This book is dedicated to the many thousands of victim advocates and counselors who have devoted their careers to victims and families, and who work tirelessly to improve the lives of all survivors.

Diane Green dedicates this book to her mother, Lois Green, and in loving memory of her father James Russell Green, Jr., for their love, support, and understanding throughout the years. Al Roberts dedicates this book in loving memory of his mother and father Evelyn and Harry Roberts who instilled love, compassion, educational pursuits, and perseverance in his first 21 years of life before his parents death from cancer.
Contents

About the Authors  xiii
Foreword by Mario Thomas Gaboury, JD, PhD  xv
Preface  xix
Acknowledgments  xxi

Chapter 1  Victims of Violent Crime: An Introduction  1
Scope of the Problem  1
Historical Perspective on Victimology  2
Victim Programs, Legislation, and Funding  4
Costs: Tangible and Human Costs of
Victimization  9
Emotional, Physical, Financial, and
Spiritual Impact  10
Systems Theoretical Framework  12
Systems Theory  13
Stress and Coping  13
Crisis and Attribution Theories: How Victims
Experience Their Victimization  15
Crisis Theory  15
Attribution Theory  17
Summary of Theoretical Framework  19

Chapter 2  Grief and Loss Reactions and Theories  21
Overview, Definitions, and Common
Grief Reactions  21
Grief Work, Stages and Phases  26
Teresa Rando  26
Robert Neimeyer  28
Bowlby and Parkes  29
Elisabeth Kübler-Ross  30
Which Theory Is Right?  31
Summary  31
Chapter 3  Stress and Coping Model for Victims of Crime  35

Appraisal  36
Social Support  37
  Perceived and Received Social Support  40
  Formal Social Support  41
  Social Support as a Mediator and a Moderator  42
Coping  42
  Coping as Mediator  43
  Coping Dimensions  44
Well-Being  46
Distress  47
  Depression  48
  Posttraumatic Stress Disorder  50
  Anger  52
  Anxiety  53
Summary  55

Chapter 4  Crisis Intervention  57

History  57
Practice Models  58
Evidence-Based Practice Needs  62
Guidelines for Practice  65
  Roberts’s Seven-Stage Crisis Intervention Model (R-SSCIM)  66
  Critical Incident Stress Management  71
  Critical Incident Stress Debriefing  72
  Requirements for Intervention  73
Conclusion  76

Chapter 5  Cases of Child Abuse  79

Assessment  84
  Special Issues in Child Abuse Cases  84
  Risk Factors  86
  Assessment of Children, Parent/Caregiver-Child and Other Familial Relationships  86
  Use of Standardized Measures  91
  Summary of Assessment  93
Treatment: Issues and Interventions  93
  Overview: General Principles of Treatment  93
  Family-Centered Practice  99
  Trauma-Focused Cognitive Behavioral Therapy  102
Chapter 8  Homicide Victims  153

Assessment  157
  Special Issues in Homicide Cases  157
  Victim Assessment  158
  Use of Standardized Measures  158
  Treatment Planning  161
  Summary of Assessment  162

Treatment: Issues and Interventions  162
  Overview: General Principles of Treatment  162
  Revictimization Issues  163
  Grief Therapy and Meaning Reconstruction  163
  Crisis Intervention  165
  Stress Reduction Group  166

Conclusion  168

Chapter 9  Elder Abuse  171

Assessment  174
  Special Issues and Assessment in Elder Abuse Cases  174
  Summary of Assessment  183

Treatment: Issues and Interventions  183
  Overview: General Principles of Treatment  183
  Prevention/Treatment  184

Chapter 10  Terrorism/Mass Violence  191

Assessment  194
  Special Issues in Mass Violence Cases  194
  Victim Assessment  195
  Use of Standardized Measures  196
  Treatment Planning  198

Treatment: Issues and Interventions  200
  Overview: General Principles of Treatment  200
  Early Intervention  202
  Triage  203
  Cognitive Behavioral Therapy  204
  Critical Incident Stress Management  205
  Psychotraumatology  206
Chapter 11  School Violence: Crisis Intervention Protocols and Prevention Strategies  209

Introduction  209
Review of the Literature  212
  Crisis Impacts and Treatment Issues for Children and Adolescents Experiencing School Violence and Community Disasters  212
School-Based Crisis Intervention  212
School Crisis Response Model  215
School-Based Crisis Teams  217
Summary  220

References  223

Index  245
About the Authors

Diane L. Green, PhD, is associate professor of social work, School of Social Work, Florida Atlantic University in Boca Raton, Florida. Dr. Green received her master’s degree in social work from the University of Central Florida. She received her PhD from the University of Texas–Austin. For the past 7 years, she has taught psychopathology, victimology, grief and loss, and research at the undergraduate and graduate level in social work at the School of Social Work at Florida Atlantic University. Additionally, she developed an online transition course designed to help undergraduates prepare for the rigors of graduate school. Dr. Green is currently developing a certificate program for undergraduates and graduates in victim advocacy/forensic social work. Her clinical experience has been as clinical director of a behavioral health care system, program administrator in foster care, director of outpatient and intensive outpatient services in a psychiatric hospital, and hospice clinical social worker. Dr. Green has conducted many focus groups with victim assistance providers and leaders in the victim field to develop a manual for and provide training to clinical social workers in assessment and treatment for victims of crime. She was an integral part of Victims Services 2000 in Texas, a program to develop a comprehensive service delivery plan for victims of crime, integrating knowledge gained in interviews with law enforcement leaders (sheriff, chief of police, probation officers, parole officers), victim service providers, and others. The overarching goal was to streamline delivery in order to avoid overlapping services.

Dr. Green has published over 26 national and international articles and 10 chapters in books relating to victims of crime; she has presented her research at over 20 conferences in the United States and abroad. Dr. Green’s research has focused on the stress and coping processes for victims of violent and nonviolent crime, the effectiveness of mental health interventions, and grief and loss issues. Dr. Green currently serves on the editorial boards of four different scholarly journals and is a reviewer on over eight peer-reviewed journals. She is on the professional advisory board of Gift from Within, an international nonprofit organization for survivors of trauma and victimization. She is a member of the International Critical Incident Stress Foundation, the National Association of Social Workers, the Society for Social Work and Research, and the National Organization for Victim Assistance.

