

Crime Victimization: A summary of papers from the Journal of Traumatic Stress, Volume 23, 2.

Papers Reviewed:

Introduction to Special Section: Advancing Mental Health Services and Research for Victims of Crime by Kevin O' Brian.

The Impact of Criminal Justice Involvement on Victims Mental Health by Jim Parsons and Tiffany Bergin.

The Impact of Crime Victimization on Quality of Life by Rochelle F. Hanson, Genelle K. Sawyer, Angela M. Bergle and Grace S. Hubel.

Help Seeking Among Victims of Crime: A Review of the empirical Literature by Michael R. McCart, Daniel W. Smith, and Genelle K. Sawyer.

Screening and assessment of Crime Victimization and its effects by Rochelle F. Hanson, and Shannon Self-Brown.

Resilience and Crime Victimization by Mary Ann Dutton and Rebecca Greene.

Course outcomes:

When you have completed this course you will have an understanding of:

- How the criminal justice system impacts on the mental health of victims of crime.
- What impact crime has on the quality of life of victims of crime
- The help-seeking behaviour of victims of crime.
- The instruments available for use in screening and assessment of effects of crime on victims of crime.
- How resilience may be defined and affect the outcome for victims of crime.

CONTENTS

1	The Criminal Justice System and its effect on victims of Crime.....	4
1.1	Advantages.....	4
1.2	Disadvantages.....	6
1.3	The effect of the judicial system on the crime victim's mental health.....	8
1.3.1	Law enforcement practices.....	8
1.3.2	Adversarial nature of trials.....	8
1.3.3	Participation in court proceedings.....	9
1.3.4	The role of prosecutors.....	9
1.3.5	Procedural justice.....	9
1.3.6	Bias crimes and biased criminal practices.....	9
1.3.7	Availability of information.....	10
1.4	Emergent best practices.....	13
1.4.1	Victim services and advocates.....	13
1.4.2	Victim Impact statements.....	13
1.4.3	Non-adversarial methods of dispute resolution and restorative justice.....	13
2	The impact of crime Victimization on quality of life.....	15
2.1	Role functioning–victim’s ability to perform various life roles.....	15
2.1.1	Parenting role.....	15
2.1.2	Intimate relationships.....	16
2.1.3	Occupational functioning.....	16
2.1.4	Social functioning.....	18
2.2	Life Satisfaction.....	21
2.3	Social-material conditions.....	22
2.4	Future Directions.....	23
3	Help Seeking Among Victims of Crime: A Review of the Empirical Literature.....	24
3.1	Prevalence.....	24
3.1.1	Formal Help.....	24
3.1.2	Informal help.....	24
3.2	Predictors of Help Seeking.....	25
3.2.1	Formal Help.....	25
3.2.2	Informal Help.....	26
3.3	Barriers to Help Seeking.....	27
3.3.1	Law Enforcement.....	28

3.3.2	Mental Health Services	28
4	Screening and Assessment of Crime Victimization and its effects.....	30
4.1	Prevalence.....	30
4.2	Crime Victimization Screening	30
4.2.1	Official government forms.....	31
4.2.2	Brief questionnaires.....	31
4.2.3	Detailed Trauma History measures:	31
4.3	Screening Tools for mental health consequences of crime victimisation	32
4.3.1	Questionnaires and Clinical Interviews for Assessing PTSD.....	33
4.3.2	Self Report Questionnaires	33
4.3.3	Questionnaires and Clinical Interviews for general mental health symptoms.....	34
4.4	Screening and Assessment of Crime Victimization and Related Symptomology in Medical and Mental Health Settings.	36
4.5	Summary and Future Direction	37

Crime Victimization

A note on the learning and teaching approach

This course is built on the principles of supported open learning pioneered by the UK Open University and developed by South African Institute for Distance Education (SAIDE) and The SACHED Trust. Course participants (students) are asked to do all the tasks as they appear in the text in order to take full value from the course. There are three kinds of task:

Fact check – to memorise key knowledge items

Reflection and analysis – to take time to actively engage with the ideas in the course

Assignments – a chance for an extended written task to consolidate your knowledge and express your views.

OVERVIEW

In 2007 crime victimization and the concomitant trauma was the leading cause of acute stress disorder and Post Traumatic Stress Disorder (PTSD) in the United States. Suicide and co-morbidity with substance abuse are more common in survivors of crime than in the general public. Furthermore, victims of crime seem to have a higher rate of future victimization than those who have not been subject to crime victimization.

The psychological trauma of crime often goes unrecognised. Unresolved or untreated trauma has been associated with multiple and persistent mental and physical health problems. In 2003 and now again in 2010, the Journal of Traumatic Stress has produced special volumes focusing on traumatic stress resulting from crime victimization. The aim of these issues is to provide direction for future research, as well as promoting increased health services for victims of crime. This course is a summary of papers focussed on Crime victimisation in the 2010 special volume of The Journal of Traumatic Stress.

