2x2 chi-square statistics were utilized to test whether there is a statistically significant relationship between crime and each specific type of service seeking listed by the NCVS, including counseling, medication, visiting a doctor or nurse,

or visiting an emergency room, hospital, or clinic (resulting in four additional chi square analyses, one for each type of service seeking).

Multivariate Analysis

After running multiple bivariate tests, a multivariate logistic regression was run, which examined the effect of each independent variable on the binary dependent variable, whether the victim sought services, while controlling for the others. There are multiple assumptions that data must meet in order for it to be appropriate to run a logistic regression and receive valid results. The first assumption that must be met is that all of the independent variables included in the analyses must be either dichotomous or continuous. The dependent variable must also be dichotomous. The dependent variable for the present study is dichotomous and all independent variables to be included in the analyses are either dichotomous or continuous, thus meeting the first assumption. There is also an assumption that there is mutual exclusivity, meaning that respondents were either in the category yes, sought services, or no, did not seek services; this assumption was also met as respondents were only allowed to select one response or the other. Lastly, there must be no multicollinearity between variables. Multicollinearity was tested with variance inflation factors and outliers were detected by looking at the standardized residuals making sure they were not greater than 2.5. Whether the assumptions have been met or not will be discussed in the results section.

Conclusion

This research will extend current knowledge about victim service utilization by comparing male to female service usage across a wide variety of crime types. It will look not only at how many rape, sexual assault, and physical assault victims sought services,

but will speak to whether victims of these crimes seek services at a higher rate than victims of other, understudied, offense types. Mental health services have been researched in the past, but it is important to view a wider range of services to determine what percentages of victims utilize each type of service and whether victims seek multiple forms of help together. Lastly, this new piece of research challenges Black's theory in the light of victims' rights; therefore, this research is testing new ideas about victim-offender relationships.

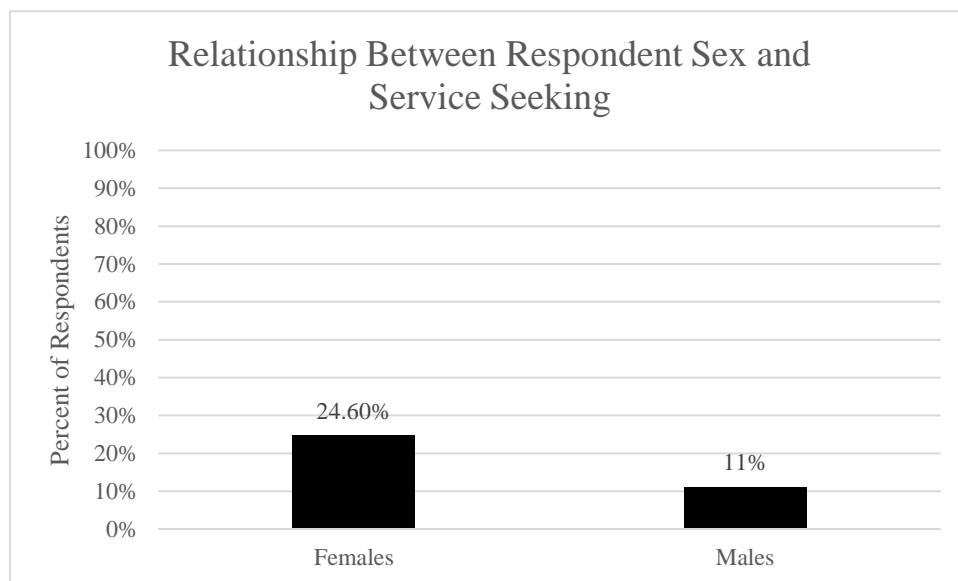
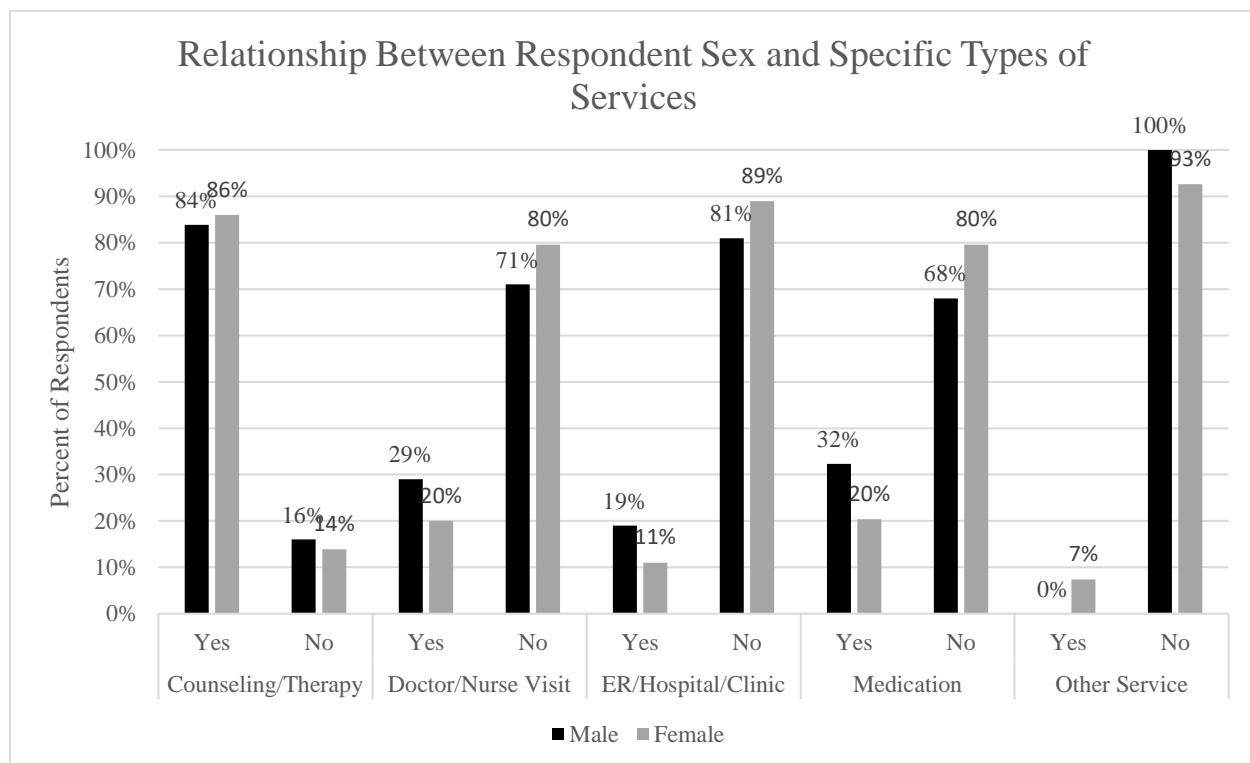
The National Crime Victimization Survey is valuable in testing the hypotheses because it is the only nationally representative survey for victims of crime. The NCVS ultimately addresses crime, offender, and victim characteristics.

Chapter 3: Results

Bivariate Results

Chi-Squares

Bivariate analyses were conducted to test the hypotheses for the current study. For hypothesis one, a chi-square was conducted, and a significant interaction was found between a respondent's sex and whether or not the respondent sought victim services, $\chi^2(2, N = 724) = 20.307, p < .001$. As seen in Figure 1, females were more likely to say "yes" to seeking services (24.6%) than males (11%). However, the chi-squares testing interactions between specific types of services and respondent sex produced non-significant results. As shown in Figure 2, there was not a significant interaction between a respondent's sex and whether the respondent sought counseling or therapy, $\chi^2(1, N = 139) = .98, p = .754$, help from a doctor or nurse, $\chi^2(1, N = 139) = 1.043, p = .307$, help from the ER, hospital, or clinic, $\chi^2(1, N = 139) = 1.452, p = .228$, a different form of services, $\chi^2(1, N = 139) = 2.437, p = .119$, or used medication, $\chi^2(1, N = 139) = 1.921, p = .166$.