Albert R. Roberts, DSW, PhD, is professor of criminal justice and social work, School of Arts and Sciences, Livingston College Campus at Rutgers, the State University of New Jersey in Piscataway, NJ (he has been a tenured professor at Rutgers since 1989). Dr. Roberts served as director of faculty and curriculum development for the Interdisciplinary Program in Criminal Justice from 2001 to 2004, and chair of the Administration of Justice Department from 1990 to 1993. Dr. Roberts has over 21 years of administrative experience as department chairperson, program director, project director, and director of social work field placements. During the 1970s and 1980s, he taught at Indiana University, the University of New Haven, Seton Hall University, and Brooklyn College of C.U.N.Y. Dr. Roberts has 36 years of
full-time university teaching experience at the undergraduate and graduate level in both criminal justice and social work. His DSW is from the University of Maryland School of Social Work and Community Planning (1978); in 1981, he received a PhD degree from the University of Maryland in social work, with a double specialization in advanced criminology and social research methods. In 1984, Dr. Roberts was the Project Director of the National Institute of Justice’s federally funded project on the effectiveness of crisis intervention with violent crime victims at neighborhood offices of the Victim Services Agency (VSA) in New York City. In 1990, Dr. Roberts developed the Seven-Stage Crisis Intervention Model (R-SSCIM), which is used by a growing number of crisis counselors and workers throughout the world. In 2002, he was the recipient of the Richard W. Laity Academic Leadership Award of the Rutgers Council of the American Association of University Professors (AAUP). In addition, Dr. Roberts was the recipient of the Teaching Excellence Award from the Sigma Alpha Kappa chapter of the National Criminal Justice Honor Society in both 1997 and 1998. He is a charter member of the Gamma Epsilon chapter of Alpha Delta Mu National Social Work Honor Society at Indiana University (1985 to the present). He has over 250 publications to his credit, including numerous peer-reviewed journal articles and 38 books. His most recent books are

Correctional Counseling and Treatment (2008)
Handbook of Forensic Mental Health with Victims and Offenders (2007, David W. Springer, coeditor)
Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services (2004, Kenneth R. Yeager, coeditor)

Professor Roberts is the founding editor-in-chief of the peer-reviewed journal Brief Treatment and Crisis Intervention and of the peer-reviewed international journal Victims & Offenders: Journal of Evidence-Based Policies and Practices. Dr. Roberts currently serves on the editorial boards of 10 different scholarly journals. He is a member of the Board of Scientific and Professional Advisors, a diplomate in forensic traumatology as well as domestic violence, and a board certified expert in traumatic stress for the American Academy of Experts in Traumatic Stress (AAETS). Professor Roberts serves as a member of the editorial advisory board for Encyclopedia Americana (2002 to the present). Dr. Roberts has been the project director or principal investigator on eight different national studies of crisis intervention, suicide prevention, victim/witness assistance, forensic social work, correctional education, juvenile offender treatment, and domestic violence emergency services in the past 25 years.

In March 2008, Dr. Roberts completed the manuscript for the expanded second edition of the Social Workers’ Desk Reference (SWDR) (the first edition was published in 2002 by Oxford University Press and includes 146 original chapters; the second edition includes approximately 170 original chapters). In addition to being the editor-in-chief of the second edition of the SWDR, he chairs the SWDR editorial board, consisting of 12 associate/section editors. The current edition of the SWDR has received three prestigious library reference awards.
At the time that this important text is being published, we find ourselves at a crossroads in both our understanding of, and our capacity to, serve crime victims and survivors. Crime victims and those who serve them can both revel at the great progress that has been made in legislative initiatives and funding to support victims’ rights and services, while at the same time be rightly concerned about looming threats to the gains earned for victims during these last few decades. The reality of economic downturns and the resulting budget cutbacks creates an environment that challenges this relatively new field of study and service provision. Fortunately, Drs. Green and Roberts provide us with an extremely useful tool-kit that is well grounded in theory and empirical research, and tempered with substantial practical experience.

Of particular note is the authors’ use of an evidence-based approach to presenting state-of-the-art knowledge across a broad range of critical topics. Whether budgetary times are good or not so good, it is imperative that practitioners employ the best information available to provide victims and covictims with the highest quality services. In times of shrinking resources, such efficiencies and effective service provision are even more imperative. This scholarly, yet practice-oriented, book does just that. It provides those in the field with cutting-edge information that will increase their knowledge and allow them to hone their skills and, therefore, enhance their capacity to serve victims.

As noted above, this is an excellent time for a book such as this to be produced. Those in our field are well aware that a stalwart of basic funding for all crime victim services across the nation is under attack, again. The Crime Victims Fund, created by the landmark Victims of Crime Act (VOCA) in 1984, has recently been the target of immediate budget-reduction attempts that would also zero-out any reserves in the fund, which could possibly result in no federal funding for victim services in the near future.
From its modest beginnings in 1984–1985, when it collected $68.3 million for crime victims, the fund has truly represented a sea-changing innovation in program support, in that it is not the taxpayer dollars that is being appropriated, but rather it is the offenders’ fines, forfeitures, and special assessments that are collected and distributed to and for victims of crime. The simple elegance of this approach allowed this funding mechanism to be created during a time when virtually no new federal programs were established, and, indeed, many were abolished. Those old enough will remember the mid-1980s as the “Graham-Rudman-Hollings” Balanced Budget Act period. The fact that criminal perpetrators, and not taxpayers, were funding service for victims of crime helped catapult the Crime Victims Fund and make hundreds of millions of dollars available for crime victim compensation and services programs across the country.

Although the accomplishments of the VOCA Crime Victims Fund are impressive—with monies in excess of $500 million currently being distributed each year and total deposits into the fund of approximately $9 billion from 1984 through 2007—they actually represent only a small fraction of the cost of crime to victims. Early Justice Department estimates of these costs for violent crimes alone were approximately $450 billion annually, and it was also estimated that perhaps as many as 10%–20% of all mental health expenditures were attributable to criminal victimization.1

Green and Roberts’s wonderful book is right on the mark in several other important ways. Their approach is cross-disciplinary, which is essential as we come to understand the complexities of victimization and the myriad needs of crime victims. Interdisciplinary cooperation is essential to provide the necessary assistance to the victims. This book provides a road map for victim advocates, victim service providers, health and mental health workers, criminal justice practitioners and other allied professionals on how to understand their roles in assisting victims as well as how to forge interagency collaboratives that will benefit their clients.

For those focused on program efficacy, the text is replete with examples of interventions with proven effectiveness. For the clinician, this text provides a wealth of information and will serve as a perfect desktop reference. The authors also clearly recognize that the vast array of

human experiences involved in victimization and its aftermath cannot be easily summarized in any one compilation, regardless of its length. Their solution is an obvious focus on the development of critical and strategic thinking skills, so that reader will not only be equipped with these skills, but he or she will also benefit from the thought-provoking exercises that will further help them, novice and experienced alike, to be better prepared to confront the real-life issues and challenges that those who wish to help victims face each day.

