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Help Seeking Among Victims of Crime: A Review of the Empirical Literature

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Abstract

This paper reviews the literature on help-seeking behavior among adult victims of crime. Specifically, the paper summarizes prevalence rates for formal and informal help seeking and reviews predictors of and barriers to service use following victimization. Research suggests that only a small fraction of crime victims seek help from formal support networks; however, many seek support from informal sources. Several variables are associated with increased likelihood of formal help seeking, although the manner in which these variables affect reporting behavior is not clear. From this review, it is concluded that much remains to be learned regarding patterns of help seeking among victims of crime. Gaps in the literature and directions for future research are discussed.

Crime victimization represents an important public health problem in the United States. Epidemiological data from the Bureau of Justice Statistics' National Crime Victimization Survey indicate that 5.2 million violent crimes (rape/sexual assault, robbery, and physical assault) and 17.5 million property crimes (burglary, theft) were committed against individuals aged 12 and older in 2007 (Rand, 2008). According to data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, roughly 25% of women and 16% of men interviewed in 2005 reported lifetime exposure to at least one form of intimate partner violence (Breiding, Black, & Ryan, 2008). Further, data consistently show that when individuals experience a physical or sexual assault, they are at elevated risk for re-victimization later in life (Classen, Paresh, & Aggarwal, 2005).

Victims of crime are at risk for experiencing a range of psychological problems including posttraumatic stress disorder (PTSD; Bennice, Resick, Mechanic, & Astin, 2003; Hapke, Schumann, Rumpf, John, & Meyer, 2006), depression, (Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Zlotnick, Johnson, & Kohn, 2006), and substance abuse (Gutierrez & Van Puymbroeck, 2006). Further, crime victimization is a common cause of injury and health-related problems among adult men and women (Brickman, Davis, Rabinovich, Cantor, & Shapiro, 2002; Campbell et al., 2002).

Due to the high rates of crime victimization and concomitant mental health and medical problems in the general population, patterns of help seeking among adult crime victims

represent an important area of investigation. Distinctions are commonly made in the help-seeking literature between formal and informal sources of support. Formal helpers include trained professionals, such as law enforcement officials, mental health workers, and physicians. Informal helpers include members of informal social networks, such as family and friends. To our knowledge, no comprehensive review of the help-seeking literature has been published to date. Thus, in this paper, we attempt to synthesize existing data on formal and informal help seeking among victims of crime.

For this review, we limit our focus to help-seeking among crime victims because we believe that crime victimization represents a unique form of traumatic stress. For example, crime victims are the recipients of intentional victimization perpetrated by others, and the perception of intentionality of the criminal act is likely to complicate victims' reactions to their victimization (Janoff-Bulman, 1985). Further, crime victimization has the potential to be redressed by actions taken within the justice system, opening potential avenues for compensation and resolution that are not typically available in other forms of traumatic stress. Thus, we believe that the help-seeking experiences of crime victims are likely to differ in many ways from individuals exposed to other trauma types (e.g., motor vehicle accidents, natural disasters).

Our review begins with a summary of the prevalence rates for help-seeking behavior following crime victimization. Then, using the help-seeking model developed by Andersen (1995) as an organizing framework, we review factors that have been identified as predictors and barriers to formal and informal service use among crime victims. According to the Andersen model, the primary determinants of help-seeking behavior include predisposing characteristics, enabling resources, and need. Predisposing characteristics include individual-level factors (e.g., age, gender, ethnicity, education, income, marital status) that might influence help seeking whenever a need arises. Enabling resources refer to factors at the individual- and community-level that can either facilitate or impede service use (e.g., insurance coverage, transportation, social support, awareness of services). Need refers to an individual's subjective perception of need or to an evaluative need provided by a professional. Here, we attempt to organize our review of the help-seeking literature in the context of these three broad domains.

