

Victim Services Needs Assessment:

A Study of Victim Services in the Community

by Dan Petersen and Thomas Underwood

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This research was funded by Washburn University, the Shawnee County Medical Society, the Shawnee County Medical Society Alliance, and Target.

Assessment of Practitioner Perspectives

Three focus groups were conducted in order to determine practitioner perspective regarding the availability services for crime victims in the Topeka/Shawnee County, Kansas area. One focus group consisted of practitioners from criminal justice, one from practitioners from social services organizations, and another from the advocacy center steering committee. The reports from all three focus groups identify different issues and needs. Some of the differences between practitioners from the criminal justice system and from social services are significant.

Each focus group was run by a Washburn University faculty or staff with expertise in group facilitation. As the facilitator discussed issues with the group, a cohort documented the responses. Three general areas were presented for discussion:

1. Identification of services currently provided for crime victims and an assessment of the effectiveness and efficiency of the services.
2. Identification of the gaps in these services, the impediments to provide services, and characteristics that keep things from being more effective.
3. Discussion of "ideal" victim services in the community and how the ideal services can these be accomplished.

Service Gaps

The potential for a victim to get lost in the process of services and criminal justice response was a consistent issue identified. There is no single point of contact to ensure that a victim gets needed services and understands the process, rights, and resources.

There is a lack of resources for special needs victims. The elderly, the disabled, and victims of certain categories face barriers to services. For example, males over age fifteen cannot stay at the Battered Women's shelter and a parent may be unwilling to separate the family.

Substance abuse was identified as a theme that needs to be addressed for victims and offenders. There is a lack of resources for the needs at all levels - outpatient as well as inpatient. This lack may be due to location, space availability, and cost.

Community information and awareness was identified. People do not know how to access existing services and the community needs to be aware of the issues and causes of crime and victimization.

Finally, one of the most significant gaps identified was lack of congruency within an area as well as between agencies. Attitudes range from extreme victim blaming to just as extreme victim defending. Assuming the goal of comprehensive victim services that are effective and responsive to needs, a collaborative "team" effort by practitioners and service organizations is needed. The existing professional environment in this community, however, is not wholly supportive of this effort.

Ideal Services

Centralized service delivery was identified in two of these groups. This refers to a physical location that provides comprehensive essential services that is readily available to the public. This would not only improve collaboration but would make the experience for the victim much less stressful. In addition, increased shelter services that are family based also are needed.

Education of practitioners regarding victim issues and organizational resources was identified as a need. This includes cross-training between all agencies. This would also address, at least in part, the divergent philosophies between service providers. It may also lend greater understanding as to how decisions are made by certain agencies, such as the decision to prosecute.

Assessment of Victim Perception

A phone survey of crime victims was conducted to explore victim perceptions of the services actually received. The phone survey was conducted by Washburn students who used a scripted interview. Since crime victimization is a process that is often protracted, there was a need to access victims whose victimization had occurred a different times. Names and phone numbers of crime victims from 1997 through 1999 were provided by the Topeka Police Department, the YWCA Battered Womens Task Force, the SANE/SART program, and CASA. Except for the police department lists, which are public record, the victims were first contacted by the referring agency to advise of the nature of the research and to obtain permission. Most of the names called were obtained from the police department.

Over the course of a three week period, forty individuals were interviewed. The offenses represented by the victims included theft, residential burglary, assault, domestic assault, and rape. Twenty-two of the respondents were female and eighteen were males.

- All but one of the cases were reported to law enforcement. Respondents were generally satisfied with law enforcement though victims of assault tended to have less favorable attitudes than others. In most cases law enforcement did not provide any resource information to the victims, they did not make referrals to other services, and they did not provide any follow-up to the victim. Of the thirty-one respondents who reported that there was not any follow-up, fifteen stated that they would have liked to have been contacted for follow-up.

- Only seven of the respondents accessed emergency health care. Overall assessment of emergency health care was very good. Resource information was provided in most cases though most did not receive any follow-up contact.

- Only about a third of the cases accessed social services of any kind. The overall rating of social services was very good. Follow-up contacts were made in about half of the cases. Of those not contacted, all indicated that they would have liked to have received follow-up contact.