Finally, the breadth of coverage in this text is truly impressive. Sound theory, research, and practice is reviewed in several traditional areas of victimization such as child abuse, intimate-partner violence, sexual assault, and homicide, all presented against the context of newer areas such as elder abuse, school-based violence, terrorism, and mass victimization. Fundamentals of assessment and intervention are applied adeptly across all these types of victimization, providing the reader with a solid grounding in the most essential areas of criminal victimization that will most likely affect their clients.

Green and Roberts have provided us with a must-read for those who assist victims. This is a major contribution to a field that is coming of age in the context of much uncertainty about programs and resources. This book provides substantial solutions and evidence-based, effective interventions that will truly help crime victims.

Mario Thomas Gaboury, JD, PhD
Professor and Chair of Criminal Justice
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Our book represents a distinct departure from other books on crime victims, victimology, and violence prevention. Our book emphasizes practical assessment and intervention strategies with victims of violence, rather than limiting the focus to academic literature reviews. No other book provides step-by-step assessment and treatment methods for crime victims integrated into each chapter. Victim advocates, victim counselors, domestic violence advocates, forensic social workers, forensic psychologists, psychiatric–mental health nurses, and graduate students have been searching for a readable book that includes the latest clinical issues and treatment protocols for helping crime victims. We wrote this book to meet that critical need.

In order to understand what it means to work successfully with victims of crime, practitioners must develop both a foundation of knowledge and skills, and an understanding of the key elements critical to helping victims of violent crime. We wrote this book to provide a framework for learning these necessary skills in a way that emphasizes the uniqueness of each type of crime victim.

This text emphasizes the necessary skills in assessing and intervening with crime victims in order to make decisions, and complete tasks and activities—that is the essence of treatment.

When we look at the dynamics of assessing and supporting a crime victim, it is easy to see why this can be a challenging topic to address. Experience is what is needed, yet this takes time. Until one can obtain this experience, it is up to the textbooks to provide the conceptual foundation and introduction to the skills necessary for understanding and implementing successful treatment of violent crime victims. This text will help with these challenges.

We had three main goals in writing this text:

- **Accuracy.** This book is the result of many years of facilitating, researching, and working with crime victims. It is important to
teach skills that are based in research from the fields of social work, criminal justice, public health, and other related disciplines. This book places a clear emphasis on skills but also ensures that those skills are based on rigorous and current research.

- **Understanding of the victim experience.** To describe and explain victimization concepts, this book uses realistic examples to help clarify skill applications. These examples will help distinguish between effective and ineffective assessment and treatment practices, as well as help identify the practices that practitioners may wish to adopt to improve their interactions with violent crime victims.

- **A structured approach.** We have defined violent crime victimization and treatment in terms of key crime types.

Taken as a whole, this framework allows readers to place new information and skills development into a larger context. The title of this book, *Helping Victims of Violent Crime: Assessment, Treatment, and Evidence-Based Practice*, speaks to fundamental components in helping individuals who have been victimized. In this text, readers will discover the unique dynamics of crime victimization; the essential skills that lead to success in helping victims of violent crime; and the roles, tasks, and processes that pave the way for effective work with this population. By examining crime victims from each of these viewpoints, readers will come to understand the dynamic capacity of each interaction. To be competent in helping violent crime victims, as this text emphasizes, practitioners must learn to identify each situation as unique, assess what skills are needed, and effectively apply the appropriate skills. In essence, the goal of this text is to provide a toolbox from which practitioners can draw for any victim situation. The emphasis here is on critical thinking, skills assessment, and practice. In this book, we have documented the latest trends, intervention strategies, and treatment programs for violent crime victims. Unlike most books on violence, this volume provides guidelines and practical applications of crisis intervention and other time-limited treatment approaches for use with victims of violent crime. Because we are in the twenty-first century, with managed care cost-cutting and major health insurance restrictions looming over our clients and patients, the time-limited clinical strategies and programs examined in this book are of paramount importance.
Acknowledgments

Like any production, a book cannot be accomplished without the support of many people who have contributed their time, energy, commitment, and emotional support to make the completion of this venture possible.

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Dr. Roberts gives special thanks and gratitude to colleagues and old friends who have influenced and increased my knowledge based over the past three decades. Specifically, Ann Wolhert Burgess DNSc, Professor of Psychiatric Nursing at Boston College for useful suggestions with chapter 4 on crisis intervention and chapter 6 on Intimate Partner Violence; and Karen Knox, PhD, Associate Professor of Social Work at Texas State University in San Antonio for useful suggestions with chapter 11 on school violence.
SCOPE OF THE PROBLEM

In 2002 the Federal Bureau of Investigation’s (FBI) Uniform Crime Report (UCR) estimated that one Crime Index offense was committed every 2.7 seconds in the United States. Over the past two decades, violent crime has become one of the most serious domestic problems in the United States. The United States has the highest violent crime rate of any industrialized nation, and crime in the United States accounts for more deaths, injuries, and loss of property than all natural disasters combined. Approximately 13 million people (nearly 5% of the U.S. population) are victims of crime every year. Approximately one and a half million are victims of violent crime. From 2004 to 2005, the rate of violent crime was estimated at 469.2 violent offenses per 100,000 inhabitants (US Department of Justice, 2005). Statistics provided in Crime in the United States, 2005, include

- An estimated 1,417,745 violent crimes occurred nationwide in 2006.
- There were an estimated 473.5 violent crimes per 100,000 inhabitants.
- When data for 2006 and 2005 were compared, the estimated volume of violent crime increased 1.9%. The five-year trend (2006
Helping Victims of Violent Crime

compared with 2002) indicated that violent crime decreased by 0.4%. For the 10 year trend (2006 compared with 1997) violent crime fell 13.3%.

■ Aggravated assault accounted for the majority of violent crimes, 60.7%. Robbery accounted for 31.6% and forcible rape accounted for 6.5%. Murder, the least committed violent offense, made up 1.2% of violent crimes in 2006.

■ In 2006, firearms were used in 67.9% of the nation’s murders, in 42.2% of the robbery offenses, and in 21.9% of the aggravated assaults. (Weapon data are not collected for forcible rape offenses.)

■ An estimated 17,034 persons were murdered nationwide in 2006, an increase of 1.8% from the 2005 estimate.

■ Murder constituted 1.2% of the overall estimated number of violent crimes in 2006.

■ There were an estimated 5.7 murders per 100,000 inhabitants.