Figure 1*Relationship Between Respondent Sex and Service Seeking***Figure 2***Relationship Between Respondent Sex and Specific Types of Services*

A second set of chi-squares were conducted for hypothesis two, producing a significant interaction between victim-offender relationship and victim services sought, $\chi^2(1, N = 953) = 14.212, p < .001$. As shown in Figure 3, those who knew the offender were more likely to say “yes” to service seeking (23.7%) than those whose offender was a stranger (10.8%). When examining the relationship between victim-offender relationship and types of services sought, no significant interactions were found. As shown in Figure 4, respondents who knew their offender were no more likely to indicate that they sought counseling or therapy, $\chi^2(1, N = 202) = .065, p = .798$, help from a doctor or nurse, $\chi^2(1, N = 202) = 1.348, p = .246$, help from the ER, hospital, or clinic, $\chi^2(1, N = 202) = .015, p = .901$, a different form of services, $\chi^2(1, N = 202) = .203, p = .652$, or used medication, $\chi^2(1, N = 202) = .341, p = .559$.

Figure 3

Victim/Offender Relationship and Service Seeking

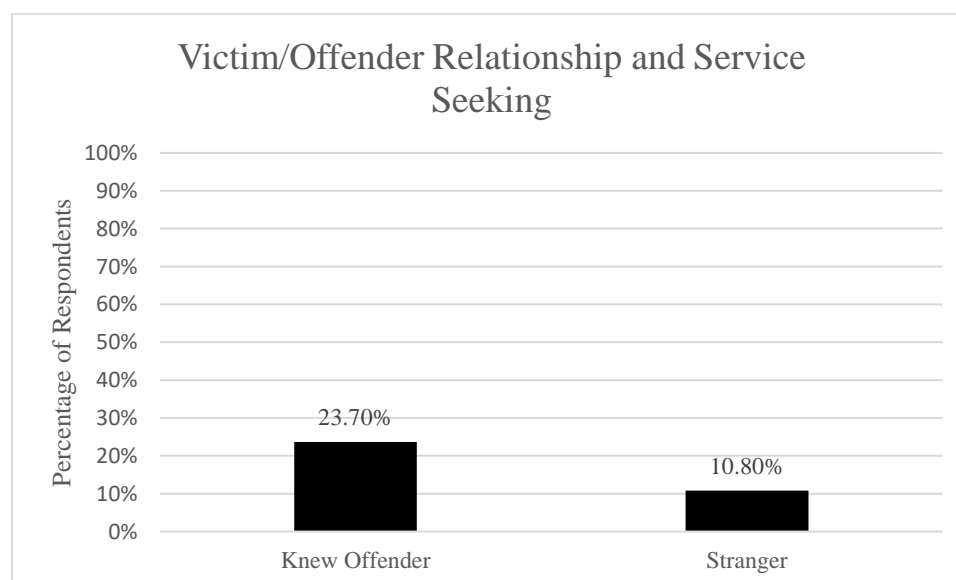
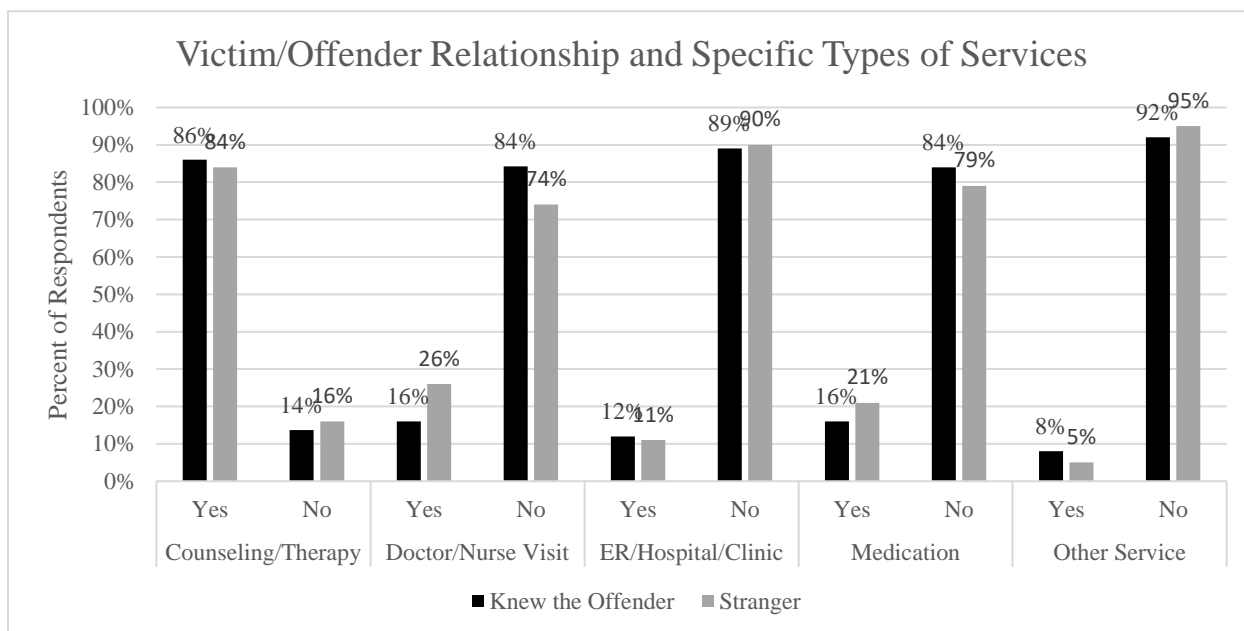


Figure 4*Victim/Offender Relationship and Specific Types of Services*

To test hypotheses three and four, an additional set of chi-squares were run.

Results show a significant interaction between crime types (victims of rape, physical, and sexual assault compared to victims of robbery and property crime) and whether victim services were sought, $\chi^2(1, N = 260) = 8.971, p < .01$. Those who were victims of rape, sexual assault, and physical assault were less likely to say “yes” to service seeking (20.7%) than those who were victims of robbery and property crime (31.7%) (see Figure 5). Similar to prior analyses for types of services, there were no significant interactions for crime type and type of service sought (see Figure 6). Victims of rape, sexual assault, and physical assault were not statistically more likely to indicate that they sought counseling or therapy, $\chi^2(1, N = 260) = 2.581, p = .108$, help from a doctor or nurse, $\chi^2(1, N = 260) = .815, p = .108$, help from the ER, hospital, or clinic, $\chi^2(1, N = 260) = .896, p = .344$, a different type of service, $\chi^2(1, N = 260) = .575, p = .448$, or used

medication, $\chi^2 (1, N = 260) = .919, p = .338$ than victims of robbery and property crime.

Thus, hypothesis four was not supported.