Literature Search

Several strategies were used to identify the relevant literature. Manuscripts published prior to 2010 were located using descriptor/index term-based searching in PsychINFO, PILOTS, and Medline. The descriptor/index terms chosen included "crime," "rape," "domestic violence," "help-seeking behavior," and "health care utilization" in PsychINFO, "crime," "rape," "assault," and "health care utilization" in PILOTS, and "crime," "rape," "assault," and "domestic violence" in Medline. In addition, free-text searching was used in all three databases using the words "service use" and "reporting behavior" cross referenced with "crime," "rape," "assault," and "domestic violence." The reference lists of relevant articles were reviewed to identify papers that might have been missed in the electronic searches. Preference was given to empirical reports published in peer-reviewed journals. Due to space limitations, qualitative studies were largely excluded. The one exception pertains to our review of the literature on barriers to help-seeking among victims of crime. We were able to locate only a small number of empirical articles on this topic. Therefore, the results from a few qualitative reports are included to provide information on crime victims' thought processes and concerns related to help seeking and service use.

Prevalence

Formal Help Seeking

Research indicates that the utilization of formal support services by victims of crime is relatively low (Campbell, 2008; Davies, Block, & Campbell, 2007; Kaukinen, 2002). According to data from the National Crime Victimization Survey, only 46% of violent crimes were reported to law enforcement in 2007. The type of crime most frequently reported to police was robbery (66%), followed by aggravated assault (57%), rape/sexual assault (42%), and simple assault (41%) (Rand, 2008). Further, among a sample of female victims of “severe” intimate partner violence participating in the Chicago Women's Health Risk Study, only about 43% said that they contacted the police following any of their experiences with assault (Davies et al., 2007).

Studies also indicate that despite the availability of effective interventions for PTSD and related psychological symptoms (Amstadter, McCart, & Ruggiero, 2007), relatively few victims of crime seek help from mental health professionals following a violent event. For example, Prospero and Vohra-Gupta (2008) noted that, among a sample of college students reporting exposure to intimate partner violence, only 16% sought help from a mental health professional. Norris, Kaniasty, and Scheer (1990) reported a similarly low rate of help seeking in their representative sample of property and violent crime victims residing in Kentucky, with only 12% reporting contact with a mental health professional in the first few months post-crime. In another study, Jaycox, Marshall, and Schell (2004) assessed mental health service utilization among a sample of men hospitalized for an injury secondary to community violence. Although approximately 34% of the sample was experiencing elevated levels of PTSD symptoms at a 12-month follow-up assessment, only 15% reported seeking services from a mental health professional in the year following their injury. These low rates of mental health service utilization are concerning given the high rates of psychiatric disturbance that are commonly observed among adult victims of crime, and given the long-term functional impairment that often results from untreated psychiatric problems, particularly PTSD (Amaya-Jackson et al., 1999; Schonfeld et al., 1997).

Health care utilization among victims of crime is also low, despite the likelihood of injury and physical health problems stemming from interpersonal assault. Resnick and colleagues (2000) examined the prevalence of health care utilization following rape in a large representative sample of adult women participating in the National Women's Study (Resnick et al., 1993). Approximately 7% of the sample reported experiencing a rape in adulthood. Of these women, only 26% sought medical care following the incident. In other studies, the rates of health care utilization among victims of crime have been reported to range between 8% and 35% (e.g., El-Khoury et al., 2004; Kaukinen, 2004; Mahoney, 1999).

Informal Help Seeking

In contrast to formal support services, victims of crime are somewhat more likely to seek help from informal sources, such as family and friends (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Dutton, Orloff, & Aguilar Hass, 2000; Naved, Azim, Bhuiya, & Persson, 2006; Ullman, 2007). Kaukinen (2004) noted that, in a large sample of assault victims participating in the National Violence and Threats of Violence Against Women Survey, 52% reported seeking support from family or friends in the previous year. In another study, 42% of college students reported turning to family or friends for support following experiences with intimate partner violence (Prospero & Vohra-Gupta, 2008). Interestingly, when research has explored the perceived satisfaction with support received from various formal and informal support networks, family and friends tend to receive more positive ratings (Becker, Skinner, Abel, Howell, & Bruce, 1982; Campbell, 2008; Popiel &

Susskind, 1985). Informal support has also been linked with better psychological adjustment following rape when compared to support from other sources, including mental health professionals, physicians, and the police (Ullman, 1996).