- Fourteen percent of the cases reported accessing mental health services. Mostly the report was good to very good though there was a rating of very poor across the board. Over half of those who accessed mental health services noted that there were restrictions to services. Of those, the majority indicated that the restrictions limited their access.

- Only one of the respondents accessed non-emergency health care services.

- About a third of the respondents were contacted by the prosecutor's office. Of those cases where there was a conviction, most were the result of a plea negotiation. Of those cases, forty-three percent

were not consulted prior to the plea. For those who were consulted, the outcomes were consistent with the victims' wishes. Most respondents reported no follow-up by the prosecutor's office though eighty percent of those not contacted would have liked to have been. A third of the respondents reported restrictions of the prosecutor's office that limited access.

- Responses regarding the judiciary were generally positive. Marginal areas were in regards to ease of completing a victim impact statement and satisfaction of outcomes.

- Only one person was receiving victim's compensation. About forty percent received insurance compensation.

Respondents reported on the overall impact of the crime physically, financially, socially, and emotionally. One theft victim reported feeling uncomfortable around African-American males; another reported being "more suspicious of people." A burglary victim reported that he installed a security system in the home due to the victimization; another reported to feeling vulnerable; and another said that they felt scared "to stay home alone." A domestic violence victim reported a physical impact of a broken nose, another a cracked skull; financially, domestic violence victims reported losses, such as no income for three weeks, loss of employment, and an \$800 doctor bill; social implications include being humiliated and embarrassed when friends found out and being leery of people; emotional impact included severe depression. Sexual assault victims reported being "scared to get to know anyone very well..."; emotional impact included feeling that the person may not ever get over the traumatic event and that the current sexual relationship has been affected. Finally, regarding assault, one victim reported getting "spooked easily"; another of being scared because did not think that this could happen to them.

Assessment of Services

The organizational aspect of the research collected information regarding existing services, usage of services, and gaps in services from various service organizations in the community. The surveys intended to provide definition of the victims served, define types of services to victims, determine utilization of services, estimated the number of victims not served, describe exclusionary restrictions, describe service limitations, and describe ideal services.

Surveys were mailed out to administrators and managers from a variety of service agencies, including mental health, social services, emergency services, schools, substance abuse programs, law enforcement, community offender supervision services, health care, judicial, and legal services. Multiple surveys were sent to some of the larger agencies, especially those with specialty departments. Of the seventy-one (72) surveys that were mailed to thirty-two agencies, twenty-five (25) were returned for an overall return rate of 35%.

The agencies can be categorized into six (6) types: victim services, justice system, schools, health care, mental health / substance abuse, and financial. Table 1 shows the distribution and responses of the agencies.

Table 1: Survey Distribution and Return

Victim

Services

Justice

System

Schools

Health Care

M H / S A

Financial

TOTAL

No. of Agencies Received Survey Range of Surveys per Agency No. of Surveys Distributed No. of Responses

8 1-5 14 4

7 1-6 34 9

1 6 6 2

4 1-2 6 3

11 1-2 11 6

1 1 1 1

32 --- 72 25

Types of Crime Victims

Nothing significant was discovered from this first area. That is, there is nothing from the cumulative response that suggests that there is a major gap in the types of crime victims served. Restrictions that were noted were typically for certain characteristics, such as those with chemical dependency problems, or children. As expected, victims of violent crime were more likely to have been identified as the focused clientele.

Services/Supports

A range of services was provided for respondents to indicate whether the agency provided any level of service. These services were identified and defined as:

- Investigative (Inv) - gathering of physical evidence and/or accounts from victims and witnesses
- Resource Information (RI) - providing information about social, health care, mental health, legal, financial and other services

- Crisis Intervention (CI) - emergency short-term response activated for victim protection; physical and psychological first-aid; debriefing
- Medical (Med) - non-crisis health care and treatment for recovery from injuries associated with the crime
- Counseling (Cn) - non-crisis mental health care for recovery from trauma associated with the crime
- Case Advocacy (CA) - actual assistance in securing social, health care, mental health, legal, financial, and other services
- Financial Reparation (FR) - providing or coordinating funds available to crime victims
- Environmental Support (ES) - provision of emergency or short-term accommodations (food, lodging)
- Prosecution (Prs) - activities associated with the goal of offender conviction

Table 2 shows the responses per agency types for each of these functions.