1 THE CRIMINAL JUSTICE SYSTEM AND ITS EFFECT ON VICTIMS OF CRIME.

Authors: Jim Parsons and Tiffany Bergin.

How the justice system responds to victims of crime can make the difference as to whether the experience will be beneficial or detrimental to the victim of the crime. Often victims perceive the legal system as uncaring and potentially traumatic. However, there are also a number of advantages to be gained for crime victims following through the judicial process (Campbell & Raja, 2005; Renck & Svensson, 1997). In the following section the main advantages and disadvantages that have been identified by research are summarised.

1.1 Advantages

- Contact with the judicial system may be cathartic.

- Repeated exposure to the details of the experience may aid recovery. (Foa & Kizak, 1986; Orth, 2002)
- Studies of women who have experienced violence from their intimate partners, who took their case to court and followed the case through to completion, showed increases in self esteem regardless of the outcome of the case. (Dobash, Dobash, Cavanagh, & Lewis, 1999; Regoli, 1993).
- In cases of sexual abuse, the need to be heard, have the abuse acknowledged, the experiences validated and in some cases receive an apology; were fulfilled through pursuing the case. (Feldhausen, Hankvinsky, & Greaves, 2002).

Studies of victims of intimate partner violence and rape indicate that most victims do not report the abuse because they fear further abuse or being blamed for the assault (Hoyle & Sanders, 2000).

Despite the evidence that many crimes are underreported, there is very little reliable research into the impact on the victim of non-reporting. The main weakness in the existing studies is that they only access victims who have reported the crime against them. Therefore there is no control group indicating the effects of non-reporting (Orth, 2002).

Fact Find

Question 1

Why may victims of sexual assault not report the crime to the police?

Question 2

Contact with the judicial process is always cathartic for victims of crime? True/False

Question 3

Increases in self-esteem in women who have been assaulted by their intimate partner are dependant on the outcome of the case. True/False

Reflection and Analysis

Discuss the theoretical basis for the idea that repeated exposure to the crime may aid recovery.

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1.2 Disadvantages

- Reporting the crime to the police can be distressing.
- Recounting the experience in court can induce secondary trauma.
- Secondary trauma can be caused by victims feeling blamed by the judicial system (Orth, 2004; Renck & Sevansson, 1997; Willilams, 1984)
- Failure to prosecute the case can leave the victim feeling bitter and ignored (Herman, 20013; Koss, 2000).
- Rape victims report that “testifying in court” is one of the top five fearful cues and the main cause of anxiety one year after the rape (Calhoun, Atkeson, & Ellis, 1982).

Fact Find

Question 1

Give two possible causes of secondary trauma which may be invoked by reporting the crime to the police.

1.
2.

Question 2

Testifying in court can be a cue for fear and anxiety for rape victims nine months after the rape. True/False

Question 3

If the case is not _____ the victim may be left feeling _____ and _____.

Reflection and Analysis

Compare and discuss the advantages and disadvantages, which may accrue to the crime victim, on reporting the crime. Consider particularly what may lead to an advantageous outcome and the factors that may inhibit such an outcome.

1.3 The effect of the judicial system on the crime victim's mental health

The judicial system is a large and complex machine, which can either facilitate the crime victim's recovery from crime victimisation or it can add to the perception of further victimisation. In this section a selection of aspects of the judicial system, which have been shown to have significant impact on the crime victim, are identified and discussed. The main aspects discussed are:

- Law enforcement practices
- The adversarial nature of trials
- The availability of information
- Participation in court proceedings
- The role of prosecutors
- Procedural justice
- Bias crimes and biased criminal practices

1.3.1 Law enforcement practices

Law enforcement practices vary from country to country, area to area and even from police station to police station. It is therefore not likely that research in the United States would be applicable in South Africa. However, a number of general processes have been identified worldwide which can impact on the crime victim's mental health.

- The nature of the contact with officers in the police station can have a major impact on the ongoing mental health of the crime victim. Negative interaction with police services has been shown to be a good predictor of future PTSD symptoms. It is the responsibility of police to respond to the victim's needs regardless of whom the victim is or the nature of the crime. Most areas have a poor record of response to victims' needs especially in case of rape and intimate partner violence.
- Research has identified the need for emergency services that address psychological needs of victims of crime.
- The complexity of the judicial process often leads to frustration with delays and misunderstanding about the various roles. In particular, victims of crime need information about their rights and to understand the process for prosecuting a case.
- The rate of prosecution is low for those who do report crimes. This can lead to anger and bitterness as the decision to prosecute often appears arbitrary and has little to do with the facts of the crime and more to do with who the victim is.