Figure 5

Relationship Between Crime Type and Service Seeking

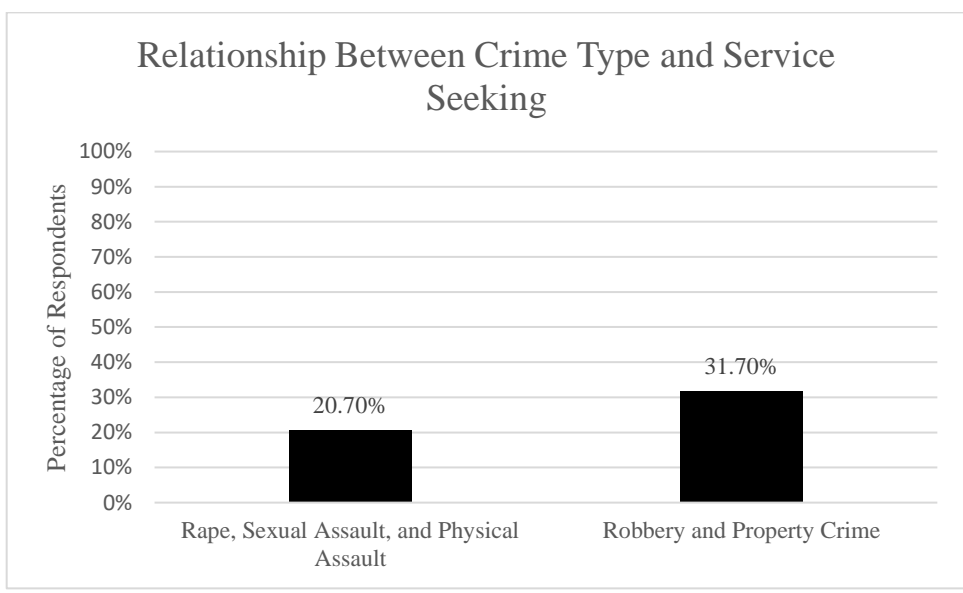
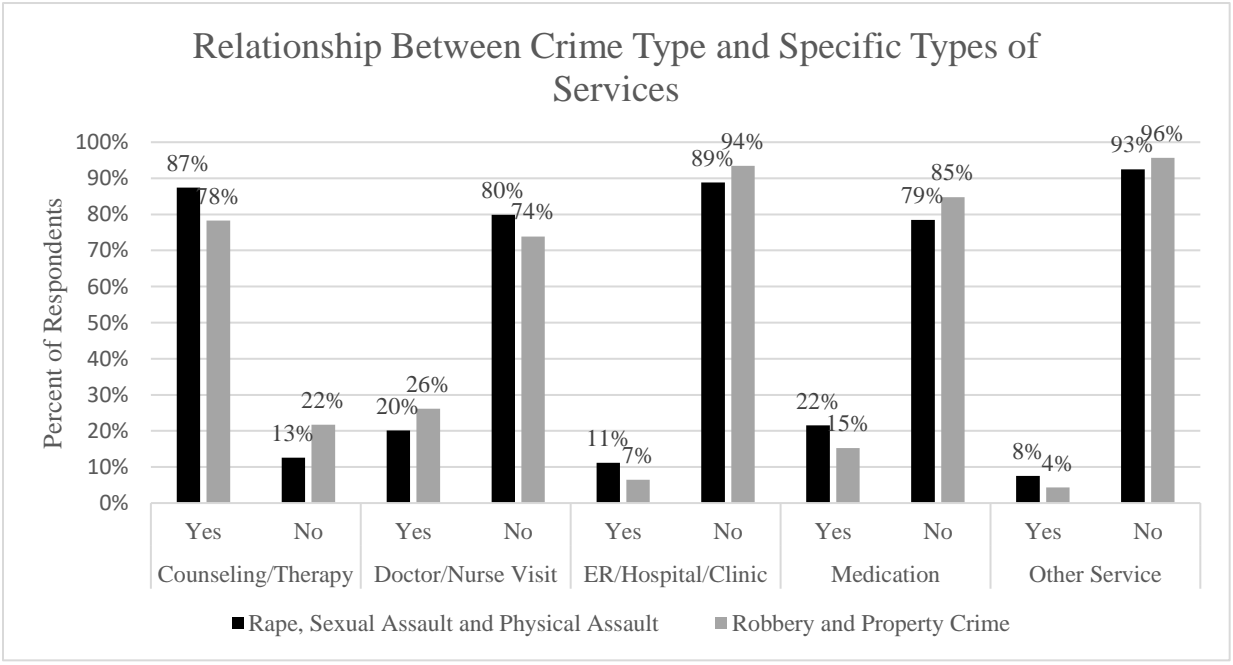


Figure 6

Relationship Between Crime Types and Specific Types of Services



Multivariate Results

Multiple Logistic Regression

A logistic regression was performed to discover the effects of sex, age, race, crime type, and relationship with the offender on the likelihood that participants will seek services. The data met all of the assumptions required to run the logistic regression and receive valid results. A correlation matrix was run to ensure that there was no multicollinearity; this was confirmed as none of the correlations were above .70. Standardized residuals were checked, none were greater than 2.5; therefore, we have no significant outliers in the data. The logistic regression model was significant, $\chi^2(5) = 34.059, p < .001$. The model explained 9.3% (Nagelkerke R^2) of the variance in service seeking and correctly classified 80.8% of cases.

A significant relationship was found between respondent sex and service seeking, meaning that those who identified as male were less likely to seek services than those who identified as female ($p = .00$). Males were .312 times less likely to seek services. The respondent's age, race, crime type, and relationship with the offender were not significant predictors of service seeking.

Table 1*Binary Logistic Regression Predicting Service Seeking*

<i>Table 1. Binary Logistic Regression Predicting Service Seeking</i>			
	<i>b</i>	<i>SE</i>	<i>OR</i>
Sex	-1.165***	0.279	0.312
Age	-0.001	0.007	0.999
Race	-0.388	0.252	0.678
Crime Type	-0.569	0.331	0.566
Relationship w/ Offender	0.626	0.334	1.870
Nagelkerke R ²	0.093		
Model χ^2	34.059***		
<i>Notes. p < .05*, p < .01**, p < .001***</i>			

Chapter 4: Discussion

Summary of Results and Connections to the Literature

This study used National Crime Victimization Survey data to test four hypotheses. The hypotheses related to service seeking behavior based on gender, relationship with the offender, and crime type. Chi-squares were used to test each variable individually, while a multivariate logistic regression was used to test the variables together.

For the first hypothesis, it was found that victims who were female were more likely to seek services than those who were male, which is consistent with prior research. This may be because females are victimized more often than males, and therefore they seek services more frequently. It could also be that females are more likely than males to feel that they can openly discuss their victimizations, and therefore feel more comfortable seeking services (Youstin & Siddique, 2019).

This result is not surprising because past research also found that female victims have high percentages of service seeking, including contacting the police and utilizing mental health services (Bland et al., 1997; Catalano, 2006; Kaukinen, 2002; Kaukinen, 2004; New & Berliner, 2000). Prior research has not explored the proportion of men who seek services. For example, Leone, Johnson, and Cohan (2007) found that 81% of female victims in their study chose to seek some type of service. Consistently, another study which focused specifically on female victims of IPV found a high percentage (53%) of the study sample chose to seek help from formal services or community-based services. Female victims are likely seeking services at a high rate because females are more likely than males to be victimized by crimes such as rape, sexual assault, and physical assault (Campbell, 2001; New, & Berliner, 2000). Research has found that individuals who are

victimized by these types of crimes often develop mental health disorders thus increasing the likelihood that they will seek services (Campbell, 2001; Kessler et al., 1997; Ullman & Filipas, 2001).

A greater proportion of female victims may also seek services because women are usually more comfortable than men in sharing their thoughts and feelings (Youstin & Siddique, 2019). There is often a stigma that men experience when it comes to seeking services. Men are typically seen as tougher, and this sense of toughness is usually established at an early age (Power, 1981; Power & Parke, 1987; West & Zimmerman, 1987). This leads some men to think that they can handle what happens to them without assistance, including their victimizations. There is always the potential that men are embarrassed and do not feel comfortable or feel the need to seek services.

Findings supported the second hypothesis which found that victims who knew their offender were also more likely to seek services than those who did not know their offender. Results from past research are mixed, some studies finding that those who were attacked by an intimate partner were more likely to seek services (Zaykowski, 2014) and others finding there to be no difference in reporting rates and victim-offender relationship (Birdsey & Snowball, 2013). These results may reflect advancements in understandings of victims, especially as related to intimate partner violence (IPV). IPV used to be considered a private matter that was frequently ignored by the criminal justice system; however, this is no longer the case (Avakame et al., 1999; Johnson, 2002). Those who know their offender may now be less hesitant to call the police and, in turn, less hesitant to seek victim services. While this understanding may have started with IPV, it is possible, based on these results, that it has extended to victimization, more generally.

That is, victims and society may be more willing to acknowledge victimizations in which the victim knows the offender, and victims may be more willing to seek services as a result.

Past research on the correlation between victim-offender relationship and crime reporting has produced mixed findings (Birdsey & Snowball, 2013; Zaykowski, 2014). It is not just reporting to the police, but also includes the victim's knowledge that an arrest has been made or expectation that the police are going to make an arrest. Some studies have found that victims who were attacked by an intimate partner were more likely to seek services than those whose offender was a stranger (Zaykowski, 2014). However, other studies have found no difference in reporting rates and victim-offender relationship (Birdsey & Snowball, 2013). This may be because those who are victimized, specifically by an intimate partner, are treated differently by the criminal justice system than they once were. In the past, cases of domestic violence were not viewed as a crime, whereas now domestic violence is viewed a "violent criminal act" (Johnson, 2002, p. 60). It is important to note that the intimate partner violence movement was actually a victim's rights movement. This is because while the victim's rights movement set out to help crime victims in general, the intimate partner violence movement set out to specifically help victims of IPV who had not been addressed in the past. As a result, IPV aggressors are now more likely to be arrested, and victims may feel more comfortable seeking services. This may, in turn, encourage all victims with known offenders, even beyond IPV, to seek services.