Table 2: Agency Functions

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

TOTAL

Inv RI CI Md Cn CA FR ES Prs

2 4 3 1 1 4 2 3 1

7 8 8 0 1 5 2 1 4

1 2 2 1 1 2 0 1 0

3 3 3 4 3 1 2 1 0

1 3 2 1 6 3 1 1 1

0 0 0 0 0 0 1 0 0

14 20 18 7 12 15 8 7 6

Agencies were asked whether any follow-up services were provided to crime victims. The method of follow-up was listed per one of three ways: face-to-face, phone, and mail. The agency was also asked to estimate what percentage of clients actually received follow-up services. Table 3 shows the reported follow-up activities per agency type.

Numbers Served

This area netted very inconsistent data due to the variety of ways in which cases are counted and tracked. Justice agencies, for example, typically reported that data based on crime victim status was not collected.

Table 3: Agency Follow-Up

Victim

Services

Justice

System

Schools

Health Care

Mental

Health /

Substance

Abuse

Financial

Follow-Up Services Provided Methods:

Face-to-Face

Phone

Mail Average Time of Follow-Up Percentage Receiving Follow-Up

- 3 Yes

- 1 No - 2 F-to-F

- 2 Phone

- 1 Mail - 18-24 mo.

- unlimited - 100%

- 10-15%

- 5 Yes

- 4 No - 4 F-to-F

- 5 Phone

- 3 Mail - 3 mo.

- as reqstd. - 50%

- 100%

- 1 Yes

- 1 No - 1 F-to-F Unknown - minimal

- 1 Yes

- 2 No - 1 F-to-F

- 1 Phone Unknown Unknown

- 5 Yes

- 1 No - 3 F-to-F

- 3 Phone

- 2 Mail
- 2 hrs
- 1 week
- unlimited - 10%
- 90%
- 100%

- 1 Yes Unkown - indefinite, or until \$25,000 has run out Unkown

Secondary Victims

Agencies were asked whether services were provided to secondary (that is, not direct) victims. Secondary victims can be generally classified into two levels: (1) individual includes parent, child, sibling, and friend, (2) group includes small group, such as work or classroom, neighborhood, and community. Table 4 shows the distribution of agency responses per type of secondary victim served.

Table 4: Service to Secondary Victims

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

Prnt Chld Sblg Frnd Grp Ngh Com

x x x x x x

x x x x x x

x x x x x x

x

x x x x x x

x x x

Victim service agencies described services to individual secondary victims as support services and basic provisions and safety/prevention education for group levels. The justice system responses focused on counseling and resource referrals for individual secondary victims and service programs, such as Neighborhood Watch Programs, for group level secondary victims. An additional comment regarding group secondary victims by a justice system representative, "In a sense, prosecuting cases provides

safety/preventative relief for community, neighbors, etc." Mental health and substance abuse responses predictably focused on counseling and crisis support at all levels. Financial support given to individual secondary victims in terms of grief counseling.

Service Limitations

Respondents were asked to assess whether there were any policy or resource restrictions in their particular agencies or program area that prevented the delivery of services. Though not all agencies reported limitations each category did note restrictions that limit services. Most of the types of limitations were those imposed by third parties, such as insurance companies, or by program limits, such as length of program.

Justice agency responses suggested a lack of resources to address all cases fully especially if the crime has scant evidence, is not a high priority, or if the victim is uncooperative or has continued association with an offender. In spite of these conditions, it was noted that very few victims are not served sufficiently.

Service Exclusions

Service exclusion refers to the existence of an organizational policy that excludes a certain type of victim. Most responses indicated that there were not any exclusions though it was noted by some mental health/substance abuse agencies that the services provided were for adults only.

Other Agency Interactions

Respondents were asked to comment problem areas in regards to other agencies in which they interact that may create impediments or barriers to services. A wide variety of responses were offered in this area.