■ In 2006, an estimated 90.6% of the murders occurring in the nation were within Metropolitan Statistical Areas.

■ In 2006, there were an estimated 92,455 forcible rapes reported to law enforcement.

Experiencing a criminal victimization, be it violent or nonviolent, is among one of the most stressful human experiences. Consequently, ensuring quality of life for victims of crime is a major challenge facing policy makers and mental health providers.

HISTORICAL PERSPECTIVE ON VICTIMOLOGY

The scientific study of victimology can be traced back to the 1940s and 1950s and stems from theories of crime. Mendelsohn began to explore the field of victimology by creating “typologies.” Mendelsohn is one of the first theorists whose focal point was the victim. He took into account the victim–offender relationship, but concentrated on the victim’s role. He posited that there was a personal relationship between the victim and offender, and he offered several classifications of victims:

■ the completely innocent victim (i.e., a child or unconscious victim)
■ the victim with minor guilt (i.e., a woman who induces a miscarriage and dies as a result)
- the victim who is as guilty as the offender (i.e., assisting others with a crime)
- the victim more guilty than the offender (i.e., individuals who provoke others to commit a crime)
- the most guilty victim (i.e., when a perpetrator acts aggressively and is killed by another person acting in self-defense)
- the imaginary victim (i.e., mentally ill individuals who believe they are victims, such as acting on paranoia)

Likewise, Hans von Hentig’s (1948) theory of victimization utilized classes of victims but extended to psychological types of victims. His general classes consisted of: the young, the female, the old, the mentally defective (mentally disordered, substance and alcohol abusers), and immigrants, minorities, and dull normals (indicates those individuals who are easy victims due to feelings of helplessness in a foreign land). Von Hentig’s psychological types included

- the depressed
- the acquisitive (an individual with an excessive desire for gain)
- the lonesome and heartbroken
- the tormentor (when a child is abused for years and kills the abuser when the child grows up)
- the blocked, exempted, and fighting (an individual who is enmeshed in a bad situation and becomes immobile)
- the activating sufferer (when a victim is transformed into a perpetrator)

He concluded that crimes happened to certain individuals and that those individuals were responsible for the crime, not the offender.

Wolfgang conducted the first large-scale investigation on victim-precipitation and murder. Both parties (victim and perpetrator) were viewed as “mutual participants” in the homicide. Over 25% of all homicides studied involved a victim that initiated the violent act—was first to use force. Several victim precipitation factors were identified (prior relationship, argument, alcohol consumption by victim). Wolfgang (1958) developed theories of victimization and also perceived the victim as a major player in the crime event, often at the exclusion of the offender’s responsibility. These perspectives are based on the old point of view of blaming the victim.

These historical perspectives of victimization perpetuate a victim-blaming approach to understanding the phenomenon of crime, the
offender, and the victim. Although the victims’ movement has generated a move toward a victim-centered approach and away from the victim-blaming approach, theoretical foundations have not fully adopted this premise. From a victim-centered and strengths perspective, as opposed to a victim-blaming perspective, the victim has often encountered a terrible situation with a bad outcome, over which the victim is angry and sad, but might still feel proud about how he or she handled himself or herself. If we approach this victim from a victim-theoretical perspective, we would worsen an already difficult situation by imposing value judgments and placing responsibility and blame on the victim, resulting in higher levels of distress.

VICTIM PROGRAMS, LEGISLATION, AND FUNDING

In response to the growing increase in violence in the 1980s, President Ronald Reagan announced in 1981 that he would create a Task Force on Victims of Crime. The President signed an executive order on April 23, 1982, promising to make a “swift, serious, and substantive effort to study what could be done to help crime victims” (President’s Task Force on Victims of Crime, 1982, p. 2). Additionally, the work of the American Psychological Association’s Task Force on Crime Victims (1984) and the Attorney General’s Task Force on Family Violence (1984) increased the awareness of the psychological and emotional impact of crime on victims and on indirect crime victims (family, friends, and relatives of the victim). As a result of these efforts, both criminal justice and mental health professionals began observing and responding to the needs of crime victims. “Violent crimes, like homicide, rape and physical assault touch the lives of millions of Americans each year and produce persistent emotional effects which can last for years” (Kilpatrick, Saunders, Veronen, Best, & Von, 1987, p. 3).

Victim’s Assistance is mandated under the Victims of Crime Act of 1984, as amended. The mission of the Victims of Crime Act (VOCA) Program is to enhance and expand direct services to victims of crime, with special emphasis placed on victims of domestic violence, child abuse, and sexual assault. The program administers grants that provide funding support and technical assistance to approximately 63 community-based public or private agencies in the states that offer a range of services including crisis intervention, counseling, guidance, legal advocacy, transportation to court or to shelters, and referrals. According to federal guidelines,
priority is given to eligible crime victims assistance programs providing direct services to victims of

- rape or sexual assault
- spousal abuse
- child abuse

Priority is also given to previously underserved victims of (violent) crime (survivors of homicide victims, elderly victims of abuse or neglect, victims of drunk drivers, adult survivors of child sexual assault or incest, or other violent crimes that are being neglected or not being served adequately).

The Victims of Crime Act of 1984 (VOCA) created the Crime Victims Fund, which is a major funding source for victim services throughout the nation. Millions of dollars have been deposited into the Fund annually from criminal fines, forfeited bail bonds, penalties, and special assessments collected by U.S. Attorneys' Offices, federal U.S. courts, and the Federal Bureau of Prisons. To date, Fund dollars have always come from offenders convicted of federal crimes, not from taxpayers. Previous legislation expanded the sources from which Fund deposits may come. Passed in October 2001, the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act) provided authority for the deposit of gifts, bequests, or donations from private entities into the Fund beginning in fiscal year (FY) 2002.

When the Fund was authorized in 1984, a cap was placed on how much could be deposited into it for the first 8 years. The amount of money deposited into the Fund has fluctuated from year to year. Lifting of the cap in 1993 allowed for the deposit of all criminal fines, forfeited bail bonds, penalties, and special assessments authorized by VOCA to support crime victim program activities. In FY 2000, Congress reinstated the cap on the Fund. Under this scheme, the actual amount of funding available for programs authorized by VOCA is determined each year during the appropriations process.

For the past three decades, victims of crime have joined together in a national crime victims’ movement, whose focus is to change the ways in which the criminal justice system perceives victims. This movement is evidenced by the development of organizations such as

- National Organization of Victims Assistance—NOVA’s mission is to promote rights and services for victims of crime and crisis everywhere.
● Mothers Against Drunk Driving—MADD believes it’s possible for our nation to eliminate the tragedy of drunk driving and prevent underage drinking and is committed to serving drunk driving victims and survivors.