1.3.2 Adversarial nature of trials

The adversarial nature of criminal trials can be particularly traumatic for survivors of violent crime. Secondary trauma may be triggered by:

- Facing the perpetrator in court.

- Remembering details of the crime
- Confronting others present at the crime eg. Police officers, doctors etc.
- Detailed, aggressive questioning by the defence attorney.

Court procedures are designed to protect the defendant and are often blind to the needs of the victims of crime. In particular, questioning by defence may try to apportion blame and call into question the victim's credibility. This can be particularly damaging for victims of rape or intimate partner violence.

1.3.3 Participation in court proceedings

Participation in the court proceedings can be beneficial for those seeking a public apology or the opportunity to be heard. These needs may be frustrated by cases cut short by plea-bargaining or cases which never get to court through charges being dropped..

Participation in the court proceedings has been shown to help improve self-esteem, increase sense of control. The opportunity to participate has been shown to be biggest single predictor of healthy outcome but is often marginalized by the disadvantages of court proceedings.

1.3.4 The role of prosecutors

The role of the prosecutor in criminal proceedings is often misunderstood leading to frustration. The prosecutor is often thought of as the equivalent of the accused's defence attorney, which is not the case.

The aim of prosecutor is to ensure a *successful* prosecution. Since the reasons for decision to prosecute may have more to do with complexity or contentiousness of the case, the victim may feel "let down" by the prosecutor. Victims who may expect legal advice and supportive advice are unhappy with quality of information provided by the prosecutor. A further area where victims may feel "let down" is by the degree of collaboration between prosecutor and defence attorney as they attempt to complete the case as efficiently as possible.

1.3.5 Procedural justice

The judicial system is often more concerned with ensuring correct procedure than outcome. From the victim's point of view, healthy outcomes are dependant on their own perception that procedures are fair. Perceptions of procedural unfairness have been associated with lowered self-esteem. On the other hand, enhancing the accused's sense of procedural fairness may improve victim's safety.

1.3.6 Bias crimes and biased criminal practices

Some groups experience greater risk of prejudice, hate or bias crime. Victims of bias crimes are prone to more serious mental health consequences. For example, gays & lesbians are more likely to develop PTSD as a result homosexual motivated crime than those who were victims of personal crimes not motivated by prejudice.

Another area where bias and prejudice can affect the victim of crime is within the judicial system. Not only does this impede the victim's ability to obtain justice but it also affects the victim's mental health in that he/she is not heard or believed. Bias within the judicial system can also lead to anxiety about secondary victimization. This is a leading reason that gay victims of crimes decide not to report crimes.

1.3.7 Availability of information

The court procedure is long and complicated and crime victims are often not kept informed of basic details concerning the trial e.g. postponements, sentencing decisions, plea-bargaining or bail decisions.

The difference between civil and criminal proceedings is often not understood. In a criminal case, the decision to prosecute is the prosecutor's and not the crime victim's. This means that even where the crime has been reported, the charges are dropped which leaves the crime victim feeling unheard or betrayed by the system.

Fact Find

Question 1

How does contact with law enforcement affect future likelihood for development of PTSD?

Question 2

Give three reasons why does the complexity of the judicial system lead to frustration.

1.
2.
3.

Question 3

Give four ways in which criminal trials may trigger secondary trauma.

1
2
3
4

Question 4

Who decides whether or not to prosecute?

1.4 Emergent best practices

Research indicates that victims of domestic violence are less likely to press charges and go through with the case if they do not have a supportive social network. Research has identified a number of ways in which social support could be supplied by community services.

1.4.1 *Victim services and advocates*

Crime victim services and advocates should be available for all crime victims but particularly for victims of domestic violence and sexual abuse. Victim advocates would:

- Provide social support throughout the trial
- Explain court processes
- Provide referrals to social justice
- Accompany victim to court
- Provide information on community services

1.4.2 *Victim Impact statements*

A victim impact statement gives the crime victim an opportunity to communicate her experiences to the prosecutor via a written statement. The results of research on effect of impact statement on long term mental health are mixed; in some cases the victim may feel heard; in other cases the victim may be left feeling ignored as the impact statement has little influence on the final judgement and sentencing. Other research indicates that oral allocations during sentencing are more beneficial to the victim than a written impact statement.

1.4.3 *Non-adversarial methods of dispute resolution and restorative justice.*

One of the ways in which crime victims' needs could be better met by the judicial system would be by the use of non-adversarial methods of dispute resolution and by the implementation of restorative justice. Such dispute resolution usually takes the form of a mediated dialogue between victim and offender.

Such methods have the following advantages:

- Restorative justice allows victims a chance to participate in both mediation and sentencing.
- Allows victim to confront offender in a controlled environment.
- Does not have restrictions of conventional courtroom.
- Psychologically the victim feels heard and the offender is held accountable for his actions.