School and mental health/substance abuse respondents noted that confidentiality was an issue. As agencies cannot discuss a case without a release of information, there is often a lack of information in the provision of service. This requirement at time impedes the collaborative work between agencies. One respondent from a mental health/substance abuse service noted that the biggest barrier is the lack of information about other services. Similarly, a health care respondent noted impaired communication.

Most justice agency responses were highly complimentary of other service agencies. The only comment that warrants note is the complaint that "support agencies that want to make and/or lobby victims to make legal judgments and assess legal strategies on matters they're unqualified to make - in other words, agencies that exceed their areas of expertise and mission."

Victim service respondents did not respond to this question.

Professional Education/Training

Organizations were asked to identify the extent of participation and type of professional education programs/training per year. Table 5 notes the responses regarding hours of professional education required for direct service staff per year by category of organization.

Table 5: Professional Education Requirements

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

No Rqrmt 1-5 Hours 6-10 Hours 11-20 Hours 21-40 Hours 41 Plus

2 1

3 3 2 1

1

1 1 1

2 1 1 2

1

Respondents were asked to assess of the hours attended, how many were directly related to victim services, such as trauma assessment or victim compensation. The only response for a victim service agency was an estimate of 10 hours. The justice system responses ranged from 0, less than 4, half, and all. Mental health/substance abuse respondents reported a range from none to a fourth.

Assessment

The effects of crime victimization are multi-facted. The purpose of this area was to gauge the extent in which providers can identify problem areas for appropriate referral or intervention. Respondents were asked to assess the extent in which they believed the agency or program is equipped to assess needs regarding substance abuse, mental illness, medical issues, and legal issues. Table 6 - 9 shows the responses for these areas per each agency classification.

Table 6: Organizational Competence to Assess Substance Abuse

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

Poor Fair Good Very

Good NA

1 1 1 1

1 1 1 4 3

1 1

1 3

1 1 3 1

1

Table 7: Organizational Competence to Assess Mental Abuse

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

Poor Fair Good Very

Good NA

1 2 1

1 1 3 2 3

2

1 1 1 1

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- Only seven of the respondents accessed emergency health care. Overall assessment of emergency health care was very good. Resource information was provided in most cases though most did not receive any follow-up contact.
- Only about a third of the cases accessed social services of any kind. The overall rating of social services was very good. Follow-up contacts were made in about half of the cases. Of those not contacted, all indicated that they would have liked to have received follow-up contact.
- Fourteen percent of the cases reported accessing mental health services. Mostly the report was good to very good though there was a rating of very poor across the board. Over half of those who accessed mental health services noted that there were restrictions to services. Of those, the majority indicated that the restrictions limited their access.
- Only one of the respondents accessed non-emergency health care services.
- About a third of the respondents were contacted by the prosecutor's office. Of those cases where there was a conviction, most were the result of a plea negotiation. Of those cases, forty-three percent were not consulted prior to the plea. For those who were consulted, the outcomes were consistent with the victims' wishes. Most respondents reported no follow-up by the prosecutor's office though eighty percent of those not contacted would have liked to have been. A third of the respondents reported restrictions of the prosecutor's office that limited access.
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The agencies can be categorized into six (6) types: victim services, justice system, schools, health care, mental health / substance abuse, and financial. Table 1 shows the distribution and responses of the agencies.

Table 1: Survey Distribution and Return

	No. of Agencies Received Survey	Range of Surveys per Agency	No. of Surveys Distributed	No. of Responses
Victim Services	8	1-5	14	4
Justice				

System	7	1-6	34	9
Schools	1	6	6	2
Health Care	4	1-2	6	3
M H / S A	11	1-2	11	6
Financial	1	1	1	1
TOTAL	32	---	72	25

Types of Crime Victims

Nothing significant was discovered from this first area. That is, there is nothing from the cumulative response that suggests that there is a major gap in the types of crime victims served. Restrictions that were noted were typically for certain characteristics, such as those with chemical dependency problems, or children. As expected, victims of violent crime were more likely to have been identified as the focused clientele.