● Office for Victims of Crime—The Office for Victims of Crime (OVC) was established by the 1984 Victims of Crime Act (VOCA) to oversee diverse programs that benefit victims of crime. OVC provides substantial funding to state victim assistance and compensation programs—the lifeline services that help victims to heal. (Roberts, 1990) The agency supports trainings designed to educate criminal justice and allied professionals regarding the rights and needs of crime victims. OVC also sponsors an annual event in April to commemorate National Crime Victims Rights Week (NCVRW). OVC is one of five bureaus and four offices with grant-making authority within the Office of Justice Programs, U.S. Department of Justice.

● Parents of Murdered Children—POMC® provides the ongoing emotional support needed to help parents and other survivors facilitate the reconstruction of a “new life” and to promote a healthy resolution. Not only does POMC help survivors deal with their acute grief, but it also helps them with the criminal justice system. The staff of the National Headquarters of POMC will assist any survivor and, if possible, will link that survivor with others in the same vicinity who have survived their loved one’s murder. In addition, the staff is available to provide individual assistance, support, and advocacy. The staff will help interested parents or immediate family members form a chapter of POMC in their community. POMC will provide training to professionals in such fields as law enforcement, mental health, social work, community services, law, criminal justice, medicine, education, religion, the media, and mortuary science who are interested in learning more about survivors of homicide victims and the aftermath of murder.

One result of the movement’s efforts is that all 50 states and the federal government have passed important legal protections for victims of violent crime, and more than half of the states have amended their constitutions to guarantee rights for victims. However, these state constitutional rights are limited and are often overridden by the offenders’ federal constitutional rights. One goal of the victims’
movement is to see the rights of victims elevated to the same status as the rights of the accused. Several bills passed by the U.S. Congress over the past 20 years to promote the rights of victims include: the Victims’ Bill of Rights of 1990, the 1994 Violent Crime Control and Law Enforcement Act, and the Justice for Victims of Terrorism Act of 1996. Most recently, the U.S. Congress passed the Victims’ Rights Clarification Act of 1997. This bill included the right of victims to observe the trial; and to further allow victims the opportunity to provide the court with a victim impact statement at the sentencing phase of the trial. One example of such rights being implemented was in the Oklahoma City bombing trial, in which the victims of the bombing of the Alfred P. Murrah Federal Building (April 19, 1995) were allowed to observe the trial of Timothy McVeigh, one of the accused bombers.

Another bill introduced to the U.S. legislature in September 1998 was the Crime Victims Assistance Act. This act includes the following rights:

- the right to be heard on the issue of pretrial detention
- the right to be heard on plea bargains
- the right to a speedy trial
- the right to be present in the courtroom throughout the proceedings
- the right to give a statement at sentencing
- the right to be heard on probation revocation
- the right to be notified of a defendant’s escape or release.

To date, there are in excess of 15 constitutional rights for offenders and no constitutional rights for victims of crime. In April 2002, President George W. Bush stated that “The Feinstein-Kyl Amendment was written with care, and strikes a proper balance. Our legal system properly protects the rights of the accused in the Constitution, but it does not provide similar protection for the rights of victims, and that must change. The protection of victims’ rights is one of those rare instances when amending the Constitution is the right thing to do. And the Feinstein-Kyl Crime Victims’ Rights Amendment is the right way to do it. There have been many initiatives, yet for all the new initiatives, victims have gotten far less than promised, as rights have often not been enforced.”

Although there is a plethora of literature on the financial, psychological, medical, and emotional costs of victimization (Green, Streeter, & Pomeroy,
2005; Klaus, 1994; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992), which led to the Victims Bill of Rights, there is a dearth of literature on whether or not victims are being informed of these rights. Furthermore, the relationships among victims being informed of those rights, victims receiving services, and the impact of these rights on victims’ emotional responses to crime have not been examined thoroughly.

In light of the lack of data examining the relationship between the impact of crime and victims’ rights, researchers at the University of Texas at Austin, in collaboration with the Crime Victims Institute of the Office of the Attorney General in Texas, undertook the first statewide survey of victims that focused on these areas of research. The purpose of the study was to understand the impact of crime on victims and to determine whether victims were being informed of their rights. It was found that an integral component of victim services is the provision of information. In view of the growing national interest in this area, issues relating to the provision of services to crime victims deserve special consideration.

The study found that approximately 14% of the individuals were informed of their rights. It further found that those individuals who were informed of their rights and who received services experienced lower levels of impact than those victims who were neither informed of their rights nor received services. The authors found that the fragmentation of services provided and the lack of consistency in informing victims of rights were intrinsic in the criminal justice system. It was concluded that this fragmentation and lack of information could lead to increased levels of impact of crime on victims; however, these were not identified as the foremost concerns of those in the criminal justice system.

Thompson, Norris, and Ruback (1996) conducted a study exploring the experiences of homicide survivors (family members of the murdered), including the criminal justice system and activities therein. The authors also found that fragmented services provided by the criminal justice system increased levels of distress, which could in turn lead to long-term emotional difficulties. They found that fragmented services often lead to the victims’ loss of control, lack of social support, and fear, resulting in increased levels of low self-esteem, depression, and complicated grief. Therefore, services provided within the criminal justice system can impact the recovery of victims.
COSTS: TANGIBLE AND HUMAN COSTS OF VICTIMIZATION

The impact of crime on victims includes the emotional, financial, medical, physical, and social consequences of the crime. Society incurs many costs as a result of criminal acts. A 2003 report by the Centers for Disease Control and Prevention calculated the annual health-related costs of rape, physical assault, stalking, and homicide by intimate partners to exceed $5.8 billion each year (Centers for Disease Control and Prevention [CDC], 2003). Victims incur costs associated with stolen property, medical care, and wages lost as well as the costs of the pain and suffering experienced. These costs are often passed on to society at large through taxes and insurance costs.

The financial costs can be broken down into tangible and intangible costs of crime. Estimating the intangible costs (pain and suffering), the total cost of crime for fatal crime is approximately $93 billion; the cost of rape and sexual assault is approximately $127 billion; the cost of robbery and attempted robbery with injury is $11 billion; the cost of assault or attempted assault is $93 billion; and the cost of burglary or attempted burglary is $9 billion annually (National Institute of Justice [NIJ], 1996).

