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**THE EFFECTS OF CRIME ON IRISH
VICTIMS:
PSYCHOLOGICAL AND ORGANISATIONAL
PERSPECTIVES**

by

Joanne Cooper

VOLUME 1 OF 2

***Thesis submitted in fulfilment of the requirements for
the Degree of Doctor of Philosophy by the
University of Dublin***

***Department of Psychology, Trinity College Dublin
March 2003***

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SUMMARY

“The Effects of Crime on Irish Victims: Psychological and Organisational Perspectives” is, as its name suggests, an investigation of the impact of criminal victimisation in Ireland from both a psychological and a victim support perspective. It originated as a request from Victim Support, Ireland to have its services evaluated. As the evaluation was being planned, however, it became apparent that a dearth of knowledge existed on crime victimisation and its effects in an Irish context. This led to the dual focus of the thesis. It was discovered, however, that each perspective served to enrich the other; the support organisation benefiting from learning more about the psychological experiences of its service user group and the possibility of the psychological effects of crime being lessened by the support organisation improving the quality of its service to crime victims.

Psychological Perspective

From the psychological perspective, it appeared that little was known about the experience of victimisation in an Irish context. It was also noted that the impact of crime led to the creation of psychological and organisational needs, but that these had never been investigated. This led to the design of the *Crime Impact Survey*; a quantitative research method that investigated the causes and manifestations of the impact of crime victimisation. A Model of Aetiology and Manifestation of Crime Impact was drawn up using a combination of what was learned from the contemporary victimological literature and some new hypotheses. The results of the *Crime Impact Survey* generally supported the model, emphasising that crime impact is multifactorial both in cause and effect. A *Needs Analysis Study* was also carried out, using a qualitative, focus-group methodology to investigate the voiced needs of different groups of crime victims. Needs were extracted from each group and discussed from psychological and organisational points of reference.

Organisational Perspective

No in-depth research had been carried out on Victim Support services before the thesis began. Little was known about the exact scope and nature of the support work being carried out within the organisation, or the satisfaction levels of the service users with what was received. This led to the design of the *Service Assessment*, a quantitative assessment of the level of activity and the type of support being carried out by the organisation at the start of the research period. The results enabled a profile of victims and a profile of support to be drawn up from which recommendations could be made to Victim Support on efficiency, effectiveness and methods of best-practice. The organisational perspective also included a *Service Users' Satisfaction Survey*; a quantitative, questionnaire-based study on the satisfaction levels of crime victims with the service they received from Victim Support. Results were organised under “satisfaction with logistics of contact” and “satisfaction with service received”, and organisational recommendations were made accordingly.

Finally, to place the results in a practical context and to make them of benefit both to the victims and to the agencies that support them, an integrative helping framework was proposed. Results of the research had demonstrated that the impact of crime victimisation could be manifested on five different levels; through general, emotional, behavioural, cognitive and mental health effects. The integrative framework suggests that crime victims should therefore be supported on all levels, and matches a relevant psychotherapeutic model to each dimension of effect. To this end, each possible manifestation of crime impact is addressed in a supportive context.

To this end, the results generated by the research were fed back towards the victim support agencies, thereby becoming complete, practical and of ultimate benefit to the crime victims themselves.

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CHAPTER 1

INTRODUCTION

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The following thesis is an investigation into the effects of crime on, and subsequent needs of, crime victims in Ireland. It will examine both psychological and organisational approaches to understanding, aiding and supporting victims in the aftermath of their crime experience. It will assess the level and quality of service delivered to crime victims by a national victim support agency and will investigate the perceived satisfaction of service users with what they received. It will explore the psychological effects of crime on victims, and propose a model to highlight the importance of regarding crime impact in a multifactorial context. It will investigate the voiced needs of crime victims in Ireland from the many social, statutory and judicial agencies they encounter. Finally, the results of

the thesis will be used to propose a helping framework, from which the non-professional might best help and support victims of crime.

In this introductory chapter, the various components of the research will be outlined. Section 1 will introduce the field of Victimology, summarising its background, its progress and its future development. Current victimological literature and research on the psychological effects of crime on victims will be outlined in Section 2, and a Model of Aetiology and Manifestation of Crime Impact will be proposed in Section 3, to emphasise the importance of looking at crime victimisation in a multifactorial context. It will be suggested that crime victimisation can subsequently produce needs that are both psychological and in relation to social and statutory bodies, and the concept of needs will be introduced in Section 4. Section 5 will describe both quantitative and qualitative research methods in order to advocate the mixed-methodological approach used by this thesis. Because there is also both a psychological and an organisational focus to the thesis, Section 6 will discuss victimisation from both psychological and organisational perspectives. Finally, the subsequent research chapters of the thesis will be introduced in Section 7, including the research focus, the objectives, the national victim support organisation assessed by the study, from which many of the subjects were drawn, and the respective quantitative or qualitative methodologies used to achieve each research objective.