Fact Find

Question 1

List 5 functions of a victim advocate.

1
2
3
4
5

Reflection and Analysis

Discuss the advantages of non-adversarial methods and how they may be used in South Africa.

Discuss the advantages and disadvantages of using a written impact statement.

2 THE IMPACT OF CRIME VICTIMISATION ON QUALITY OF LIFE

Authors: Rochelle F. Hanson, Genelle K. Sawyer, Angela M. Bergle and Grace S. Hubel.

Quality of life can be defined in many ways. For the purposes of this course it is defined primarily in terms of role functioning and a persons ability to perform his/her life roles successfully. However, we also look at life satisfaction and social-material conditions.

2.1 Role functioning–victim’s ability to perform various life roles

The life roles identified for analysis following crime victimisation are:

- Parenting, which refers to the person’s ability to carry out their function as a parent to his/her child adequately.
- Intimate relationships as a dimension of quality of life refers to the victim’s ability to function in the role of a spouse or intimate partner.
- Occupational functioning refers to the ability to obtain and keep gainful employment.
- Social functioning refers to the crime victim’s ability to take part in social activities and function within social relationships.

2.1.1 Parenting role

Most of the research into the crime victim’s ability to fulfil the parenting role has been done on mothers who are in abusive relationships. These mothers seem to have more difficulty fulfilling the mother role than mothers whose partners are non-abusive. However, once the abuse has past, these mothers may attempt to compensate by increasing nurturing and empathy.

Where either parent has been a victim of crime research indicates that harsher discipline, lower patience and increased irritation and agitation may be apparent. However, there are

indications that after the main shock of the crime the parents' may show increased levels of empathy.

Where a parent has a history of child sexual or physical abuse research indicates that there may be: difficulty in setting hierarchical boundaries, overly permissive parenting style, excessive disciplinary techniques and reduced parental competence and self-efficacy. However, it is thought that the impact of the abuse in childhood is indirect when effects of partner violence and maternal depression are taken into account.

2.1.2 Intimate relationships

There are two main ways in which criminal victimisation can impair a person's ability to function successfully as a spouse. The first is the possible hyper-arousal and avoidance that might result from the crime. The second relates to adults who were victimised as children and their concomitant difficulties in maintaining healthy relationships.

- Avoidance and hyper-arousal may affect the crime victim in the following ways:

Avoidance may cause the crime victim to feel detached from his/her partner and children, as well as showing reduced interest in intimate relations. Restricted affect may also impair ability to maintain healthy relationships.

Hyper-arousal may cause preoccupation with the trauma as well as increased anger and irritability.

- Child trauma impairs ability to form attachments, which in its turn, impairs adult ability to form intimate relationships.

Feelings of betrayal as a child may lead to lack of trust in adults. As an adult this may cause the crime victim to be distrustful and suspicious of intimate relationships.

Research indicates that sexually abused children are less likely to marry and more likely to divorce.

Rape is a specific area of criminal victimisation that has an impact on a woman's ability to maintain a healthy intimate relationship.

- Between 50 & 80% of women who have been raped will dissolve relationships existing at time of the rape.
- Women who have been raped are more likely to experience sexual difficulties
- Rape survivors are more likely to experience communication and emotional support difficulties in their relationships.

2.1.3 Occupational functioning

If a person is unable to obtain and keep a job it is likely that their quality of life will be impaired.

The majority of research in this area is on females experiencing intimate partner violence. Results of research indicates that women who are experiencing intimate partner violence are more likely to:

- Be less productive in their jobs
- Have higher rates of absenteeism
- More likely to be late
- Have higher job turnover
- Be unemployed.
- Miss out on advancement opportunities
- Lose jobs (91% resigned or lost job due to difficulties arising from intimate partner violence).
- Earn lower wages

A number of causes have been put forward for these difficulties

- Physical injuries and chronic abuse related disability might cause increased absenteeism as well reducing the victim's ability to be productive.
- Increased symptoms of psychological distress partially due to fear of perpetrator may cause inability to concentrate and thus affect productivity. Furthermore jobs may be left prematurely due to safety concerns related to self and others.
- Abusive partners may deliberately sabotage ability to gain and maintain gainful employment through the following activities:
 - Refuse to baby sit
 - Hide car keys
 - Interfere with child care arrangements
 - Work related stalking
 - Inflicting physical injuries

More generally research has shown that there is a positive association between crime victimisation and unemployment. For example:

- A rape victim's work performance appears to take about 8 months to return to normal
- Unemployment increases by 27% after a person has experienced a homicide in the immediate family.
- Over 50% of parents of a child who has been murdered consider themselves non-productive in their jobs for 4 months after the murder.

2.1.4 Social functioning

When a person has been victim to a crime they may lose their interest in social activities and may start having difficulties in functioning within social relationships. Effects of the crime depend on the nature of the crime so the effects of sexual assault and intimate partner violence are treated separately.