The third hypothesis found that robbery and property crime victims were more likely to seek services compared to those who were victims of rape, sexual assault, and

physical assault. Findings did not support the hypothesis that was presented within the current study. It is possible that these results were found because robbery and property crimes are less likely to be intimate or assaultive in nature and therefore, victims may be less afraid or ashamed to seek victim services for them.

Research has found results that do not align with the results from the current study. As will be discussed later in this chapter, this may be because of the stigmas that exist with these offenses. Some prior research has found that the more serious the crime, the more likely a victim will be to report it to law enforcement, and reporting the crime increases the likelihood that victims will seek services (Frieze et al., 1987; McCart et al., 2010; Zaykowski, 2014). Based on these studies, if a victim does not report their crime, then it is likely that they will not seek services either. However, there are differences in reporting between different offense types. Robbery has been found to be the crime reported to law enforcement most often (66%) (McCart, et al., 2010). This is followed by aggravated and simple assaults, which are less frequently reported. Sexual assaults or rapes have been found to be reported even less frequently (Stohr, 2005).

The dataset allowed for further exploration of the relationship between service seeking and reporting with the current sample of study participants. There was no relationship between service seeking and simply reporting a crime to the police ($\chi^2 [1, N = 1165] = 1.675, p = .201$). However, if the police made an arrest or charged an offender, the victim was more likely to seek services ($\chi^2 [1, N = 578] = 7.950, p = <.01$). In addition, if the victim had any reason to expect that the criminal justice system was going to take further action, they were more likely to seek services ($\chi^2 [1, N = 551] = 4.182, p = <.05$). Just reporting the crime did not make victims want to seek services; rather, it was

knowing that something was done, like making an arrest, or expecting that something will be done that made victims more likely to seek services. These analyses provide further explanation of why victims may be choosing not to seek services. Those who knew whether an arrest or charge has occurred and those who believe that the criminal justice system will take further action are more likely to seek services. Therefore victims who are male, those who are victims of rape, sexual assault, and physical assault, and those who do not know their offender may be more likely to choose to seek services if they know an arrest or charge has been made or they have the belief that the criminal justice system is going to take further action.

For each of these hypotheses, additional tests were conducted to see if there were variations in types of services that were sought. The research found that there were not statistically significant variations between seeking different service types (counseling or therapy; doctor or nurse; ER, hospital, or clinic; other form of service; or medication) and respondents' sex, victim/offender relationship, or crime type.

Lastly, for the fourth hypothesis, no significant interactions were found between crime type and type of service sought. Victims of rape, sexual assault, and physical assault were no more likely to seek counseling than they were to visit a doctor or nurse, seek help from the ER/hospital or clinic, take medication, or seek another type of service.

The multivariate logistic regression included respondent sex, age, and race, as well as crime type and victim-offender relationship as predictors of whether or not a victim sought services. The only variable found to be a significant predictor of the likelihood that a victim sought services was respondent sex. Specifically, those who were male were 0.312 times less likely to seek services than females.

Theoretical Implications

The results of the current study have theoretical implications that can be explored. These implications relate specifically to procedural justice and restorative justice. Procedural justice uses four different pillars to help promote fairness in different aspects of the criminal justice process (Community Oriented Policing Services, n.d.). The current study's results are related to three of the four pillars: transparency, voice, and impartial decision making. The current study found results that could be related to the transparency pillar, as the criminal justice system may feel the need to be more transparent with female victims. The current study also found results that are related to the voice pillar, as male victims, victims who do not know their offender, and victims of rape, sexual assault, and physical assault are using their voices less frequently than others; this may be due to feeling stigmatized. Lastly, the current study found results that are related to the impartial decision-making pillar, as it could be argued that those who are not seeking services are also not participating fully in criminal justice system processes.

Restorative justice is when the offender, the community, and the victim are all involved in repairing those who were harmed after a crime (Cullen & Jonson, 2012). Restorative justice usually addresses the offenders after a crime has been committed. The current study leads to the idea that a focus on the community and victim is lacking in restorative justice. Additional focus on community healing and on the community's relationship to victims may lead to greater utilization of victim services.

It is possible that communities attach a stigma to victims of crimes such as rape, sexual assault, and physical assault; therefore, these victims may not feel comfortable seeking services. Ultimately, there may be a problem with communities that potentially

leads to the way that victims are treated. When it comes to victims, it seems that restorative justice practices are not made to address victims of rape, sexual assault, and physical assault. This could help to explain the results from the current study finding that victims of these crimes seek services less often than victims of robbery and property crime.

A further consideration of both procedural justice and restorative justice can help with the advancement of victim services. Each will be discussed in more detail below.

Procedural Justice

The procedural justice approach is based on the idea that people trust and are more satisfied with the criminal justice system if they are treated fairly throughout the process. If individuals are treated in a way that they believe to be fair, they are more likely to believe that criminal justice authorities are legitimate (Fisher, 2014). While most research on procedural justice has focused on the offender's perspective, this discussion proposes that the same principles can apply to victims and service seeking. That is, if victims are treated fairly, they may be more likely to perceive the criminal justice system as legitimate as well.

Few studies have explored the relationship between procedural justice and victims. That which does exist has addressed victims' willingness to report crime (Murphy & Barkworth, 2014), victims' contact with police (Elliott et al., 2012), comparing victim satisfaction with restorative justice in relation to procedural justice practices (Van Camp & Wemmers, 2013), and using procedural justice to explore the relationship between victim satisfaction with police and victim participation in prosecution (Greenman, 2010). While perceptions of procedural justice increase the

willingness of victims to report crimes or to contact the police, no prior work has explored the relationship between procedural justice and victim service seeking. However, procedural justice provides a framework that can be applied to improve victim services.

Procedural justice speaks to four different pillars: “1) being fair in processes, 2) being transparent in actions, 3) providing opportunity for voice, and 4) being impartial in decision making” (Community Oriented Policing Services, n.d., para 1). The four pillars that have been identified in prior procedural justice work may be applied specifically to an understanding of victim service seeking. The pillars of procedural justice are related, and in fact, the pillars of procedural justice may influence the reasons that victims choose to seek, or not to seek, services. It is important to consider what victim services would look like if they were to follow the four-pillars model. The following sections will discuss each pillar individually.

Pillar 1 - Fairness

After a victimization, victims presumably want the criminal justice system to be fair in its actions. A fair system would include focusing not only on the offender, but also on the victim, and providing victims with information regarding their case and services that are available to them.

However, the criminal justice system can be seen as not being fair in its actions because there are instances in which victims may not understand what rights they have regarding their victimization and the court process. Victims should never feel as though there is something that they do not know or do not understand about the criminal justice

system. Therefore, the criminal justice system may not be following procedural justice fully.

Fairness is a significant pillar, but fairness is also implied in the other three pillars: transparency, voice, and impartial in decision making. Each pillar actually offers its own variation on the idea of fairness.

Pillar 2 - Transparency

A system consistent with procedural justice would provide transparency by letting victims know the layout of the court processes, such as initial appearances, arraignment, trial, and sentencing, as well as answering any questions victims have about the current status of their case. Transparency can also allow for victims to be well informed of what is happening during the criminal justice process. While victims may not know in advance what services are available, being provided information allows for them to feel more comfortable seeking services for their victimization because they are being given service information by trusted people within the criminal justice system. Victims should be provided with information on their case and victim services that are available to them. However, it is not always guaranteed that victims will actually be given any of this information.