Section 1

Introduction to Victimology: The past, the present and the future

Victimology, as a discipline, is an area that has originated and evolved slowly over the last fifty years. It is true that crime, and therefore victims, is by no means a new phenomenon, but it was the development and consolidation of criminal law and statutes in the 19th century* that placed its breaching firmly under the remit of statutory agencies such as the police and the judicial system (O'Mahony, 2002). Breaking the law was now not simply a crime against a person or their property, but a crime against formerly the Crown and, after 1921, the State of Ireland. Indeed it was, and is to this day, the State that brings a charge to bear against an offender, gathers evidence in relation to the alleged criminal offence, prosecutes the offender and punishes those who have been found guilty, either by restorative or custodial means.

In this way, the onus of proving that the crime took place was removed from the victim. The victim did not have to gather his or her own evidence, or seek revenge, retribution or compensation for the crime he or she had suffered; this was now the remit of the State. Decision-makers saw this as a fairer and more efficient method of criminal prosecution. However, it also removed from the victim any control that he or she may have had over the entire proceedings. In what was now a case of State Vs. Offender, the victim was reduced to the status of a witness for the prosecution. During a court trial, if the accused pleaded not guilty to the charge levied against him or her, the court would call on a witness (in most cases, the victim) to give evidence to the court about what happened. However, if the accused pleaded guilty, the court would arrange punishment, without needing to hear anything further from the victim. In this manner, while being relieved of the onus of proving that the crime took place, the victim surrendered his

* Ireland was at that time under British rule: criminal law was developed and passed by Westminster, and applied to all areas of the United Kingdom.

or her legal status to the State. Victims lost the right to speak, to intervene, or to become involved at any stage of the criminal prosecution. In the case where victims were dissatisfied with the outcome of the prosecution, there was no channel for redress or recompense within the criminal judicial system*.

This situation continued for many years, and indeed, most of it is still true in today's adversarial justice systems. Dissatisfaction did begin to arise in the 1970s, however, with the rise of what is now termed the victims' movement. Growing discontent led to the establishment of victim programmes in the U.K., Europe and the United States., such as victim support programmes, victim information services and victim compensation schemes. Such initiatives aimed to redress what they saw as an imbalance in the criminal justice system to the detriment of the victim. The victims' movement grew and gained political support throughout the 1980s, and resulted in the setting up of several voluntary, yet government funded, victim support organisations around Ireland (McGovern, 2000).

Victim support initiatives were successful in many regards. They provided a collaborative voice, which called for more notice to be taken of victims during criminal proceedings. They created an awareness of victims within the criminal justice system. They called for the employment of a victim impact statement in serious offence cases whereby, when the accused pleads guilty or is found guilty, the victim may submit a statement to the judge detailing how the crime has affected his or her life. A room in every courthouse in Ireland was to be designated for victims' use, to reduce the chances of a potentially distressing encounter between offender and

* In certain cases, a civil action could, and still can, be taken against an alleged offender but only when the offender has sufficient assets to make such a civil action worthwhile. It is also a lengthy, and often expensive, procedure that is not viable in every case. Commentary here is in relation to criminal proceedings only.

victim^{**}. Victim initiatives also lobbied for more compensation to be given to crime victims who have suffered emotional, physical and financial loss.

The victims' movement has not been without its critics, however. The nature of the voluntary organisation means that the support and counselling that is offered to victims is not always carried out to a professional standard. Some initiatives are badly funded and poorly organised. Being new organisations, many have not undertaken proper research into exactly how victims are affected by their crime experience, how the effects could best be alleviated, or even what their needs are with regard to a victim support agency (Shapland et al, 1985). Where support agencies have been successful in obtaining compensation or concessions towards victims within the criminal justice system, their achievements have often been criticised as being mere political gestures, symbolic acts or still-inadequate compromises towards those whose rights within the system should be paramount (Fattah, 1997). Most victims are not financially compensated either by the Criminal Injuries Compensation Tribunal or by the courts. In the case where the Tribunal's regulations do allow for a victim to apply for financial redress, it reverts to being up to the victims themselves to prove the effect that the crime has had on their lives, before any award is made.