Regarding physical costs, 28% of rape victims report incurring physical injury (National Victim Center and Crime Victims Research & Treatment Center, 1992). It is estimated that the average tangible cost to a victim of rape is $52,058, whereas the average cost to a victim of assault or robbery is $12,594. In Los Angeles, $53 million was spent in hospitals on gunshot wounds of victims of crime.

The average costs for psychological injury are calculated based on the medical expenses incurred, such as emergency room medical costs for a gunshot wound. However, this does not take into account the pain and suffering that result that are not medically treated (fear of injury or death). Cohen (1998) has identified three main components in the cost of crime to victims: (1) direct monetary out-of-pocket costs; (2) pain, suffering, and fear of injury; and (3) risk of death.

There is a paucity of research on the cost of mental health care and the use of mental health care by victims of crime. It is estimated that between 3.1 and 4.7 million individuals received mental health care in 1997 as a result of crime, and victims comprise approximately 25% of the client population utilizing mental health care (Cohen,
Helping Victims of Violent Crime

1998). The National Crime Victims Survey addresses issues regarding physical and medical expenses, but it does not address the mental health costs of victims (Freedy, Resnick, Kilpatrick, Dansky, & Tidwell, 1994).

Research findings indicate that individuals are at higher risk of developing emotional and physical problems when they have been victims of violence (Resnick, 1997). Resnick found that physical injuries as a result of crime may lead to heart attacks, fractures, sexually transmitted diseases, chronic infection, and systemic disorders. Violence can often result in an impairment of physical functioning and may result in an increased use of unhealthy behaviors (smoking, drinking, lack of sleep). The medical costs of treatment of victims are 2.5 times as great as that of nonvictims (Resnick, 1997).

**EMOTIONAL, PHYSICAL, FINANCIAL, AND SPIRITUAL IMPACT**

Through research and media attention, both social scientists and the general public have begun to realize the emotional and psychological effects of crime on victims (Roberts, 1990; Green et al., 2005). In a study by Kilpatrick, Edwards, and Seymour (1992) examining post-traumatic stress disorder (PTSD) in rape victims and in the general population, 31% of the rape victims were found to have posttraumatic stress disorder, whereas only 5% of the women in the study who were not victims of a crime experienced PTSD symptoms. In a similar vein, 30% of the rape victims experienced major depression, whereas only 10% of the women who were not victims experienced major depression.

Victims of violent and nonviolent crime often experience emotional turmoil following the crime. Bard and Sangrey (1986) state:

They may have trouble understanding their own intense feelings—waves of guilt or shame or rage or fear. Victims may be unable to handle uncertainty, frustration, unfamiliar situations, and rude strangers as well as other sources of anxiety outside of themselves. In this state of heightened vulnerability, they must cope not only with their everyday lives but also [with] a whole new set of problems created by the victimization. Ironically, victims have to deal with these new difficulties at precisely the time when they are least well equipped to do so. (p. 106)
Numerous studies have shown that victims of rape suffer from psychological and emotional difficulties including depression, anxiety, and PTSD. Green et al. (2005) found that individual differences of victims prior to the crime event could not account for individual differences in the effects of crime. They found similar psychological distress across victim types. Rando (1993) suggested that factors such as violence, suddenness, unexpectedness, and randomness of the violent crime, coupled with the anger of the victim, may place victims at risk for complicated grief. Shock, disbelief, numbness, changes in appetite or sleeping patterns, difficulty concentrating, confusion, anger, fear, and anxiety are all symptoms of complicated grief (Redmond, 1989). Complicated grief reactions may persist for many years and include experiencing and re-experiencing feelings of loss, anger, self-blame, guilt, and isolation. Complicated grief may become major depression if not treated properly, and it may result in PTSD. Victims of violent crime may suffer undiagnosed PTSD for many years, at great cost to their health and to the health care system (Kilpatrick & Falsetti, 1994). Resick (1988) found that lifetime prevalence of PTSD was significantly higher among victims of violent crime (25.8%) than among those who were victims of other traumatic events (9.4%).

Among the traumatic losses that may occur when one is the victim of a crime is a crisis in faith and a questioning of spirituality (Green & Pomeroy, 2007). In the death of a child, parents can become angry and question why an innocent child was taken. A woman who is the victim of a rape may question her faith in a higher power as a protector. There are feelings of betrayal, as can be seen by the response of a religious woman who faithfully said the rosary to protect her and her family in the midst of danger. Her husband was murdered, and now she finds it difficult to say the rosary as she feels betrayed by God. Victims who have lost a loved one may find it difficult to return to church without reliving the funeral (Johnson, 1997).

Another issue for victims may be that their rabbi, priest, or other religious leader, in an effort to provide support, tells them about the importance and necessity of forgiveness. These types of statements can be very distressing and can lead to the development of anger and rage. Janoff-Bulman (1992) states that people often operate on the basis of the underlying assumptions about the way the world is and why things happen. She further explained that when these assumptions are challenged, as they often are following a crime, the victim is left with no sense of control, often resulting in anger and rage. There is a paucity
of research surrounding the spiritual effects on victims of crime. However, victims universally expressed a need for support from organized religious institutions.

There is an increasing amount of diversity in the United States, and victims’ service providers recognize the need for culturally specific responses to the needs of victims of crime. Ogawa (1990) states: “The effectiveness of counseling for minority victims of crime can only derive from the cultural appropriateness of the treatment being offered. There must be a correspondence between how the victim identifies the most important aspects of a crime’s impact and how these are addressed” (p. 253). Several issues should be considered: the role of the family, community values, gender roles, death perceptions and attitudes, migration and immigration experiences, religious and spiritual beliefs, education and employment, language, and level of assimilation (National Organization for Victims Assistance, 1998). African Americans represent the largest group of individuals to be victims of crime. They tend to have strong family ties and, as such, address issues within the family more often (Whitaker, 1990). Many Latinos do not speak English and have suffered oppression as immigrants. Furthermore, Catholicism is their predominant religion, and some of their cultural traits are extended family, silence, and avoidance of eye contact (Bastian, 1990). Asian Americans are usually taught to be task-oriented and therefore the therapy sessions should occur over a brief time period with specific tasks and concrete goals (Ogawa, 1990). While these are generalizations regarding minority cultures, it is important for service providers to become culturally competent and aware of social diversity in the provision of services to victims of crime.