The current study found disparities in terms of who utilizes, and who does not utilize, victim services. For instance, according to the current study's results, men tend to under-utilize victim services. One explanation may be that those in the criminal justice system may feel the need to be more transparent with female victims. Based on the results from the current study, victim service providers are more likely to work with female victims than male victims, and as a result may be more comfortable speaking with

female victims. This could extend to others in the criminal justice system feeling more comfortable in speaking to those who are female victims. It is also possible that people in the criminal justice system may think that male victims are tough and do not need help, and therefore are less transparent with them.

Transparency also involves letting victims know the services that are available to them. Ideally, there would be multiple instances in which victims could be provided information on services, whether from police officers, other members of the criminal justice system, victim service practitioners, or hospital staff. A review of the literature did not detect prior work on the most effective means for disseminating information about victim services, so it remains one for practitioners and researchers to continue to consider.

Victims should always be treated with transparency through the criminal justice process. This can also be done by immediately including victims in criminal justice processes as soon as it is known that they are a victim of a crime.

While there are existing policies that allow victims to be involved during court processes, there ideally needs to be a policy that more actively encourages victims to be involved, whether in the court processes or through victim services, but in a way that they feel comfortable doing. There should be policies that do more to reach victims and provide more information. For example, the Helping Outreach Programs Expand (HOPE) uses their efforts to “foster the development of grassroots crime victim service providers to expand both public visibility and outreach to victims, thereby increasing the number of available service providers” (United States Department of Justice Archive, n.d., para. 2). This is especially true for victims who tend to be neglected, such as those who are men,

those who do not know their offenders, and those who are victims of rape, sexual assault, and physical assault.

In Virginia, crime victim and witness rights are specified in the Code of Virginia, § 19.2-11.01, identifying six different aspects that victims are automatically given: “1. Victim and witness protection and law-enforcement contacts,” “2. Financial assistance,” “3. Notices,” “4. Victim input,” “5. Courtroom assistance,” [and] “6. Post-trial assistance” (Virginia’s Legislative Information System, 2019). There is research that finds financial support to be beneficial to victims, especially those who are victims of IPV (Postmus, et al., 2009). As discussed later, victims have also reported that they felt it was beneficial for them to provide input into the case by providing an impact statement (Roberts, 2009). However, what is important to the current discussion is the emphasis on providing contacts and notices, as it is important to make sure that each victim feels as though they are being treated with transparency, and immediately providing them with necessary information helps to do so. Victims who are included can also be treated with transparency by being provided information on their case and the victim services available to them. This transparency leads to providing victims the opportunity to let their voices be heard by service providers, and those within the criminal justice system. This is the focus of the next pillar.

Pillar 3 - Voice

The finding that victims of robbery and property crime are more likely to seek services than those who are victims of rape, sexual assault, and physical assault ultimately leads to more concerns. As mentioned previously, one of the pillars of procedural justice is “providing opportunity for voice” (Community Oriented Policing

Services, n.d., para 1). Victims who seek services are using their voice to explain what happened to them and how they feel after their victimization. Counseling represents one area in which victims' voices could be heard as the sessions allow them to express how their victimization has made them feel.

Within the criminal justice system, victims can also have a voice by providing an impact statement. An impact statement is used by a victim to "describe the emotional, physical, and financial impact" that they have felt as a result of their victimization (The United States Attorney's Office District of Alaska, 2020). Procedural justice could be considered incomplete without victim services because this is the area through which victims use their voice to explain what happened to them. Doing so can promote healing for victims and can influence criminal justice system outcomes.

The results from the current study suggest that not all victims are equally accessing their procedural justice voice. Victims of rape, sexual assault, and physical assault are using their voices less than victims of other crimes, possibly due to feeling stigmatized, as will be discussed later in the discussion, in terms of reporting or seeking services. The stigma that exists could also explain why male victims and victims who do not know their offender also lack a voice. The consequences that follow when victims lack a voice may include feeling as though they cannot go to the criminal justice system or service providers for help or even to report potential future victimizations. This can lead to the experiences of victims becoming worse over time.

Conversely, this is also related to the current study's finding that victims who know their offender are more likely to seek services than those whose offender was a stranger. As a result of prior advocacy by the IPV movement, the criminal justice system

now looks more seriously at crimes involving an offender who is not a stranger than it used to in the past. As a result, these victims have been given greater voice than in the past, by being allowed to express what happened and how they feel, followed by the aggressor sometimes being arrested.

Through the use of voice, victims may also impact criminal justice system outcomes. This is related to the procedural justice value of impartiality, discussed next.

Pillar 4 - Impartial

Lastly, it is important for victims to view the decision-making process on whether an offender is convicted as impartial. Some victims may choose to be involved during all aspects of the court process, by explaining what happened to them through testimony, or as previously mentioned, by providing an impact statement. Past research has shown that victims do benefit from providing impact statements (Roberts, 2009). Victims have reported that they feel better after explaining how they feel, and some victims believe that their statement actually helped in determining the sentence that was imposed. The use of impact statements can be used to make sure victims get the justice they deserve. While crimes are considered offenses against the state, and sentences are handed down by the state rather than by or for the victims, victims still need to feel as though their offender received appropriate charges and a sentence that is proportional to the harm caused by the offense. Even though each victim may feel differently on what they deserve as victims, victims need to individually believe that their victimization is being healed by the potential charge that an offender may receive.

One could argue that because there is a correlation between victim service seeking and knowing that an arrest was made or believing that other actions would be taken, there

could also be a correlation between victim service seeking and involvement in criminal justice processes. However, some victims may not want to be involved in court proceedings at all. If a victim chooses not to be involved, the system needs to treat the offender the same as it would if the victims were there to explain the impact of the crime. This means that the system should not allow the offender to be treated differently if a victim feels that they cannot be present.

Overall, victims should never feel that they do not know what is going on in their case. If victims know what is happening with their case, they should also know what victim services are available to them and have the ability to utilize their voices, whether to promote healing or to promote impartiality in case outcomes. One of the main goals of victim services needs to be for victims to heal after their victimization, which can be accomplished with a procedural justice approach. If all four pillars are being implemented in the criminal justice system, it is more likely that victims may choose to seek, or feel more comfortable when seeking, services.

Restorative Justice

The results of the current study can also be explored through the theory of restorative justice. In the traditional criminal justice system, the main focus is to convict the offender who caused harm to someone. However, the restorative justice approach looks to help those who the offender harmed. Under this approach, crime is viewed as causing harm to three different groups of people: offenders, victims, and the community. Restorative justice takes the approach that after a crime has occurred, everyone harmed by that crime needs to be healed, with a focus that is not limited only to the offender (Cullen & Jonson, 2012). The criminal justice system typically addresses the offender's

restorative justice needs through rehabilitative programming in jails, prisons, or through probation. However, little is done for the community and for victims after a crime has occurred.

The current study leads to the idea that victims of rape, sexual assault, and physical assault are choosing not to seek services. These victims perceive a stigma associated with their victimization. It is often that the sources of this stigmatization lie in the community. Therefore, community programs can help in community understanding of, and healing from, offenses. When that has occurred, victims will feel more supported and more victim programs will be offered to them. Therefore, one key to addressing this issue is a focus on the community.

Community

When restorative justice suggests that those in the community need to be healed after a crime, it means that the community as a whole can be affected by an offense. Sometimes, service programs are not as available in some communities as they are in others. However, there may be a more important reason as to why victims choose not to seek services, even when services are available to them.

Rape, sexual assault, and physical assault victims are likely to be traumatized and may be ashamed of what has happened to them. This is because communities sometimes attach a stigma to victims of these crimes; this, in turn, may be why the current study's results showed that victims of rape, sexual assault, and physical assault are less likely to seek services. Communities sometimes look at victims of these crimes in a negative way, such as believing that it is the victim's fault that they were victimized in the first place (Gravelin, et al., 2019; Koss, 2000). Community members may also believe that it is not

their place to provide assistance to those who were victimized by a crime. In either case, the community may not be fully invested in a restorative justice approach itself. The consequence is that victims may not feel that they are being supported by their community when they experience the ramifications of being a victim of crime.

Essentially, this is a community problem that requires community solutions. Communities that do not support a restorative justice approach may not provide the necessary services that victims need. It is also possible that these communities may also suffer from, and find it difficult to heal from, the cumulative impact of crimes, themselves. If the criminal justice system is more attuned to how crime affects the community, that in turn can potentially help victims to feel more comfortable in seeking services.