Predictors of Help Seeking

As noted above, a substantial proportion of crime victims do not seek formal help, despite having problems that suggest that they could benefit from support. As such, increased attention has been devoted to identifying factors that may predict help-seeking behavior. A majority of the research has focused on predictors of help seeking from formal sources, such as law enforcement, mental health, and medical professionals. Far fewer studies have explored predictors of help seeking from informal sources. We review the findings in each of these areas next, using the help-seeking framework specified by Andersen (1995).

Formal Help Seeking

Reporting to law enforcement—Two predisposing characteristics commonly associated with reporting a crime to law enforcement include victim gender and ethnicity. For example, studies suggest that female adults are more likely than male adults to report crimes to police (Catalano, 2006; Kaukinen, 2002). Data also indicate that African American women are more likely to contact police following an incident of rape or domestic violence when compared to female victims from other ethnic groups (Bachman & Coker, 1995; Bachman, 1998; Hollenshead, Dai, Ragsdale, Massey, & Scott, 2006). Patterns of reporting among women become more complicated when characteristics of the victim-offender relationship are taken into account. For example, several studies indicate that women who are victimized by a known offender (e.g., spouse, boyfriend, friend/acquaintance) are much less likely to report the crime to police compared to women victimized by a stranger (Gartner & Macmillan, 1995; Jensen & Karpos, 1993; Kaukinen, 2002; Resnick et al., 2000). However, findings on the effects of victim-offender relationship and police reporting are not uniform (c.f., Bachman, 1998; Felson, Messner, & Hoskin, 1999) and more research is needed to clarify these relationships.

Regarding enabling resources, one empirical study explored whether aspects of the social environment influence the likelihood of police reporting among victims of crime. Davies and colleagues (2007) noted that in their sample of intimate partner violence victims, women who perceived a higher level of social support from family and friends were significantly more likely to contact the police following an incidence of assault.

There also are certain assault characteristics that appear to influence whether a crime is reported to law enforcement, which likely relates to an individual's perceived need for help following victimization. For example, individuals are more likely to contact the police if a weapon is used during the assault (Davies et al., 2007; Gartner & Macmillan, 1995). Adults also appear more likely to contact police when a crime elicits extreme fear and results in physical injury (Resnick et al., 2000). Taken together, these findings suggest that the severity of a criminal event plays a role in victims' decision-making regarding whether or not to pursue help from law enforcement.

Seeking mental health services—Several studies have focused on predictors of mental health service utilization among victims of crime. In reference to predisposing characteristics, female crime victims are more likely than male victims to seek support from a mental health professional (Kaukinen, 2004; New & Berliner, 2000). This is consistent with research on mental health service utilization in general, which shows that women seek psychological treatment at higher rates than men (Bland, Newman, & Orn, 1997). Other predisposing characteristics associated with mental health service utilization include victim

age, ethnicity, marital status, and sexual orientation. For example, older adults have been found to seek higher levels of mental health support following a violent crime compared to their younger counterparts (Jaycox et al., 2004; Lewis et al., 2005; Starzynski, Ullman, Townsend, Long, & Long, 2007; Wong et al., 2009). In comparison to other ethnic groups, White adults are significantly more likely to seek support from a mental health professional (Amstadter, McCauley, Ruggiero, Resnick, & Kilpatrick, 2008; Gavrilovic, Schutzwohl, Fazel, & Priebe, 2005; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Johnson & Zlotnick, 2007; New & Berliner, 2000; Starzynski et al., 2007; Ullman & Breklin, 2002) and are more likely to report using prayer as a strategy for coping with interpersonal violence (El-Khoury et al., 2004). In reference to marital status, single and divorced adults appear more likely than married individuals to utilize psychological services following crime victimization (Amstadter et al., 2008; New & Berliner, 2000). One study also revealed that in a sample of female sexual assault victims, women identifying as lesbian or bisexual were more likely than heterosexual women to seek mental health services (Starzynski et al., 2007).