Where crime victims are subject to sexual assault research indicates higher levels of disruption of social activities. In particular, victims of sexual assault are less likely to have at least once weekly contact with friends or family. Even when such contact is made victims report less emotional support than reported by victims of other crimes. This disruption in social activities may last from 2 to 30 months.

Where the abuse is from an intimate partner the abuser deliberately attempts to keep victim dependent on him. He will attempt to isolate the victim from friends and family thus ensuring inadequate social support to the victim. This lack of support traps the victim in the relationship.

More generally research indicates that:

- Perceptions of lower levels of social support are associated with higher levels of emotional distress.
- Repeated victimization and exposure to chronic stressors may change the victim's perception of social support.
- Women are more likely than men to report negative reactions from friends and family following criminal victimization.
- Some people withdraw from others following criminal victimization.
- Persistence avoidance of situations associated with crime inhibits healing.
- Increased contact and social engagement are important targets for early intervention.

Fact Find

Question 1

List and define the four life roles used as a basis for investigating quality of life.

1.
2.

3.
4.

Question 2

How may a woman's functioning as a mother be affected by:

(a) A current abusive relationship with her partner

(b) A past relationship with an abusive partner

Question 3

Two symptoms, which may affect a crime victim's ability to function in an intimate relationship, are _____ and _____

Question 4

How may past childhood trauma affect a woman's ability to form intimate relationships?

--

2.2 Life Satisfaction

Life Satisfaction is a somewhat loose construct. For the purposes of the paper under review it was operationalised in terms of: (i) fear of crime, (ii) personal safety, (iii) happiness, and (iv) satisfaction with overall quality of life.

Where crime is non-violent, crime victimization seems to have little effect on quality of life. However, where violence is involved the effects on quality of life may be significant. For example:

- Women experiencing intimate partner violence are more likely to report reduced quality of life.
- People who experience serious injury are more likely to be worried about personal safety.
- Victims of physical or sexual assault are also more likely to have concerns about personal safety.

Question 1

When may crime victimisation have little effect on quality of life?

Reflection and Analysis

Discuss when and how crime victimisation may affect quality of life.

3 HELP SEEKING AMONG VICTIMS OF CRIME: A REVIEW OF THE EMPIRICAL LITERATURE.

Authors: Michael, R., McCart, Daniel, W., Smith, Gendelle K., Sawyer

Only a small percentage of victims seek from formal support networks. Most people appear to seek help from informal sources. A number of different variables are associated with likelihood of seeking help making investigation complex. The large number of variables and the complexity of the way these variables interact means that existing knowledge about patterns of seeking help are unclear.

In this paper prevalence of help-seeking behaviours was investigated. This was followed by a review of research on predictors and barriers to help-seeking behaviour.

3.1 Prevalence

Research into the prevalence of help-seeking behaviour is divided into those seeking help from formal sources and those seeking help from informal sources. For the purposes of research formal and informal sources are defined as follows.

- Formal helpers are doctors, law enforcement, mental health workers and other trained professionals.
- Informal helpers are social networks such as friends and family.

3.1.1 Formal Help

In 2009 in the USA an estimated 46% of violent crimes were reported to law enforcement. Between 8% and 35% of victims of crime seek help from mental health professionals

The likelihood that a victim will report a crime is dependent on the nature of the crime. For example, victims of robbery, rape and simple assault are the least likely to report the crime. The Chicago Women's health risk study reported that only 43% of women experiencing intimate partner assault report their experiences, while the National Women's Study (Resnick et al, 1993) reports that only 26% of women who are raped as adults seek medical help.

3.1.2 Informal help

Various studies indicate that between 40% and 55% of women victimised by intimate partners of crime seek help from friends or family. Reports comparing formal and informal support indicate that informal support receives a more positive rating. Family and social support is associated with better psychological outcomes that help from more formal sources.

Fact Find

Question 1

Who are the crime victims more likely to report crimes?

Question 2

Why may a victim of violence from an intimate partner not report the victimisation to either formal helpers or friends and family?

3.2 Predictors of Help Seeking

There are a number of variables that predict whether a person will seek help after being the victim of a crime. These variables may depend not only on the nature of the crime, but on the type of help being sought and characteristics of the person.

3.2.1 Formal Help

Within the formal helping sector predictors of help seeking behaviour may vary depending on the source from which the victim is seeking help. This section is therefore split into three sections: (i) Law Enforcement. (ii) Mental Health Services. (iii) Medical Care.

- Law Enforcement

Females are more likely to report a crime to law enforcement officers than males. However, women who are raped by someone they know are less likely to report the rape than if the rape is by a stranger. Women with higher levels of family and social support are more likely to report than those with little support.

If a weapon is used in the crime the victim is more likely to report the crime.