Services/Supports

A range of services was provided for respondents to indicate whether the agency provided any level of service. These services were identified and defined as:

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- Medical (Med) - non-crisis health care and treatment for recovery from injuries associated with the crime
- Counseling (Cn) - non-crisis mental health care for recovery from trauma associated with the crime
- Case Advocacy (CA) - actual assistance in securing social, health care, mental health, legal, financial, and other services
- Financial Reparation (FR) - providing or coordinating funds available to crime victims

- Environmental Support (ES) - provision of emergency or short-term accommodations (food, lodging)
- Prosecution (Prs) - activities associated with the goal of offender conviction

Table 2 shows the responses per agency types for each of these functions.

Table 2: Agency Functions

	Inv	RI	CI	Md	Cn	CA	FR	ES	Prs
Victim Services	2	4	3	1	1	4	2	3	1
Justice System	7	8	8	0	1	5	2	1	4
Schools	1	2	2	1	1	2	0	1	0
Health Care	3	3	3	4	3	1	2	1	0
MH / SA	1	3	2	1	6	3	1	1	1
Financial	0	0	0	0	0	0	1	0	0
TOTAL	14	20	18	7	12	15	8	7	6

Agencies were asked whether any follow-up services were provided to crime victims. The method of follow-up was listed per one of three ways: face-to-face, phone, and mail. The agency was also asked to estimate what percentage of clients actually received follow-up services. Table 3 shows the reported follow-up activities per agency type.

Numbers Served

This area netted very inconsistent data due to the variety of ways in which cases are counted and tracked. Justice agencies, for example, typically reported that data based on crime victim status was not collected.

Table 3: Agency Follow-Up

		Methods:			
		Follow-Up Services Provided	Face-to-Face Phone Mail	Average Time of Follow-Up	Percentage Receiving Follow-Up
Victim Services	- 3 Yes	- 2 F-to-F	- 18-24 mo.	- 100%	
	- 1 No	- 2 Phone - 1 Mail	- unlimited	- 10-15%	
Justice System	- 5 Yes	- 4 F-to-F	- 3 mo.	- 50%	
	- 4 No	- 5 Phone - 3 Mail	- as reqstd.	- 100%	
Schools	- 1 Yes	- 1 F-to-F	Unknown	- minimal	
Health Care	- 1 No				
Mental Health / Substance Abuse	- 1 Yes	- 1 F-to-F	Unknown	Unknown	
	- 2 No	- 1 Phone			
Financial	- 5 Yes	- 3 F-to-F	- 2 hrs	- 10%	
	- 1 No	- 3 Phone - 2 Mail	- 1 week - unlimited	- 90% - 100%	
	- 1 Yes	Unkown	- indefinite, or until \$25,000 has run out	Unkown	

Secondary Victims

Agencies were asked whether services were provided to secondary (that is, not direct) victims. Secondary victims can be generally classified into two levels: (1) individual includes parent, child, sibling, and friend, (2) group includes small group, such as work or classroom, neighborhood, and community. Table 4 shows the distribution of agency responses per type of secondary victim served.

Table 4: Service to Secondary Victims

Victim Services	Prnt	Chld	Sblg	Frnd	Grp	Ngh	Com
Victim Services	x	x	x	x	x	x	x
Justice System	x	x	x	x	x	x	x
Schools	x	x	x	x	x	x	x
Health Care							x
MH / SA	x	x	x				
Financial							

Victim service agencies described services to individual secondary victims as support services and basic provisions and safety/prevention education for group levels. The justice system responses focused on counseling and resource referrals for individual secondary victims and service programs, such as Neighborhood Watch Programs, for group level secondary victims. An additional comment regarding group secondary victims by a justice system representative, "In a sense, prosecuting cases provides safety/preventative relief for community, neighbors, etc." Mental health and substance abuse responses predictably focused on counseling and crisis support at all levels. Financial support given to individual secondary victims in terms of grief counseling.

Service Limitations

Respondents were asked to assess whether there were any policy or resource restrictions in their particular agencies or program area that prevented the delivery of services. Though not all agencies reported limitations each category did note restrictions that limit services. Most of the types of limitations were those imposed by third parties, such as insurance companies, or by program limits, such as length of program.