In reference to enabling resources, several studies suggest that crime victims are more likely to utilize psychological services if they also receive high levels of informal support from family and friends (Norris et al., 1990; Starzynski et al., 2007; Ullman & Breklin, 2002). As suggested by these researchers, informal networks may help facilitate the use of more formal services by encouraging victims to also seek out care from trained professionals.

Regarding perceived need, crime severity is also predictive of mental health service utilization among adult men and women (Gavrilovic et al., 2005). Another assault characteristic that has been shown to increase the likelihood of seeking help from a mental health professional is crime type. For example, in a representative sample of adults residing in Kentucky, psychological service use was generally higher among victims of violent as opposed to property crimes (Norris et al., 1990). Researchers have subsequently explored whether types of violent crime are differentially predictive of help-seeking behavior. Data in this area are somewhat mixed. For example, while New and Berliner (2000) reported higher levels of mental health service use among survivors of sexual versus physical assault, Lewis and colleagues (2005) reported a relatively equal likelihood of service use among victims of both crime types. The discrepancy in these data may be due to the different samples used in the abovementioned studies. For example, Lewis and colleagues' study involved a probability sample of women residing in the U.S., while New and Berliner's sample included all crime victims (men and women) eligible for crime victims' compensation in Washington state. Thus, there are regional, gender, and sampling differences here that may account for the discrepant findings, and additional research is needed to explore the effects of assault type on help-seeking behavior in more detail.

Another need-related variable associated with mental health service use is crime victims' psychological response to interpersonal violence. Lewis and colleagues (2005) examined predictors of formal help seeking among victims of physical or sexual assault participating in the National Women's Study. In their study, formal helpers were broadly defined to include both professionals and paraprofessionals with specialized training or experience in the provision of psychological help (e.g., psychiatrists, psychologists, counselors, and ministers/clergy). Two variables strongly associated with formal help seeking included past-year diagnoses of PTSD and major depression. Other studies have also noted strong correlations between the severity of psychological distress experienced post-trauma and the likelihood of seeking help from a mental health professional (Amstadter et al., 2008; Gavrilovic et al., 2005; Jaycox et al., 2004; Nicolaidis, McFarland, Curry, & Gerrity, 2009; Starzynski et al., 2007; Wong et al., 2009). Finally, data indicate that when victims of

assault are referred for mental health services by a medical professional (evaluative need), they are more likely to engage in those services (Wong et al., 2009).

Seeking medical care—Using data from the National Women's Study, Resnick and colleagues (2000) examined factors that influenced whether women sought timely medical care following rape. One predisposing characteristic, victim ethnicity, was significant in the final analyses, with minority women being more likely than White women to report contact with a doctor or physician following their rape. In reference to perceived need, participants were more likely to seek medical care following rapes that were committed by a stranger, involved the use of physical force, and resulted in injuries. As noted by Resnick and colleagues, these data are concerning because they suggest that women who are raped by a partner or known assailant, and those who do not perceive themselves as being physically harmed during the assault, may be unlikely to receive critical medical care involving prophylaxis against STDs and the provision of emergency contraception. These investigators also found that participants were much more likely to receive medical care if they reported the assault to police or other law enforcement. This is perhaps not surprising because the reporting of rape to police often initiates specific evidence-gathering procedures that are typically performed by a medical provider.

Informal Help Seeking

A majority of the research on help seeking has focused almost exclusively on the solicitation of support from formal sources. One exception is the study conducted by Lewis and colleagues (2005). In this study, investigators explored predictors of informal help seeking among female victims of interpersonal assault. Two significant predisposing characteristics that emerged as predictors were victim age and education history, with more education and younger age being associated with a greater likelihood of informal help seeking. Participants were also more likely to report seeking help from family and friends if they met criteria for a past-year diagnosis of PTSD or major depression, and if they reported a history of completed rape or another form of sexual assault. Other examined variables (history of physical assault, history of alcohol or drug abuse problems) were not significant predictors in the analyses.