Furthermore, when a crime elicits extreme fear or results in physical injury, the victim is more likely to report the crime.

- Mental Health Services

In general, people are more likely to seek help if they receive support from friends and family.

The following characteristics are associated with mental health utilisation:

Gender – females are more likely to seek help than males.

Age – older victims more likely to seek help than younger victims.

Ethnicity – whites more likely to seek help than non-whites

Marital status – single or divorced people are more likely to seek help than those who are married.

Sexual orientation – lesbian and bisexual women more likely to seek help than heterosexual women.

Crime severity – more severe crimes are more likely to result in mental health utilisation.

Crime Type – violent crime is more likely to result in mental health utilisation.

Sexual assault is more likely to result in mental health utilisation than physical assault.

- Victims with past diagnosis of depression or PTSD are more likely to utilise mental health services
 - Where the medical profession refers victims, they are more likely to utilise mental health services.
- Medical Care.

Rape victims are more likely to seek medical attention when rape was by a stranger.

3.2.2 Informal Help

Very little research has been carried out on the utilization of informal help. However a study on female victims of interpersonal assault (Lewis & Colleagues, 2005) revealed the following results.

- Younger victims are more likely to seek help from informal sources than older people.
- More educated victims are more likely to seek help from friends and family.
- Crime victims are more likely to seek help from friends and family if there has been a past diagnosis of depression or PTSD.

Fact Find

Question 1

List five crime characteristics that influence the victim's likelihood of reporting the crime.

1.
2.

3.
4.
5.

Question 2

State how these characteristics affect help seeking behaviour.

1.
2.
3.
4.
5.

3.3 Barriers to Help Seeking.

- Barriers to help seeking appear to fall into two categories; emotional and instrumental barriers. Emotional barriers are the emotions such as fear, shame or embarrassment that the crime victim feels at the thought of reporting the crime. Instrumental barriers are the facts of daily living that interfere with the crime victim's perceived ability to report the crime.
- The majority of research has addressed barriers to seeking help from law enforcement and mental health services.

3.3.1 Law Enforcement

- The emotional barriers that prevent crime victims seeking help from law enforcement officers are usually fear, shame and embarrassment. A limitation of this research is that it was mainly carried out on women.
- Particular issues identified were:
 - Fear of retaliation from perpetrator of the crime.
 - Fear of disbelief or ridicule from the police.
 - Fear that the victimisation will be publicly disclosed.
 - Fear of community and family backlash in small communities.
 - Concerns about lack of confidentiality.

Instrumental barriers, identified by research, which may prevent a crime victim from reporting the crime to law enforcement officers are:

- Where a residence is shared with the perpetrator the victim is less likely to seek help.
- Where the victim is economically dependent on the perpetrator the victim is less likely to seek help.
- Where the perpetrator is a parent of a shared child the victim is less likely to report crime.
- Fear of jeopardising a child's safety.
- Concerns about deportation.

3.3.2 Mental Health Services

The main emotional barriers that prevent victims from seeking help from mental health services are shame, embarrassment and fear of being stigmatised.

Instrumental barriers, identified by research, which may prevent a victim seeking help from mental health services

- Lack of financial resources.
- Lack of awareness of available resources.
- Perceived inconvenience of weekly appointments (mostly males).
- Language issues and fear of deportation.

Cultural beliefs may also prevent a crime victim from seeking help from mental health services, as they may not believe in the efficacy of such services.

4 SCREENING AND ASSESSMENT OF CRIME VICTIMISATION AND ITS EFFECTS.

Authors: Rochelle F. Hanson & Shannon Self-Brown.

In this chapter, we start by briefly looking at the international research on crime prevalence and the limitations of this research. We also look at some of South Africa's crime prevalence figures. We then move on to discuss issues involved in crime victimisation screening. In section four we look at the screening tools available to assess the mental health consequences of crime victimisation. In section five, we look at the actual practices of screening and assessment of mental health symptoms consequent on crime victimisation. Finally, we look at possible future direction from practice in screening and assessment of crime victimisation and its effects on mental health.

4.1 Prevalence

Crime prevalence is usually measured by national surveys from which the crime prevalence figures of the country are estimated. According to the SAPS annual report in 2008/2009 about 33% of crimes were contact crimes (such as robbery, assault, attempted murder, sexual offences etc), 26% other serious crimes (such as arson), 25% property-related and 16% contact-related and police action-dependent crimes.

Unfortunately, research indicates that one-third of those who report crimes to the police do not report the crime victimisation in the surveys. This implies that the figures estimated by these surveys are understated.

In America research shows that crime victimisation varies across racial and ethnic group. Furthermore severely mentally ill people are at greater risk of crime victimisation than their more healthy peers.