SYSTEMS THEORETICAL FRAMEWORK

There are many deleterious effects that the impact of crime can have on its victims. In an attempt to move away from the victim-blaming perspective, this handbook will use systems theory, the holistic notion of examining the client in his or her environment. Coping, crisis, and attribution theories utilized under the metatheory of systems theory provide a good framework for victim-centered intervention (Green et al., 2005). It pertains to those victims who may be adequately coping with the stressful situation but may also need information and support in order to reduce the psychological distress and increase the overall well-being that they are experiencing at the time.
**Systems Theory**

Systems theory emphasizes the interconnections of events and the bidirectionality of effects between organism and environment. A systems theory perspective views human development from a person-in-environment context, emphasizing the principle that all growth and development take place within the context of relationships.

The basic assumption of systems theory focuses on homeostasis. A crime event causes a change in homeostasis and often results in disequilibrium. The victim’s focus at this point is to regain equilibrium. The victim attempts to accomplish this through appraising the situation and choosing coping strategies. General systems theory finds its roots in the works of Von Bertalanffy (1968). Although his scientific study was based in physical science, he drew many of systems theory’s concepts from philosophy, psychology, and neurophysiology. One of the first social workers to implement systems theory in practice was Carol Meyer (1970). She used systems theory within a transactional framework. From her perspective, the environmental system and personal system of victims of violent crime need to be taken into account in the victimization equation, and support systems (formal and informal) need to be investigated. The theory postulates that some forms of coping may be affected by the personal systems and the environmental systems (i.e., age, gender, and ethnicity) and that these systems account for certain appraisals in particular ways. It should also be recognized that coping and appraisal, especially when emotion-focused, are often so closely related that it is difficult to separate them.

**Stress and Coping**

“When a person faces an obstacle to important life goals, for a time, insurmountable through the use of customary methods of problem solving, a period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made” (Collins, 1978, p. 14).

An unexpected crime event often causes disequilibrium. If disequilibrium occurs, as described earlier, tension and discomfort are felt, resulting in feelings of anger, fear, anxiety, and depression. Coping is typically defined as “efforts to manage demands that tax or exceed our resources” (Folkman, 1997, p. 1107). In a stressful life situation such as when a crime occurs, an individual’s emotional health may depend on the coping strategies used. Stress and coping theories posit that three factors
determine the state of balance: (1) perception of the event; (2) available situational support; and (3) coping mechanisms (Collins, 1978).

Folkman and Lazarus (1988) have identified perception as a key in understanding the stress process. The victim’s perception of the event and his or her ensuing assessment are necessary components to understanding the stress-coping process. Situational support includes formal and informal social support, emotional support, and tangible support. Social support has been shown to have strong positive effects on positive outcomes of stressful situations (Green & Pomeroy, 2007). In the stress buffer model (Cassel, 1976; Cobb, 1976), those individuals with strong social support are affected in a more favorable way than those with weak social support.

A cognitive paradigm is widely used in analyzing emotions within the stress-coping continuum. The basic assumption is that a stressful situation is interpreted or appraised by individuals, which results in their emotional experience (Berkowitz, 1993). Lazarus and Folkman (1984) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 1108). Their transactional model of coping includes problem-focused and emotion-focused functions and asserts that an individual’s beliefs and appraisals play a key role in the coping process and recovery. Emotion-focused coping relates to activities aimed at controlling the emotional impact of the event, such as feelings of fear, anger, and sadness (Winkel & Vrij, 1995). The main issue with emotion-focused coping is how to manage these emotions and thus limit the negative psychological distress levels. Emotion-focused responses are aimed at regulating emotional distress. The problem-focused responses are aimed at altering person-environment relationships.

In a study conducted by Strentz and Auebach (1988), emotion-focused and problem-focused coping strategies were evaluated regarding the degree to which captivity was perceived as stressful. They found that individuals with emotion-focused strategies reported lower levels of anxiety and emotional distress levels. They further found that individuals with external locus of control used more emotion-focused coping. However, those individuals with external locus of control who used problem-focused coping strategies responded the most poorly on all of their measures.

Several researchers identify a coping model that expands on Lazarus and Folkman’s transactional model (Green et al., 2005; Billings & Moos,
Victims of Violent Crime: An Introduction

Endler and Parker (1990) divide avoidance into two components: social diversion (seeking out others) and distraction (engaging in an alternative task). From their perspective, avoidance (social diversion) is directly linked to social support. Social support, such as emotional, tangible, formal, informal, and informational support, has been widely established to decrease stress.

Most stress and coping theories focus on the “unidirectional causal pattern in which emotion affects coping both by motivating it and impeding it” (Folkman, 1997, p. 1108). In an attempt to understand the complex nature of the coping process, Susan Folkman conducted a longitudinal study of caregivers of men who are infected with AIDS and examined both positive and negative psychological states as a result of certain coping strategies. She demonstrated how distress, social support, and coping interface in the stress process by recognizing both individual and environmental factors. She further adds a cognitive appraisal component, and considers costs and benefits in the overall distress process. Her findings resulted in a proposed modification to the original Lazarus and Folkman transaction coping theory to include positive outcomes. These results support the research indicating that particular coping strategies have been shown to either assist or impede the mental and physical health status and recovery of victims (Endler & Parker, 1990).

CRISIS AND ATTRIBUTION THEORIES: HOW VICTIMS EXPERIENCE THEIR VICTIMIZATION

Crisis Theory

Crisis theory has its roots in stress theory, psychodynamic theory, and learning theory (Roberts, 2005). For some time, it has been debated as to whether crisis theory is indeed a theory, or whether it is rather a model or intervention. This book takes a theoretical approach that may translate into crisis intervention for victims. In order to understand the basis upon which this book considers crisis theory as a theory, crisis and theory must be defined. First, Roberts (2005) defines crisis as

1. perceiving a precipitating event as being meaningful and threatening
2. appearing unable to modify or lessen the impact of stressful events with the traditional coping methods
3. experiencing increased fear, tension, and/or confusion
4. exhibiting a high level of subjective discomfort
5. proceeding rapidly to an active state of crisis—a state of disequilibrium

Second, theory is defined as:

A set of interrelated constructs (concepts), definitions, and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining and predicting the phenomena. (Kerlinger, 1986, p. 9)

Turner (1996) states the following with regard to using theory in practice intervention:

When the practitioner looks at theory, the goal is to develop and refine an intellectual structure by which the complex array of facts encountered in practice can be understood, so that the nature of the intervention can be deduced and the effects of such intervention predicted. The clinician’s principal interest is in the utility of theory: What can it tell me about the situation that will permit me to act effectively? (p. 4)

Crisis theory offers a framework to understand a victim’s response to a crime. The basic assumption of crisis theory asserts that when a crisis occurs, people respond with a fairly predictable physical and emotional pattern (Roberts, 2005). The intensity and manifestation of this pattern may vary from individual to individual. The initial physical response includes the inability to move accompanied by emotional responses of numbness, denial, and disbelief. This stage typically ends rapidly and results in a fight-or-flight response. In preparation for danger, the body accelerates heartbeat, adrenaline begins pumping into the system, and emotions begin to burst forth, including fear, anger and rage, confusion, and so forth. After some time, the exhausted body rests, and the mind begins the process of emotional restructuring (Turner, 1996).