Barriers to Help Seeking

Research has also focused on identifying enabling resources that may inhibit help-seeking behavior among victims of crime and trauma. Much of the research in this area has relied on survey methodology that asks trauma victims who did not seek help about their motivations; in addition, a handful of focus group studies have yielded greater qualitative information about trauma victims' thought processes and concerns related to reporting and help seeking. In the context of this review, we were only able to locate studies that focused either on barriers to making reports to law enforcement or on barriers to seeking mental health services. Thus, we focus our review here on barriers that are related to these two formal sources of support.

Reporting to law enforcement

In general, identified barriers to reporting to the police can be divided into two broad categories: emotional barriers and instrumental barriers. Emotional barriers concern primarily fear and shame or embarrassment. For example, numerous studies have suggested that one reason often cited by trauma victims who choose not to seek help from law enforcement is fear of retaliation from the perpetrator (Bachman, 1998; Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Wolf, Ly, Hobart, & Kernie, 2003). This issue is particularly salient for victims of domestic violence. Other commonly reported fears that

inhibit help seeking from law enforcement include fear of disbelief from police and fear that their victimization will be publicly disclosed (Logan, Evans, Stevenson, & Jordan, 2005; Wolf et al., 2003). Certain demographic factors, such as community size, may also affect victims' fears about reporting to police. For example, in their comparison of urban and rural rape victims, Logan and colleagues (2005) found that although many barriers to reporting were common across rural and urban victims, rape victims who lived in rural settings were especially concerned about community and family backlash and the potential lack of confidentiality associated with making reports in smaller communities. Rural victims also reported greater fear of the perpetrator as a factor influencing their decisions not to report, which presumably relates to the greater familiarity with community members that would be expected in smaller communities (Logan et al., 2005). Finally, concerns about being labeled or stigmatized as a crime victim also acts as a barrier to reporting crime victimization to law enforcement (Wolf et al., 2003).

Instrumental barriers to reporting crimes have also been described, primarily in cases where the victim and perpetrator share a residence. For example, Logan and colleagues (2005) found that victims' economic dependence on their rapists was often cited as a barrier to reporting. Typically, these rape victims lived with their attackers and did not report in part because of the deleterious financial impact that the perpetrators' arrest and incarceration might have on their household. A related concern that inhibits some victims from reporting to authorities was sharing children with their perpetrators. Domestic violence victims, in particular, were concerned that reporting to authorities would jeopardize their children's safety, either by exposing the children to violence or by leading child protective services to remove the children from the victims' custody (Davies et al., 2007; Logan, Shannon, Cole, & Walker, 2006; Wolf et al., 2003). Instrumental barriers to reporting domestic violence are compounded among women who are recent immigrants. These individuals are often hesitant to report acts of violence to authorities due to a limited understanding of their legal rights (Gondolf, Fisher, & McFerron, 1988). Other obstacles that interfere with service utilization among battered immigrant woman include concerns about deportation, language problems, and a lack of awareness of available services (Dutton et al., 2000; Wiist & McFarlane, 1998). It should be noted that much of the research on barriers to reporting to law enforcement has focused on female victims of rape and intimate partner violence. Limited data are available related to reports of other types of crime, or among men who are crime and trauma victims.

Seeking mental health services

In contrast, the research base on barriers to seeking mental health services following crime and trauma is somewhat broader. Research has examined male and female victims of crime ranging from mass murder/terrorism to interpersonal and community violence. Despite the greater diversity among the populations and trauma types that have been examined, it is still possible to divide the types of barriers cited by victims into the categories of emotional and instrumental. Common emotional barriers to seeking mental health services is shame, embarrassment, and the stigma associated with being identified as having a "mental illness." This has been documented reliably across genders and trauma types (e.g., Bacchus, Mezey, & Bewley, 2003; Jaycox et al., 2004; Koenen, Goodwin, Struening, Hellman, & Guardino, 2003; Prospero & Vohra-Gupta, 2008; Rodriguez, Valentine, Son, & Muhammad, 2009; Smith, Kilpatrick, Falsetti, & Best, 2002). Relatedly, it is likely that other social or cultural issues influence victims' likelihood of seeking mental health services. The frequent finding that African Americans and other racial and ethnic minorities are less likely to seek professional mental health services may have several causes, including cultural beliefs about the appropriateness of seeking such services or preference for informal/kinship support. Irrespective of race and ethnicity, perceived support for help seeking (Smith et al., 2002) is

associated with greater utilization of services, and the lack of such support with lower rates of help seeking (Norris et al., 1990; Ullman & Brecklin, 2002), suggesting that various aspects of a victim's social environment might serve as barriers to obtaining needed psychological care.