4.2 Crime Victimisation Screening

Prevalence is difficult to assess because existing trauma measures are not specific to crime. There is no gold standard measure of crime victimisation. When attempting to measure prevalence of crime victimisation the researcher or practitioner must decide which of the existing available measures are most appropriate for the task under consideration. Researchers and practitioners need to be aware that the chosen instrument may miss certain idiosyncratic features of crime victimisation and make appropriate adjustments. Researchers must also be aware that victims may be reluctant to disclose the full history and features of their victimisation. This is particularly important amongst victims of sexual assault and intimate partner violence. Extra time and sensitivity may be needed in these cases to ensure that full and accurate information is collected.

There are generally three clusters of interviews and self-report questionnaires used in the identification and screening of crime victims, official government forms, brief questionnaires and detailed trauma history measures.

4.2.1 Official government forms

SA examples??

4.2.2 Brief questionnaires.

Brief questionnaires are used mainly as an initial screening tool across a large group of people and a variety of settings. They are used to identify those people who should be sent for more in depth assessment. At present, there are no brief questionnaires designed to screen crime victimisation specifically. However, additional questions may easily be added to measure crime victimisation.

There are seven brief trauma instruments that include some screening for crime victimisation (more information may be found at www.ptsd.va.org). These are:

- The Traumatic Stress Schedule (Norris, 1990)
- Traumatic Events Questionnaire (Vrana & Lauterbach, 1994)
- Trauma History Questionnaire (Green, 1996)
- Traumatic Life Events Screening Questionnaire (Kubany et al., 2000)
- Stressful Life Events Screening Questionnaire (Goodman, Corcoran, Turner, Yuan & Green, 1998)
- Brief Trauma Questionnaire (Schnuur, Vielhauer, Mathers & Findler, 1994)
- Life Stressor Checklist-Revised (Wolfe, Kimmeling, Brown, Chetman & Levin, 1996)

4.2.3 Detailed Trauma History measures:

Detailed trauma history measures may be self-report assessments or clinical interviews used to assess trauma history and specific event characteristics. At present there are no measures specialised for crime victimisation.

These instruments allow for objective and subjective event characteristics. Objective characteristics may include features of the crime such as use of weapon, duration of assault and location of the assault. Subjective measures may include features of crime such as perceived life threat, perceived potential for injury, self-blame and guilt.

The best available tool for assessing trauma history and obtaining extensive event characteristics is the Potential Stressful Events Interview (PSEI; Resnick, Falsetti, Kilpatrick, & Freedy, 1996)

A subscale of the PSEI, the National Women's Study Event History interview gives a detailed assessment of physical and sexual assault events. This scale takes 15-30 minutes to complete and can be administered independently of the main PSEI.

Fact Find

Question 1

List the three clusters of screening tools used to identify trauma in crime victims. Give an example of each and describe when it would be best used.

Cluster	Example	When used
1.		
2.		
3.		

4.3 Screening tools for mental health consequences of crime victimisation

Crime victims may be hesitant to disclose full details of events and symptoms. Therefore assessments should be applied repeatedly to provide additional opportunities for disclosure. Since the majority of research and instrument construction is focussed on PTSD, this chapter is split into two sections. In the first we deal with instruments measuring PTSD and in the second covers all other mental health issues.

4.3.1 Questionnaires and Clinical Interviews for Assessing PTSD

Brief questionnaires can be used to identify people likely to have PTSD and justify further evaluation. However, clinical interviews provide more in-depth information about symptoms. Examples of widely used interviews used to assess PTSD symptoms are:

- Structured Clinical Interview for DSM-IV PTSD Module (First, Spitzer, Gibbons & Williams, 1996)
- The Structured Interview for PTSD (Davidson, Kudler & Smith, 1990)
- PTSD Symptom Scale-Interview Version (Foa, Riggs, Dancu, & Rothbaum, 1993)

4.3.2 Self Report Questionnaires

Basically there are three categories of self-report questionnaires that measure PTSD; those that map directly onto the DSM-IV criterion, those that assess posttraumatic stress symptoms or trauma effects on a continuous basis, and instruments which derive smaller PTSD subscales from larger symptom instruments commonly used in practice and research.

Examples of instruments that map directly onto DSM-IV criteria are:

- The Posttraumatic Stress Diagnostic Scale (Foa, Cashman, Jaycox, & Perry, 1997; Foa, 1995) provides a diagnosis and a severity scale.
- The PTSD Checklist (PCL; Weathers, Litz, Herman, Huska & Keane, 1993). The PCL-Specific version assesses a particular stressor identified by the participant and therefore makes it useful for crime-related symptoms.