The development of community-based programs or services can help to facilitate this, by allowing them to move towards healing. For example, the National Association of Community and Restorative Justice (2021) allows for practitioners, educators, and others to “inform policy makers and to educate the public about the potential of non-traditional forms of justice to produce safer and more livable neighborhoods for residents and their surrounding communities” (para. 1). There are also community-based victim assistance programs in which “community volunteers active in crime prevention, hospital and other health professionals, police officers, emergency services personnel, and former victims can combine forces to help victims by establishing a network of services for victims” (National Crime Prevention Council, n.d., para. 4).

Programs such as those described above could be developed by a committee of members from the affected community as well as representatives of the criminal justice

system. The committee could meet regularly to review the community's needs based on crime trends, or could meet after a particularly high-profile crime occurs. The goal of the program would be, after a crime occurs, for the committee to meet with all members of the community who are affected to help identify what the community needs in order to heal from the crime. Obviously, not all crime affects the community as a whole, but there are instances where crime occurs that can affect the whole community. This program could be available at all times and can be there to help community members with their needs. This could be in the form of physical needs, if the crime committed affected physical aspects of the community; financial needs, such as the need for food or clothing; or emotional needs, for members of the community who were affected and need someone to talk to.

Attention needs to be devoted to helping communities understand the impact of crime and how the community as a whole can move towards healing. As noted in the literature review, this is a characteristic of high-coordinated communities that have community-level reform groups, which are beneficial because they provide communities with education on rape and sexual assault (Campbell & Ahrens, 1998). The reason these programs were seen as successful was because they rejected traditional service models that did not involve the community and redesigned the programs to focus on streamlining care to victims of rape and coordinating service information with service providers, while also focusing on the importance of educating the whole community.

Not only can a community be provided with these services, but if a restorative justice ideal is being met the offender may have the opportunity to make amends to the victim and the community after a crime is committed. The community as a whole can

provide guidance on what is needed in order for offenders to gain trust back within the community, which can lead to the community feeling more involved and as though they are being treated more fairly. If the community is treated more fairly after a crime occurs, then they may, in return, better recognize and provide support for victim needs. By doing so, communities could help to provide more services for victims of crimes, and particularly for offenses that may have previously been viewed as stigmatized. In turn, victims of crimes such as rape, sexual assault, and physical assault may feel more comfortable, and more supported, in service seeking.

Victims

Restorative justice also suggests that victims need to be healed post-victimization, which leads to idea that victims are able to recover after their victimization by participating in restorative justice practices. Incorporation of restorative justice practices can provide a broader range of victim services, which may encourage victims to utilize them more frequently.

Past research supports the idea that restorative justice practices can help victims after their victimization. This is especially true for victims of property crime or victims who suffer material damage such as property damage or theft, as restorative justice programs can help victims receive restitution for their losses (Wemmers, 2002). Research has also found that restorative justice practices may reduce burglary and robbery. Restorative justice practices may reduce burglary and robbery victims' clinical levels of PTSD (Angel et al., 2014).

In addition, restorative justice has also been found to help victims of violent crimes who are open to mediation (Wemmers, 2002). Mediation practices usually involve

face-to-face meetings between the victim, offender, and a mediator, which “enable discussions, decompression, explanation, apology, and even at times, forgiveness” (Restorative Justice Colorado, n.d., para.1). Mediation has been found to be successful in reducing levels of fear and anxiety in crime victims. Victims typically report high perceptions of fairness in the criminal justice system and in satisfaction levels after completing mediation (Umbreit et al., 1994; Wemmers, 2002).

However, research also shows that restorative justice generally does not typically address the practical needs of victims immediately following their victimization, such as property damage, medical problems, and overcoming trauma (Wemmers, 2002). This is because restorative justice practices are designed to focus on long-term impacts of victimization, instead of impacts immediately following the victimization.

One concern about current restorative justice practices is that victims of interpersonal crimes such as rape, sexual assault, and physical assault may be less likely to participate in programs that utilize mediation (Wemmers, 2002). In addition, restitution is more difficult to accomplish for victims of interpersonal crimes; unlike property crimes, restitution is not a matter of simply assigning a dollar amount to stolen property. Therefore, restorative justice practices should identify opportunities to provide services to a broader range of victims, and not just those victimized by property crime. It would be beneficial for victims of all crime types to receive help immediately following a crime with the hopes that this would help them heal; it could also be possible that a broader range of victim services that occur immediately following the victimization could lead to successful outcomes in mediation or restitution practices that occur later.

Practical Implications

There are also a variety of practical implications that may be drawn from the results of this study. Victim service practitioners should care about victims of crime and their service seeking tendencies, especially recognizing that not all victims are choosing to get help. Therefore, practitioners could take it upon themselves to change different aspects of victim services by disseminating victim service information, encouraging victims to engage in victim services, making victims feel more comfortable seeking services, shaping programs to specifically address victimization by strangers, and developing new victim service programs.

A problem that victims face after their victimization is that they do not know what services are available to them (Postmus et al., 2009; Sims et al., 2005). Both procedural justice and restorative justice perspectives emphasize the importance of victims being aware of services that are available, and the lack of information could underlie some of the disparities in service seeking noted in the current study. Practitioners should make sure that information about their services is well disseminated to victims of crime. Information on victim services could be better advertised on social media and could also be provided to hospitals and law enforcement agencies to provide to victims. “Media approaches should stress the universal vulnerability to such traumas and pursue all possibilities for maximizing awareness” (Downing, 1988, p. 609). Social media is something that is used by many people. Therefore, providing social media ads about available victim services would allow for more people to see them.

For example, every year during National Crime Victims’ Rights Week, the National Association of VOCA (Victims of Crime Act) Assistance Administrators

(NAVAA) (2021) promotes the rights that victims have and the services that are available to them. The funding allows for “mass media advertising (e.g., newspaper, radio, or television ads, billboards, mass transit or movie theatre ads, including social media)” (NAVAA, 2021, para. 4). Hawaii has a statewide plan for victim services to use mass media efforts in order to inform people about the services that exist (Chandler & Kumaran, 2013). This plan used all forms of media, such as the newspaper and television, to help with the dissemination of service information. However, a review of the literature did not identify research on whether these mass media initiatives, especially social media efforts, were successful, so it remains a question for practitioners and researchers to continue to consider.

Hospital staff and law enforcement officers could be responsible for distributing information on the available victim services to any victim with whom they come into contact. There is no single nationwide agency that provides victims with a pamphlet of victim services information. However, according to the Office for Victims of Crime (n.d.), it is important to

give victims a pamphlet listing resources available for help or information. This pamphlet should include contact information for local crisis intervention centers and support groups; the prosecutor's office and the victim-witness assistance office; the State victim compensation/assistance office; and other nationwide services, including toll-free hotlines. (para. 14)

For example, in 2016, the Illinois Attorney General's Office improved law enforcement's response to sexual assault crimes. During a law enforcement officer's first contact with a victim, they “shall advise the victim of the information on this form, written in a

language appropriate for the victim or in Braille, or communicate this information in the appropriate sign language” (Illinois Attorney General, 2016, para. 11). This is a form that provides victim services information.

Schools should also provide information on victim services, starting at an early age, possibly even elementary school. This can allow those at a young age to know what services exist if they need to seek help in the future. For example, Washoe County School District in Nevada has a victim advocate that is specifically placed in the schools to provide assistance to anyone who is a victim of crime within or outside of school (Baldwin, n.d.). In Austin, Texas, there is a Child and Family Violence Protection Unit that specifically provides services to children in schools after a crime has occurred (Parker, 2001).

In addition to providing information, efforts can focus on encouraging more victims to engage with the available victim services. Results from the current study indicate that the victim’s sex and the crime type they experienced have the potential to influence whether they choose to seek services. However, victims of all types are important and might need services after their victimization. Victims who are male, or those who are a victim of rape, sexual assault, or physical assault, are probably the victims who are having a harder time after their victimization; therefore, it is important for these victims to also seek services.