It has furthermore become apparent that more research is needed both on the psychological, social and physical effects of crime on victims and on the efficacy of the services on offer to them. Research into the various victim support agencies is rather lacking and tends to be carried out by the organisations themselves. Research into the effects of crime has become more widespread, but still contains the methodological issues, contradicting theories and untested hypotheses inherent in a relatively new field of learning.

^{**} At the time of writing this thesis, victim rooms have been established in many, but not yet all, courthouses around the country.

The future of victimological research is ever-expanding. Victimology exists at the meeting place of the psychological, sociological, legal, political and criminological disciplines, finding areas common to each yet carving a niche of its own. Although yet to be run on a regular basis in Ireland, large scale victim surveys are undertaken both in the U.K. and internationally to find out more about the effects of crime on victims and on society, to investigate reporting rates, to identify which crimes go unreported, to assess the population's risk of crime and to provide decision-makers with a clearer picture of the nature of crime. At the time of writing this thesis, one of the most recent British Crime Survey reports (Kershaw et al, 2000) outlined the survey's future. Following a review of the Research, Development and Statistics Directorate of the Home Office during 1999, it was recommended that the biannual survey not only continue, but be expanded and maintained on an annual basis to complement the statistics received from the police department. Furthermore, it was recommended that the two crime data sources now be "*planned in tandem (p.59)*".

Victimological research in Ireland is as yet behind that in the U.K. While the British Crime Survey has been carried out in England and Wales on a regular basis since 1982, no regular large-scale victimisation surveys have been carried out in this country*. This means that little is known about the experiences of victims in the Republic of Ireland. The Republic of Ireland is not one of the countries included in the International Crime Survey either, so at the present time no accurate comparisons can be made on the level of victimisation in Ireland with that of other countries. It is apparent that a dearth of research exists about the effects of crime on victims in an Irish context.

* The Economic and Social Research Institute carried out two large-scale victimisation surveys, one on the general population in 1982/83 and one on victims of reported crime in 1996. The Central Statistics Office used the Quarterly National Household Survey to investigate crime victimisation in 1998. However, a standardised victimisation survey is not carried out in the Republic of Ireland on a regular basis, as in the U.K.

The shortcomings in research will be addressed by this thesis. The aim of the thesis is to expand knowledge both of the effects of crime on Irish victims and of the services available to victims in the Republic of Ireland.

Chapter 1, Section 2

Literature review: The effects of crime on victims

In the Aftermath of Crime: Towards a model of cause and effect

Crime is a social phenomenon common to every country in the world. A glance at the results of the International Crime Survey (various Home Office reports including Mayhew and White, 1997) indicates that Ireland is not alone in its experience of crime; indeed, when the figures of reported crime in Ireland are compared with international figures, it appears that the incidence of crime in Ireland may actually be less than in many other countries (statistics on An Garda Síochána Website www.gov.ie/garda/angarda/statistics96 compared with data from 1996 International Crime Survey, (Mayhew and White, 1997)).

However, crime victimisation does incur a cost for both the individual and society. On a societal level, the financial cost of policing, of criminal investigations, court trials, the penal system, the probation and welfare service and the victims' compensation tribunal, to name but some, is large, not to mention the effect that crime may have on the very fabric of society in which we live. For an individual who experiences a crime, the effect could be psychological, physical, or financial. It is important, therefore, for decision-makers, particularly those at statutory level, to be aware of not only the level of crime and crime trends, but of the effects of victimisation on those who experience it.

It has, however, been called into question exactly what proportion of crime victims suffer ill-effects. Large-scale victimisation surveys, such as the British Crime Survey in the U.K., have tended to assemble the impact on all crime victims together as a whole to find that, overall, a very low percentage of all victims are very much affected by their experience (e.g. Hough and Mayhew, 1983, reporting on British Crime Survey of 1982). However, this is true because in general minor offences such as larceny have less impact on the victim as major offences such as violent crime. Furthermore, and indeed fortunately, minor crimes are far more common and widespread than violent or sexual crimes (see statistics on An Garda Síochána Website www.gov.ie/garda/angarda/statistics98). It is not surprising, therefore, that using an aggregate system of assembling results pertaining to impact of victimisation would only serve to “whitewash” the detrimental effects of serious crimes on the victims (Zedner, 1994).

There appears to be another methodological shortcoming with large-scale victimisation surveys. Although they include a large enough subject sample to enable the results to be generalised to the entire victim population, the range of subjects under investigation invariably means that the questions posed are limited in scope and in number. Thus, although enough data are gathered to be able to assess the percentages of the population who have been victimised, trends in crime victimisation, or to generate broad data on the general effects of crime on the population, more in-depth questioning on the experience of crime and its effects has inevitably had to be abandoned.