With respect to instrumental factors, commonly cited barriers to mental health services include lack of financial resources and limited awareness of available services. Even after the Pan Am 103 airline disaster, a highly publicized incident of international terrorism, one of the main reasons for not seeking mental health services among surviving family members was a reported lack of awareness about what assistance might be available (Smith et al., 2002). Similar results have been obtained among a national sample of adults being screened for anxiety disorders (Koenen et al., 2003), men exposed to community violence (Jaycox et al., 2004), female rape victims (Logan et al., 2005), and adults exposed to violent and property crimes (Norris et al., 1990). Clearly, lack of awareness about mental health treatment is a common problem among trauma and crime victims and their families. Another commonly cited instrumental barrier is the cost of mental health services (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008; Jaycox et al., 2004; Koenen et al., 2003; Prospero & Vohra-Gupta, 2008; Rodriguez et al., 2009; Smith et al., 2002). Although crime and traumatic events happen to individuals at all socioeconomic levels, those with few financial resources or without health insurance may be hard pressed to pay for treatment, which can be quite costly. Further evidence of this comes from a study of crime victims in the state of Washington (New & Berliner, 2000). In their sample of adults victimized by crime, rates of help seeking were very high (above 90%). However, all participants in this study were eligible for crime victim compensation through the Victims of Crime Act to pay for treatment, suggesting that when financial resources are available (and when victims know about them), their interest in mental health services is quite high. Another barrier to mental health treatment utilization among crime victims is the perceived inconvenience of weekly appointments, which may be difficult for individuals to manage logistically given work and family demands. Notably, however, this barrier was cited in samples either exclusively or substantially comprised of male participants (Jaycox et al., 2004; Smith et al., 2002). Finally, language issues and fear of deportation have been identified as barriers of seeking mental health care among immigrants who experience crime victimization (Lee & Hadeed, 2009; Rodriguez et al., 2009)

Directions for Future Research

The literature reviewed convincingly indicates that many people are victimized by crime and that many crime victims have medical and mental health needs. It is also quite clear that the majority of crime victims neither report their crimes to authorities nor seek needed health care services after victimization. Beyond these facts, however, much remains to be learned. Even though some variables are associated with increased likelihood of reporting or formal help seeking, how these variables specifically affect reporting behavior is not clear. For example, in some studies, victims who were acquainted with their attackers were less likely to report to police, whereas in others this relation was not found. These divergent findings probably result from the simplistic way that the quality and nature of the victim-offender relationship is modeled. Other variables that are often unmeasured (e.g., economic or emotional dependence, shame) may be much more powerful predictors of reporting behavior than simple "acquaintance" with an offender. Similarly, most studies demonstrate that more "severe" crimes are more likely to be reported. However, crime severity may be confounded with the degree to which an incident conforms to the victim's pre-existing schemas for "crime." Reporting incidents that involve weapons and injuries may seem more justifiable, whereas those incidents that did not include such elements may produce greater uncertainty about the merits of making a report relative to the possible negative consequences (e.g.,

public disclosure, involvement in the legal system). Such a distinction might have implications for public education efforts aimed at increasing reports of crime.

In addition, the influence of social and cultural factors that may influence reporting has probably been understudied. Some promising data suggest that social and environmental factors (e.g., a victim's concerns about his or her "crime victim" status becoming public, especially in small communities) may deter reporting (Logan et al., 2005). Other data revealing racial/ethnic differences in reporting and help seeking also highlight the importance of factors apart from the crime and the victim's reaction to it in the decision making process. It is highly unlikely that race-related biological factors account for observed reporting trends across racial groups, but few meaningful cultural variables have been proposed and examined.