Instruments that assess posttraumatic symptoms or trauma effects continuously are less rigidly related to the DSM criterion. Examples of such instruments are:

- The Trauma Symptom Inventory (TSI; Briere, 1995) is a 100 item scale which measure effects of trauma. The TSI does not tie symptoms back to any particular diagnosis even so it may have limited use if the client has a complicated trauma history. A further possible drawback of the TSI is that it does not provide a diagnosis.
- The Penn PTSD Inventory (Hammarburg, 1992) measures severity and frequency of thoughts and feelings related to a specific traumatic event. It was initially developed for war veterans but has been extended to apply to victims of disaster.

Instruments that derive smaller PTSD subscales from larger symptom instruments and are commonly used in practice and research are:

- The Global Personality and Symptom measures are used to derive a PTSD symptom subscale.
- MMPI-PTSD scale (Keane, Malloy, & Fairbank, 1984) is a long and therefore more appropriate for use where it is routinely administered

- The SCL-90 includes a PTSD subscale. This measure assesses symptoms experienced over the past week and may therefore be appropriate for use shortly after the crime. It has the advantage that it is shorter than the MMPI and quick and easy to administer. It is valid and reliable as an indicator of PTSD stress for women but should be considered an indicator of more general stress for men.

4.3.3 Questionnaires and Clinical Interviews for general mental health symptoms

These instruments measure symptoms other than those experienced in PTSD. For example, a victim of financial fraud is unlikely to experience the intense fear, horror and helplessness required for a PTSD diagnosis. Examples of instruments that measure other symptoms such as depression, anger et cetera are:

- TSI (Briere, 1995)
- SCL-90-R (Deragotis, 1994)
- Beck Depression Inventory (Beck & Steer, 1993)
- The State-Trait Anger Inventory (Miller, Jenkins, Kaplan & Salonen, 1995).
- The Alcohol, Smoking, and Substance Involvement Screening Test. This is a fast and culturally sensitive screen that evaluates all classes of substance abuse. It evaluates the quantity, frequency and consequences of use.
- Trauma Related Guilt Inventory is a good measure for assessing feelings of guilt in crime victims.

Fact Find

Question 1

_____ may be used initially to screen victims who may require more in-depth analysis which may be done using _____ and _____.

Question 2

Describe the three types of self-report questionnaires and give two examples of each.

Description 1.

Examples
Description 2
Examples
Description 3.
Examples

Question 3

List three general psychological symptoms other than those associated with PTSD for which a crime victim may be tested. Give an example of an instrument you may use to measure the construct?

Symptom	Instrument

Reflection and Analysis

Write a short essay describing a hypothetical trauma victim and the screening and assessments that may be used.

4.4 Screening and Assessment of Crime Victimization and Related Symptomology in Medical and Mental Health Settings.

Victims of crime are more likely to seek medical help rather than mental help. It is therefore appropriate to initiate some sort of screening in emergency departments or primary care settings. Although it is common for clients in primary care settings to show PTSD symptoms, these rarely get referred for appropriate help.

Two assessment instruments developed specifically for use in the primary care environment are:

- Beck Anxiety Inventory-Primary Care (Mori et al., 2003)
- Primary Care PTSD Screen (Prins et al., 2004).

The Traumatic Events Questionnaire (Vrana & Lauterbach, 1994) has also shown good reliability and validity in primary care settings.

Instruments for the assessment of intimate partner violence are also available. Three instruments designed specifically for use on women in medical settings are:

The Universal Violence Prevention Screening Protocol (Dutton, Mitchell & Haywood, 1996)

The Partner Abuse Interview (Pan, Ehrensaft, Heyman, O' Leary & Schwartz, 1997)

The Partner Violence Screen (Feldhaus et al., 1997)

Research indicates that patients prefer self-report measures to direct questions by clinicians when intimate partner violence is being assessed.

Routine trauma screening is not standard in most community health settings. There are few resources so even if screening were done it is unlikely that victims would receive the appropriate treatment.

Fact Find

Question 1

Victims of crime are more likely to seek M_____ help than M_____ help.

Question 2

Name two instruments designed specifically for use in the primary care setting.

1.
2.

4.5 Summary and Future Direction

Other than those instruments that measure effects of intimate partner violence there are no existing instruments that specifically measure crime victimisation specifically. The researcher/practitioner's choice of best measure will depend on the reason for assessment. Detailed trauma history measures are probably most useful in research and in a clinical setting.

Considerations for future development and research in the area of assessment and screening of crime victims are:

- Further research is needed into the perceptions, experiences and symptoms of crime victimisation across cultural groups.
- The measures in this review have not necessarily been tested for the cultural groups in South Africa.
- Each type of crime has its own unique characteristics that affect the perceptions, feelings and symptoms of the crime victim. Therefore instruments that focus on crime victimisations and specific crimes are needed.
- Interaction with criminal justice can impact on the way in which people respond to measures of trauma this affecting the results of research.
- Since measures are dependent on the victim's memory of what happens and trauma can affect memory there is always the chance of inconsistency in reports over time.

Reflection and Analysis