Finally, although some research has been more concentrated and in-depth, and has focused on crime victims themselves as opposed to the population as a whole, these in-depth studies tend to focus on just one crime type. As a result, a good deal may be known about the experiences of rape victims,

domestic violence victims, sexual abuse victims etc, but not a lot on the differences of effect between the victims of various crime types.

Similarly, the contemporary victimological literature presents no shortage of information on what the *effects* of crime on a victim are. However, most pieces of research on crime impact tend to concentrate on one or a few effects rather than taking a multitude of effects into consideration. Hence, there are many papers on fear of crime *or* cognitive effects of crime *or* emotional reactions to crime, but less on the broad spectrum of effects that can be exhibited by crime victimisation.

When speculating on the factors causing such negative reactions, researchers have tended to investigate them variable by variable. There has been attention given to what crime the victim suffered *or* what demographic grouping the victim was part of *or* what subsequent support the victim received but rarely is a multi-factorial hypothesis present when discussing causality of effect.

However, it is generally agreed that the impact of crime differs from one crime to another and from one victim to another (Skogan, 1986; Shapland, Willmore and Duff, 1985; Zedner, 1994).

This thesis advocates the use of a multi-factorial model, both of cause and effect, to conceptualise how different people's experiences of crime can be. It is not uncommon to discover two people who have experienced a similar type of crime to be exhibiting markedly different kinds of effect (Newburn, 1992). Similarly, it has also been noted that victims of certain different, yet very traumatic, crimes can sometimes experience similarities of effect (Casey, 1998; Mezey, 1988; Trolley, 1994).

The following is a review of literature on the aetiology and manifestation of effects of crime. Firstly, the variables that influence or give rise to the effects of crime will be discussed and secondly, the different ways that effects can actually be manifested will be considered. Finally, in Section 3, all factors will be grouped into independent, mediating and dependent variables and a multi-factorial model proposed, to aid the conceptualisation of the different effects of crime.

Aetiology of Crime Impact

Type of crime experienced

The nature of the crime that the victim experienced is paramount in influencing how badly affected the victim will be. Violent and sexual crimes produce devastating results on their victims (Mezey, 1988; Stanko and Hobdell, 1993; Newburn, 1992). Even a crime such as residential burglary, which may appear of minor consequence to those who have never experienced it, produces a range of emotional and negative psychological effects (Maguire, 1980; Maguire and Bennett, 1982; O'Dwyer, 1997; Budd, 1999).

Such is the nature of violent crime that it even produces a "ripple effect" on people who are close to the victim. The most extreme example is that of families of homicide victims, who have demonstrated a wide spectrum of psychological difficulties that add to and worsen "normal" bereavement (Murray-Parkes, 1993). Every year, Victim Support receives a multitude of calls from friends and family members who are themselves affected by the victimisation of a loved one.

Shapland, Willmore and Duff (1985) found that robbery and sexual assault victims suffered more overall effects than victims of physical assaults, with sexual assault victims suffering the highest levels of effect. This study

discovered differences between the level of effects suffered by different types of victim.

The effects of rape include post-traumatic stress disorder, depression, social phobia, sexual problems, anxiety and guilt (Mandoki and Burkhart, 1991). The effects of childhood sexual abuse include post-traumatic stress disorder, sexual problems, stigmatisation, guilt, shame, low self-esteem, suicide, para-suicide, feelings of powerlessness, anxiety and depression (Sanderson, 1995). Domestic violence sufferers often display learned helplessness, confusion, severe psychological symptoms and disturbances, physical symptoms, sleep disturbances, anxiety, low self-esteem, social withdrawal, guilt, shame, anger and sexual problems (Giles-Sims, 1998). It is beyond doubt that victims of at least certain crimes suffer devastating, severe and prolonged symptoms of effect.

Maguire and Corbett in their 1987 study of crime victims showed that the more serious the offence (in this case, burglary, robbery, wounding or snatch theft), the more likely respondents were to rate themselves as being "very much" affected by their experience. The authors also discovered that crimes where the offender was known to the victim had a more adverse effect than crimes committed by a stranger. The authors concluded that it was necessary to pay attention to specific crime categories when investigating the effects of crime.

It is not under dispute that some minor offences such as larceny may not have prolonged or devastating effects on the victim. However, it is clear that the type of crime that the victim suffers is an important factor in determining how badly they will be affected and what those effects might be.

Demographic variables

Victim characteristics comprise another important issue that influences the impact of victimisation. Age, gender and socio-economic status have all been shown to play a part in determining how the victim reacts to the experience.