Further, most of the literature on crime victims has been conducted on female victims of rape and domestic violence. Greater inclusion of male crime victims and other forms of violent crime (e.g., physical assaults, robberies) would help place our existing knowledge in better context, and might further elucidate predictors of, and barriers to, reporting and help seeking.

Importantly, there has also been limited work examining whether existing services match what victims say they need following crime victimization. Some preliminary work in this area suggests that crime victims' needs often go unaddressed. This may be due to a lack of relevant services or the limited marketing of services that are available. For example, Brickman and colleagues (2002) conducted a large national survey of adult crime victims who had reported their crimes to law enforcement agencies. The most common need endorsed by participants was emotional/psychological support (reported by three-quarters of the sample). Approximately 50% of victims reported needs for information and advocacy when dealing with law enforcement and the court system, and 25% reported concrete/tangible needs such as replacing damaged property or installing security systems. Although almost all reported turning to family and friends for emotional support, needs for information/advocacy and concrete/tangible resources were often unmet. Furthermore, less than half of participants reported an awareness of services in the community to meet their needs.

Relatedly, needs for information and advocacy were identified in a study conducted with victims receiving services from various Victims of Crime Act-funded providers in the U.S (Newmark, Bonderman, Smith, & Liner, 2003). However, the participants in this study reported the services that they received to be fairly comprehensive (addressing 60% of their needs) and highly satisfactory. This suggests that services provided through programs specifically designed to meet victim needs may be particularly effective. Further empirical evaluation of such programs is likely to be highly informative as we have very little information about the efficacy and effectiveness of existing service programs. More evaluation is clearly needed on the impact of services on victims and on whether services match with victims' primary needs. Satisfaction data are important, but more information beyond victim satisfaction will help advance the field's ability to respond to victims sensitively and effectively.

Additionally, we require more information about how to optimize the delivery of victim services. For instance, how should victim services be structured? Coordination of victim services is becoming more common. In some cases, the legal system works closely with victim service agencies and it is not uncommon to find social service providers (e.g., victim advocates) located within the courts or police departments who provide support and referrals

to victims. Initial evidence suggests that this coordination leads to improved victim satisfaction (Zweig & Burt, 2006), although more research is needed in this area.

Further, the research has demonstrated that there are multiple financial, logistical and geographic barriers to mental health service utilization which will likely require innovative methods to overcome. Importantly, recent developments have focused on using technological advances in communication to address some of these barriers. A handful of internet-based interventions for trauma exposed individuals have shown initial promise (see Benight, Ruzek, & Waldrep, 2009, for a review). These interventions have ranged from interactive psychoeducation modules (Ruggiero et al., 2006) to multiple-week, therapist-assisted treatment programs (Lange et al., 2000; Litz, Engel, Bryant, & Papa, 2007). In addition to Web-based technology, increasing attention is being devoted to telepsychiatry as a means of decreasing geographical barriers to early mental health care. In brief, “telepsychiatry” is an off-shoot of telemedicine and involves the delivery of mental health assessment and intervention services via teleconference and/or videoconference. Frueh and colleagues (e.g., Frueh et al., 2007) have demonstrated the effectiveness of telepsychiatry in treating veterans with PTSD symptoms related to recent (though not immediate) military trauma. While no studies have been conducted exclusively with crime victims, evidence with general trauma victims suggests this is an exciting and promising avenue for additional research that could improve utilization of mental health services.

In sum, it is quite clear that the majority of victims of crime do not report their crimes to the police or utilize medical or mental health services to aid them in their recovery processes. We know there are multiple barriers to reporting and service utilization; however, we know very little about what victims need over the course of their involvement with the criminal justice system and beyond to help them overcome these barriers. Many innovative service programs and early interventions, including coordination of victim services, web-based information and interventions, and remote contact with professionals, demonstrate promise and are likely to make a significant impact on accessibility to and consumption of information and services. However, significant research is still required before we can adequately understand and meet the needs of victims of crime.

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