Ideally, victims could be presented with messages that could lead to victims utilizing services more frequently. The first message that could encourage victim participation in services is this can not only help them, but it could also help future potential victims. Victims seeking services can sometimes lead to an offender being

caught especially if the victim tells someone who is a mandated reporter, and if the victim is able to provide enough information needed to charge the offender. Another message that could benefit victims is knowing that they could anonymously report their victimizations and/or seek services anonymously. Any anonymous reporting system would need to give victims confidence that it would actually lead to action, and that law enforcement would investigate reports. This relates to the finding, presented earlier in this chapter, that victims who have confidence that the criminal justice system will take further action are more likely to seek services. For example, there is an app called “Silent Choir” that is managed as a nonprofit, which currently allows victims of sexual assault and rape to anonymously report their victimizations (Paul, 2018). Providing victims with the message that they do not have to share who they are to report victimizations would also be important. Victims may not feel comfortable actually seeking services in a way that practitioners know who they are. Service providers could present a way for victims to seek services or report their victimizations through an anonymous tip line to make victims feel more comfortable. For example, the National Center for Victims of Crime (n.d.) has a Victim Connect Resource Center that provides help to anonymous victims of all crime types.

Victims are often skeptical of the criminal justice system and therefore anonymous tip lines can provide victims a sense of trust with the aspect of anonymity. This sense of trust can also exist in situations where if people the victim trusts have sought services and have had good experiences will ultimately influence victims themselves to be more likely to seek services. Further study of the dataset in the current study allowed examination of this question and found that when a person in the victim’s

family sought services, the victim, themselves, also sought services ($\chi^2 [1, N = 1177] = 107.477, p = <.001$). This suggests that if the victim has close contacts who have had good experiences with victim services, they are more likely to seek services.

Practitioners should work to change victims' thoughts towards whether or not to seek services. Victims should never be intimidated to seek help. However, if practitioners could display a positive experience before the victim actually seeks the service, this would be beneficial. For instance, victim service providers can provide a welcoming environment, which can include the physical appearance of the facility, but also how the services are portrayed, either online or by those who are giving the service information to victims. It is important that community engagement is in the forefront when designing law enforcement buildings because they need to be welcoming enough for the public to come and use their services (Reeves, 2018). Questions to consider include "does the lobby create a welcoming and inviting environment, so community members feel safe to engage with the officers and the department?" and "does the building welcome the public, or does it have a 'fortress' look and feel?" (Reeves, 2018, para. 5-7). While this is an example of literature that has focused on making police facilities more conducive to community contact, similar considerations should influence the design of victim service offices.

If victims are seeking services by looking online at what is available to them, service providers can make their websites welcoming and provide examples of positive victim experiences. Those who are providing the services that are available to the victim can also explain to them how these services will be beneficial in their healing process. For instance, the Oregon Department of Justice has a web interface that is welcoming to

victims, providing thorough information and contacts for resources and offering a step-by-step guide to court processes (Oregon Department of Justice, 2021). The importance of being welcoming is based on the fact that victims, especially those of rape, sexual assault, and physical assault, report negative experiences from both informal and formal services (Campbell, 2001; Ullman & Filipas, 2001). Ultimately, there is room to increase victim participation in victim services because there are so few who actually seek help post-victimization.

It is also important to note the finding that those who know their offender are more likely to seek services. There could be victims of all crime types who know their offender, but one of the main crime types in which victims know their offender is IPV. Based on the results of the current study, practitioners need to acknowledge that there are more victims who know their offender now seeking services, but should also ask themselves why victims who do not know their offender are less likely to seek services.

There is always the possibility that those who do not know their offender do not seek services because they do not want to report their victimization. If a victim does not know their offender, they may wonder how to report the offense when they do not know who committed it. There is also the possibility that if the offender is not known to the victim, that they do not understand that their victimization was actually a victimization, such as with stalking or burglary. A victim may unknowingly be stalked or could have had items stolen from them, which they are not aware of immediately. Practitioners who understand this can shape their programs to specifically address victimization by strangers and they can also do more outreach to victims of crimes committed by strangers. This is an area that is in need of further exploration by the victim services

community. It is important for practitioners to make it known to those whose offender was a stranger that they should seek services too.

Based on the results of the current study, this leads to the question of whether existing victim services need to be focused to meet the needs of specific victim groups. Male victims may need services that are specifically designed for them. Services for males might differ in their counseling approach because males may be less likely than females to want to admit their victimization, especially if it was a crime such as sexual assault or rape. Historically, those who are victims of domestic violence who seek emergency shelter services are separated by sex. For example, Freedom House in Lake County, California is an example of a shelter that focuses their efforts on male victims specifically (Safe Housing Partnership, 2015).

Victims of assaultive crimes, such as rape, sexual assault, and physical assault, may need different services that focus on those crime types, as it has been found those who are victimized by more assaultive or emotionally involved crimes may react differently than those victimized by property crime. Services that are for victims of crime such as rape, sexual assault, and physical assault may need more of a mental health approach because of how emotional the crime is; however, services that address property crimes may focus on trying to restore the property that the victim lost. There are many programs for victims of rape and sexual assault, as those were some of the first victim service programs developed; however, the results of the current research would encourage the continued expansion and development of these programs.

Lastly, those who do not know their offender need services that are different than those for victims who do know their offender. There is a significant difference between

the offender being a stranger and the offender being someone the victim knows. Both can be very emotional, but the services need to be different because if the victim does not know their offender, there may be an element of being afraid or frustrated due to the fact that they do not know who hurt them. Those who do know their offender may experience another type of fear, anxiety, or stress, because they were victimized by someone they knew personally, which reflects a violation of trust (McQuade, 2014). Services can focus on how to keep the victim away from the offender if they are known to the victims such as through restraining or protective orders. Victim service providers should develop different types of programming, making sure they are equipped to handle the needs of different victims, rather than presuming that one (or even a small number of) programs are sufficient to meet all needs. Ultimately, there is additional expansion needed in regard to victim services.

Overall, there are many practical impacts such as disseminating victim service information, encouraging victims to engage in victim services, making victims feel more comfortable seeking services, shaping programs to specifically address victimization by strangers, and developing new victim service programs that service practitioners could use in hopes that more victims will choose to seek services. These practical impacts connect to the findings by identifying ways to reach those victims who the study found to be less likely to utilize services.

Limitations

The main limitation that the current study faced was missing data. After the logistic regression was conducted, it was determined that there was a large population of people that were missing from the dataset, and specifically with the variables that were

used in this study. The overall sample of the NCVS was more than 200,000 people; however, after running the logistic regression, only 568 provided data on all variables included in the logistic regression. The logistic regressions results showed that only sex was a significant predictor of service seeking. The results of the logistic regression may have been impacted due to incomplete data. It would also be important to receive a larger sample of individuals who have actually been victimized.

Another limitation is that the NCVS is a self-report survey. This survey being self-report means that it is reliant on the memory of the respondents. It is likely that people could either forget when a victimization occurred, or they may choose not to report it. Because of these reasons, there could be data that are actually missing from the dataset.

Lastly, another limitation is that the NCVS consists of only 1 year of data. It may be beneficial to look at multiple years of data at one time to see the results. It is also important to mention that at this point the data from 2016 are 5 years old. Research needs to continually update the data.

Future Research

In the criminal justice field, there is a lack of research in certain areas, one of which is victim services. When researching specific areas of victim services for the current study, there was a lack of information that specifically focused on comparing all five of the crime types presented in the current study: rape, sexual assault, physical assault, robbery, and property crime. The majority of past research only focused on one or two crime types, but not on all of them. It would be beneficial to look at all of the crime types together, as there can be instructive results that come from comparing them

to one another. Another area lacking in research is the service seeking behavior of robbery and property crime victims. After looking into this area of research, it was found that there is specifically a lack of research that focuses on these two types of victims and their service seeking. Therefore, future research could focus on service seeking by victims of these crime types. There is also no prior research that looks at law enforcement and hospital staff providing victims with service information, or whether social media would be a good way to advertise victim services.