The victim of a violent crime often enters a crisis following the crime event. The initial state of the victim is that of disequilibrium. The actual state of active disequilibrium is time limited, typically lasting from 4–6 weeks (Turner, 1996).
In addition to the disequilibrium experienced, loss is often the result of a crisis situation. People live their lives on certain assumptions, which provide a grounding to help them make sense of the world around them. When a crime occurs, these assumptions are shattered (Janoff-Bulman, 1979). These losses may include the loss of a sense of control, loss of trust in God, loss of a sense of fairness, loss of security, guilt, and a sense of helplessness. A victim whose family member has been murdered may feel responsible for not protecting the victim, may question his or her faith, and may have lost the safety of his or her own home. The appraisal of these losses results in certain coping responses, which in turn either impede or assist in the recovery process of victims, which is directly linked to the following stress and coping model. Choice of coping strategy is expected to influence the emotional outcome of the victim. Individuals choosing a problem-focused coping strategy attempt to regain their equilibrium by problem solving, seeking direct information, and taking direct action, and often regaining a sense of control and equilibrium to their life (Green et al., 2005). From this perspective, victims may emerge from a crisis with new coping skills, stronger social support, and stronger well-being.

**Attribution Theory**

Attribution theory asserts that individuals make cognitive appraisals of a stressful situation in both positive and negative ways. These appraisals are based on the individual’s assertion that they can understand, predict, and control circumstances, and they result in the victim’s assignment of responsibility for solving or helping with problems that have arisen from the crime event. Thus, there are internal and external attributions of the cause of the victim’s current problems and concerns. Attribution style is often considered as a regulating factor for problem-focused or emotion-focused coping with criminal victimization (Perloff, 1983; Peterson, Semmel, Abramson, Metalsky, & Seligman, 1982).

There are two conflicting models reflected in the literature. The Janoff-Bulman model (1979) asserts that more successful coping processes are characterized by internal attributions. This model posits that internal attribution works to increase the victim’s sense of control and thus decreases the victim’s sense of fear, resulting in more successful coping. Janoff-Bulman and Frieze (1983) state the following:

> Interestingly, self-blame can be functional following victimization, particularly if it involves attributions of one’s behavior rather than one’s enduring
personality characteristics. Behavioral self blame involves attributions to a controllable and modifiable source, and thus provides the victim with a belief in the future ability to avoid re-victimization. Victims can maintain a belief in personal control over future misfortunes. Characterological attributions are associated with depression and helplessness. Behavioral self blame, then, can help a victim re-establish not only a view of the world as orderly and comprehensible, but also a view of oneself as relatively invulnerable. (p. 54)

Conversely, the Abramson, Metalsky, and Alloy (1989) model asserts that internal attributions are damaging. This model posits that by utilizing external attributions for crimes, people will guard their self-esteem. They further assert that positive self-esteem enhances adjustment. In an attempt to understand these two opposing models, Winkel and Vrij (1993) examined the relation between external behavior and character attributions and several fear responses of burglary victims. Their results did not suggest that external attributers adjusted best, but rather suggested that they were least successful using the emotion-focused coping style. Victims with external attributions experienced higher levels of fear. Their study did, however, support the Janoff-Bulman model. Those victims with internal attributions, and as Janoff-Bulman specifically asserts, those with behavior attributions, were more successful in coping.

Most of the literature on internal attributions has focused on post-rape adjustment (Katz & Burt, 1988; McCaul, Veltum, Boyechko, & Crawford, 1990). Little research could be found dealing with internal attribution in various violent and nonviolent crime victim samples.

In this book, attribution refers to explanation of and perceptions about the cause of the crime and the cause of the experiences within the criminal justice system that potentially revictimizes the victim. The importance of cognition is easily seen when similar crimes result in differing interpretations from various victims. Victims of crime have significantly different experiences in the initial aftermath of the crime event (Green & Pomeroy, 2007). Victims may learn to attribute greater personal control over their behaviors and see possibilities for them to be change agents in their individual case and in the victims’ movement. Self-efficacy is embedded within this perspective in Bandura’s (1977) learning theory. Bandura states: “Expectations of personal efficacy determine whether coping behavior will be initiated,
how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences” (p.191). In this sense, self-efficacy is a mediating variable to be considered in the change process and recovery for victims. Additionally, attribution theory is utilized in the victimization coping process to explain seeking social support networks.

**SUMMARY OF THEORETICAL FRAMEWORK**

The main function of coping strategies is to provide psychosocial adaptation in crisis situations (Green et al., 2005; Green & Pomeroy, 2007; Lazarus & Folkman, 1984; Moos & Schafer, 1993). Victims of crime encounter many challenges to their existing repertoire of coping strategies and equilibrium of self. Individuals often emerge from crisis or stressful situations with new coping strategies resulting in better subjective well-being. It is assumed that the individual chooses specific coping strategies based on the crime event and the ensuing appraisal and initial levels of distress (Green et al., 2005).

In essence, there are two ways of viewing the coping process from an interindividual and intraindividual approach to coping (Endler & Parker, 1990; Endler, Parker & Summerfeldt, 1993). The interindividual perspective involves the identification of basic coping styles used by individuals across stressful situations. From the intraindividual perspective, one is interested in specific situations that are stressful and “assumes that individuals have a repertoire of coping options available to them from which they can build what they believe to be the most effective strategy, depending on the nature of the situation” (Cox & Ferguson, 1991, p. 20).

Conceptual and theoretical approaches to the victimization process are particularly relevant to victim service providers. In summary, these four theories can delineate a definite model for approach to the victimization process. Systems theory takes into account both individuals and environmental factors and the interaction between the two. The overarching systems theoretical framework draws from the transactional stress and coping model and attribution model. Coping theory exemplifies the relationship of coping and social support in the transactional process by taking into consideration the individual and the environmental perspectives. Attribution theory demonstrates the help-seeking behavior
and choices of coping strategies and possible negative effects of the social support systems. Finally, the framework combines the previously mentioned theories with crisis theory, which recognizes the immediate crisis stage in the future development of either positive or negative appraisals. It is from this theoretical framework that this book approaches an examination of interventions with a fuller understanding of the victimization recovery process.