Justice agency responses suggested a lack of resources to address all cases fully especially if the crime has scant evidence, is not a high priority, or if the victim is uncooperative or has continued association with an offender. In spite of these conditions, it was noted that very few victims are not served sufficiently.

Service Exclusions

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Other Agency Interactions

Respondents were asked to comment problem areas in regards to other agencies in which they interact that may create impediments or barriers to services. A wide variety of responses were offered in this area.

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Most justice agency responses were highly complimentary of other service agencies. The only comment that warrants note is the complaint that "support agencies that want to make and/or lobby victims to make legal judgments and assess legal strategies on matters they're unqualified to make - in other words, agencies that exceed their areas of expertise and mission."

Victim service respondents did not respond to this question.

Professional Education/Training

Organizations were asked to identify the extent of participation and type of professional education programs/training per year. Table 5 notes the responses regarding hours of professional education required for direct service staff per year by category of organization.

Table 5: Professional Education Requirements

	No Rqrmt	1-5 Hours	6-10 Hours	11-20 Hours	21-40 Hours	41 Plus
Victim Services	2			1		
Justice System	3			3	2	1
Schools	1					
Health Care			1	1	1	

MH / SA	2	1	1	2
Financial	1			

Respondents were asked to assess of the hours attended, how many were directly related to victim services, such as trauma assessment or victim compensation. The only response for a victim service agency was an estimate of 10 hours. The justice system responses ranged from 0, less than 4, half, and all. Mental health/substance abuse respondents reported a range from none to a fourth.

Assessment

The effects of crime victimization are multi-facted. The purpose of this area was to gauge the extent in which providers can identify problem areas for appropriate referral or intervention. Respondents were asked to assess the extent in which they believed the agency or program is equipped to assess needs regarding substance abuse, mental illness, medical issues, and legal issues. Table 6 - 9 shows the responses for these areas per each agency classification.

Table 6: Organizational Competence to Assess Substance Abuse

Victim Services	Poor	Fair	Good	Very Good	NA
Justice System	1	1	1	4	3
Schools		1	1		
Health Care	1		3		
MH / SA		1	1	3	1
Financial					1

Table 7: Organizational Competence to Assess Mental

Abuse

	Poor	Fair	Good	Very Good	NA
Victim Services		1	2		1
Justice System	1	1	3	2	3
Schools		2			
Health Care	1	1	1	1	
MH / SA				5	1
Financial					1

Table 8: Organizational Competence to Assess Medical Issues

	Poor	Fair	Good	Very Good	NA
Victim Services		1	2		1
Justice System	1	1	4	2	2
Schools		2			
Health Care				4	
MH / SA		3		1	2
					1

Financial

Table 9: Organizational Competence to Assess Legal Issues

	Poor	Fair	Good	Very Good	NA
Victim Services		1		3	
Justice System		1	1	7	1
Schools		2			
Health Care	1	1		1	
MH / SA	2	2		1	1
Financial					1

Ideal Service

Finally, respondents were asked to offer a perspective, discounting issues of funding and politics, on the services they would like to see provided or the populations served. The only recommendation from victim service providers was victim-offender mediation. Justice agency responses included the desire for victim-offender mediation programs; prevention services for the elderly and disabled to in order to thwart abuse, neglect and exploitation; a full-time drug court and substance abuse treatment options; and a full-time domestic violence court backed by a high profile community council that includes judges. One comment suggested that there was no need for improvement as "we do all we can."

One school response was that it is desired that the school be able to serve any student who has been affected by crime or violence. Another noted "This is a most difficult survey to complete. I am in Guidance and Counseling in a public school, dealing with 'crime' is not something which is the highest priority."

Health care responses included the recommendation for all agencies to be under one roof, enabling continuity of care and better communication. Improved counseling and improved follow-up was recommended. It was also emphasized that there should be proof of increased convictions.

The enhancement of existing services was the primary message from victim service respondents. Enhanced services included more outreach, better communication between agencies, accessibility to all residents in the county regardless of ability to pay, mental health care, and increased efforts in primary and secondary prevention.