Based on the findings of the current study, there needs to be future research that specifically compares female victims to male victims and their service seeking tendencies. It is important to understand why there is the gender discrepancy, with females seeking services more than males. The finding that victims who know their offender are more likely to seek services compared to those whose offender was a stranger is also important. This is important because it challenges the belief that it may be easier for a victim to seek services if the offender was a stranger. Future research is needed that continues to explore and challenge Black's theory, specifically the element that believes the law will be less likely to be involved between intimates. Researching this area further is important because as laws and social viewpoints on crime change, it is possible that this part of Black's theory is no longer accurate.

Another area of research that needs to be explored is whether victims of rape, sexual assault, and physical assault are more likely to seek mental health services compared to other service types. The current study did not find support for the idea that victims of these offenses sought mental health services significantly more often than other service types. It is possible that this was because victims of rape, sexual assault, and

physical assault are seeking all services at such a significantly low rate that there are also no differences between service types.

Future research could also address the idea that sexual assault is different from physical assault. Perhaps sexual assault victims are seeking services, but physical assault victims are not. If researchers looked at these crimes individually, maybe the results would show a relationship between crime and seeking mental health services.

Lastly, it might also be important to explore which services victims felt they needed the most. If they feel they need mental health services but are not seeking them, then it would be important to understand why. It would be beneficial to determine which services are being sought more often and especially why they are being sought more often. According to the current study, victims of rape, sexual assault, and physical assault are the least likely to seek any type of services; therefore, future research should focus on why this is happening.

Conclusion

The number of victims that are actually seeking services is very small compared to the number of victimizations that occur, and it is important to understand why. Past literature has found that victims are being neglected, whether it is because victims do not know what services are available to them, the services that they do know about have treated them negatively, or they believe that the service will not be helpful to them (Sims et al., 2005). Victims often report receiving negative social reactions that ultimately cause them to feel as though they should not seek help from formal services. No matter the reason, victims' needs are not being fulfilled by the criminal justice system (Parsons &

Bergin, 2010). In the end, victims are choosing not to seek services just as they are choosing not to report crimes (Sims et al., 2005).

The current research was meant to extend current knowledge about victim service utilization, by comparing male to female service usage across a wide variety of crime types; by looking at rape, sexual assault, and physical assault victims to determine whether they sought services at a higher rate than victims of other, understudied, offense types; by looking at a wider range of services to determine what percentages of victims utilized each type of service, and whether victims sought multiple forms of help together; and by challenging Black's theory about relationships between victims and offenders and its impact on service seeking. The National Crime Victimization Survey addressed all of the areas of research that were meant to be studied. The current research compared male to female service usage across five different crime types: rape, sexual assault, physical assault, robbery, and property crime. It explored not only how many rape, sexual assault, and physical assault victims sought services, but also explored whether victims of these crimes sought services at a higher rate than victims of other, understudied offense types such as robbery and property crime. It also identified the percentages of victims who utilized each type of service and whether victims sought multiple forms of help, together. Lastly, the current research challenged Black's theory and tested new ideas about victim-offender relationships.

The findings in the current study are significant in respect to what can be done in the future to improve victim services. The data suggested that victims who were female were more likely to seek services than those who were male. This study also found that victims who knew their offender were more likely to seek services than those who did not

know their offender. The data also suggested that robbery and property crime victims were more likely to seek services compared to those who were victims of rape, sexual assault, and physical assault. Lastly, it is important to note that when looking at whether there were variations between utilization of specific service types and respondents' sex, victim/offender relationship, and crime type, the research found that there were no statistically significant variations.

When it comes to theoretical implications, procedural justice and restorative justice both speak to aspects of victim services. There are also practical implications such as making sure that information about victim services is well disseminated, trying to change the way victims feel when thinking about whether or not to seek services, and making it known to those whose offender was a stranger that they should seek services also.

While this study extended the knowledge about victim services and victim service utilization, there is still room for future research on the topic. The main goal of this study was to determine for what crime victims seek services and which do not. This study has produced significant results that help to answer these questions, but there is always room for future research. The hope of this study is that those in the criminal justice system and those in the victim services field can use the results to extend their knowledge and make changes to the current victim programs.

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Table 1*Post-Traumatic Stress Disorder: Diagnostic Criteria*

<p>A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:</p>	<ol style="list-style-type: none"> 1. Directly experiencing the traumatic event(s) 2. Witnessing, in person, the event(s) as it occurred to others 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
<p>B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p>	<ol style="list-style-type: none"> 1. Recurrent, involuntary, and intrusive distressing memories or the traumatic event(s) 2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s) 3. Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s) 5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)
<p>C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:</p>	<ol style="list-style-type: none"> 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic events(s) 2. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)
<p>D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p>	<ol style="list-style-type: none"> 1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs)

	<ul style="list-style-type: none"> 2. Persistent and exaggerated negative beliefs or expectations about oneself, others or the world 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others 4. Persistent negative emotional state 5. Markedly diminished interest or participation in significant activities 6. Feelings of detachment or estrangement from others. 7. Persistent inability to experience positive emotions
E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic events(s) occurred, as evidenced by two (or more) of the following:	<ul style="list-style-type: none"> 1. Irritable behavior and angry outbursts typically expressed as verbal or physical aggression toward people or objects. 2. Reckless or self-destructive behavior 3. Hypervigilance 4. Exaggerated startle response 5. Problems with concentration 6. Sleep disturbance
F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month	
G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.	
H. The disturbance is not attributable to the physiological effects of a substance or another medical condition.	

Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition: DSM-5, pg. 271-272.

Table 2*Acute Stress Disorder: Diagnostic Criteria*

<p>A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:</p>	<ol style="list-style-type: none"> 1. Directly experiencing the traumatic event(s) 2. Witnessing, in person, the event(s) as it occurred to others 3. Learning that the event(s) occurred to a close family member or close friend 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
<p>B. Presence of none (or more) of the following symptoms from any of the five categories of intrusion, negative mood, disassociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:</p>	<p>Intrusion Symptoms</p> <ol style="list-style-type: none"> 1. Recurrent, involuntary, and intrusive distressing memories or the traumatic event(s) 2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s) 3. Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s) <p>Negative Mood</p> <ol style="list-style-type: none"> 5. Persistent inability to experience positive emotions <p>Dissociative Symptoms</p> <ol style="list-style-type: none"> 6. An altered sense of the reality of one's surrounding or oneself 7. Inability to remember an important aspect of the traumatic event(s) <p>Avoidance Symptoms</p> <ol style="list-style-type: none"> 8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s) 9. Efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s) <p>Arousal Symptoms</p> <ol style="list-style-type: none"> 10. Sleep disturbance

	11. Irritable behavior and angry outbursts, typically expressed as verbal or physical aggression toward people or objects 12. Hypervigilance 13. Problems with concentration 14. Exaggerated startle response
C. Duration of the disturbance (symptoms in criteria B) is 3 days to 1 month after trauma exposure	
D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning	
E. The disturbance is not attributable to the physiological effects of a substance or another medical condition as is not better explained by brief psychotic disorder	

Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition: DSM-5, pg. 280-281.

Table 3
NCVS Type of Crime

Crime Type	Offenses Included
Rape	Completed rape Attempted rape Verbal threat of rape
Sexual Assault	Sexual attack with serious assault Sexual attack with minor assault Sexual assault without injury Unwanted sexual contact without force Verbal threat of sexual assault
Physical Assault	Completed aggravated assault with a weapon Attempted aggravated assault with a weapon Threatened assault with a weapon Simple assault completed with injury Assault without a weapon or injury Verbal threat of assault
Robbery	Completed robbery with injury from a serious assault Completed robbery with injury from a minor assault Completed robbery without injury from a minor assault Attempted robbery with injury from a serious assault Attempted robbery with injury from a minor assault Attempted robbery without injury Completed purse snatching Attempted purse snatching Completed pocket picking
Property crime	Completed burglary with forcible entry Completed burglary with unlawful entry without force Attempted forcible entry Completed motor vehicle theft Attempted motor vehicle theft Completed theft less than \$10 Completed theft \$10 to \$49 Completed theft \$50 to \$249 Completed theft \$250 or greater Completed theft value not applicable Attempted theft

(Bureau of Justice Statistics, 2016, p. 498-499)