Discussion

It is important to recognize the limitations of the research. While every attempt was made to gather data from samples of significance, the response rate for all areas was dismal. For example, numerous contacts had to be made to service organizations to get enough people to conduct the focus groups. Further, while the response rate of 35% for the organization written survey is acceptable per research standards, it was far below what was anticipated considering so many of the agencies knew that the survey was being sent and that the survey was being directed to the known entity of Washburn University.

The lack of participation by service providers in these areas may have been due to various reasons. Time away from the job and effort required to complete a rather lengthy survey are real issues for busy practitioners. However, the lack of participation may have also been an indicator of an inertia, or possibly even a distrust, to assess service provision.

The total number of crime victim surveys was also far below what was anticipated. Very few victim surveys were from the agency referrals. This was either because there was not a commitment to identify these key information sources or because the victims they had an association with did not wish to participate. Most of the contact names came from police department public records. A significant number of crime victims did not wish to discuss the victimization with the surveyors.

The methodology chosen to collect the data also needs to be recognized as an impediment to sufficient data. For example, even though all survey questions were reviewed not only by the research team but by practitioners, it is possible that some of the written questions were too vague or ill-defined. In trying to identify service gaps and overlaps, possibly a face-to-face interview of key informants would have resulted in a greater breadth of information and would have allowed for better analysis of the content areas in order to determine where the gaps or impediments exist. Considering the responses offered, it would seem that there are few, if any, service gaps in the community. The decision to conduct a written survey instead of a personal interview was based on resources, efficiency, and the desire for objectivity. In spite of these methodological limitations, the data collected provides an insight into the perspectives of services offered in the community.

It is apparent that there are diverse perceptions about victim services in the community. In general, criminal justice agencies tend to adopt a perception that the services rendered are the best that can be offered considering the resources available and the clientele served. This last condition is possibly the more significant of the two. While lack of resources will always be a problem and often cannot be changed by the service providers or even the organizations, practitioners, and organizations, do have control of attitudes regarding crime victims.

An element of distrust and negative perceptions is weaved throughout the research results. This applies not only between classifications of organizations, such as criminal justice and victim services, but also within these types, such as between one social service agency to the next. The basis of this may be multi-faceted - competition for limited funding, differing philosophies of service, baggage from prior interactions, and so forth.

Probably one of the most important aspects of this study was the survey of crime victims and their perceptions of services. While the majority of organizations reported providing resource information, referral, and follow-up contact to crime victims, a significant portion of crime victims reported that they did not receive these supports from various organizations. Further, most crime victims indicated that they would have liked to have received these supports.

Moving beyond the individual victim, the data suggests that all secondary victims are served by the various organizations. While this is probably true, the data does not reveal to what extent these persons or groups are served, or the extent of outreach that occurs to reach these groups. When an individual is killed, is the work organization offered information and/or support regarding assistance to the surviving members? When a house is burglarized are there efforts to educate the homeowners of the area?

Communication seemed to be the main issue regarding interactions with other agencies. While confidentiality is an issue that may impede efficient delivery of services, it is an important protection that cannot be compromised. However, interagency agreements regarding releases can make the process much smoother. The critical issue regarding communication, it seems, is the differences in ideology. Resentment of others over-stepping their bounds was noted. Communication barriers will continue to exist unless there is a consensus that the provision of services is victim centered, not agency centered.

The evaluation regarding ability to make an assessment of victim needs is another critical finding of the research. It would seem that most service providers are not able to assess needs of crime victims in areas beyond their own area. Considering the diverse needs of crime victims, it is appropriate to have at least a rudimentary understanding of other areas so as to be able to make appropriate referrals. Yet when the aspect of professional education is considered, most organizations indicated that there is not an emphasis on victim issues.

Table 8: Organizational Competence to Assess Medical Issues

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

Poor Fair Good Very

Good NA

1 2 1

1 1 4 2 2

2

4

3 1 2

1

Table 9: Organizational Competence to Assess Legal Issues

Victim

Services

Justice

System

Schools

Health Care

MH / SA

Financial

Poor Fair Good Very

Good NA

1 3

1 1 7 1

2

1 1 1

2 2 1 1

1

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