Age

Overall, the elderly as a group have been shown to be statistically at less risk of criminal victimisation than those of younger age-groups (Breen et al, 1985). Lack of resources and mobility mean that the elderly tend to lead more restricted lifestyles, and these restrictions place them more at home and therefore away from the threat of street crime. Mawby (1988) noted from the results of the 1984 British Crime Survey that although elderly people did experience crime, it was rare for them to experience violence or injury. He also noted that crimes against the elderly tended to be household rather than personal, with vandalism being the most common crime perpetrated against this age group. Similar results have continued to be found in later British Crime Surveys (e.g. Kershaw et al, 2000).

However, if an elderly person does fall victim to crime, is his/her age group a predictor of effect? Mawby (1988) found that elderly crime victims reported themselves as more badly affected by their crime experience than younger victims.

One of the major effects of crime is fear (see Manifestations of the Effects of Crime, later in the chapter). Fear has been given particular attention by the large-scale victimisation surveys. Although the British Crime Survey investigated fear in the general population rather than fear amongst crime victims only, it is interesting to note how fear, an important manifestation of crime impact, affects the elderly.

Among the general population, elderly people tend to be more fearful when out alone at night (Mirrlees-Black et al, 1996; Mirrlees-Black and Maung, 1994), although the nature of the questions posed by large victimisation surveys may elicit responses about a more “formless” fear rather than the fear of crime victimisation per se (Fairhead, 2000).

The disproportionately high level of fear exhibited by elderly respondents to crime surveys might also be indicative of a more well-founded fear of *consequence* of crime. The cost of crime economically, physically, socially and psychologically may in fact be far greater for its elderly or female victims. This might be perhaps due to less physical or psychological resources to cope with the effects of victimisation. In turn, this could cause elderly or female victims to fear the *cost* of crime or what the result of crime could mean for them, far more than their more robust or wealthier counterparts (Zedner, 1994).

Gender

Gender is another demographic variable that has been shown to be important in determining crime impact. Gender differences and role socialisation mean that both sexes have different ways of expressing how crime has impacted on them. Whilst female victims generally tend to be more vocal in expressing emotional effects, male victims have been found to be less comfortable in expressing their emotions, tending instead to express anger and behavioural changes (Stanko and Hobdell, 1993). Although victimisation surveys have been criticised for not taking role socialisation into account, they have repeatedly shown a clear difference in measures of affect between male and female respondents (Struckman-Johnson, 1991; Mirrlees-Black and Maung, 1994; Mirrlees-Black et al, 1996).

Socio-economic status

Socio-economic status may also be a factor influencing how badly somebody is affected by crime. People with more resources and belonging to higher socio-economic groups may be more knowledgeable about the support networks available to them, may find it easier to access support or counselling and would not be as financially affected as somebody with less resources available.

We have seen how it is possible that the elderly suffer fear of *consequence* of crime due to their having less physical or psychological resources to cope with its effects (Zedner, 1994). It is also possible that for people in lower socio-economic groups, the consequence of crime could be devastating. And if this is so, it makes those victims not only more vulnerable, but would mean a differential impact of crime across different socio-economic levels.

Maguire and Kynch (2000) studied the results of the 1998 B.C.S. They concluded that the crime victims more likely to be very much affected by their crime experience were those in lower-income households, those living in council estates or less prosperous areas, and those black or Asian ethnic groups. Crime appeared to have the most effect on the most vulnerable members of the community.

Definitions of an event such as a crime can also vary between socio-economic groups. Genn (1988) cites several examples within a “criminologically significant minority”, where the victims in a low socio-economic group did not always recognise or define what was being perpetrated against them as a “crime”. And if one does not recognise certain behaviour as crime, the reporting of its effects and the steps taken to deal with it will necessarily be different.

Socio-economic status is generally measured by level of **education** and type of **employment**.

Relationship of victim and offender

The stereotype of violent crime is one of a hapless victim being “swooped” down upon by an evil or opportunistic stranger. In the case of street crime, where young males are at risk the most, the stereotype may well be correct. However, for many other instances of serious crimes and assaults, the victim and perpetrator are often acquainted.

The Dublin Rape Crisis Centre repeatedly refutes the myth that sexual assaults and rapes are usually perpetrated by strangers. The Centre advises people that the sexual offender is in most cases known to the victim. (Facts issued on website www.drcc.ie as at May 2001). Indeed, it has been suggested that over three-quarters of rape or attempted rape of young women in the U.S. occur between people who know each other (Parrot and Bechhofer, 1991). There is some evidence to suggest that the effects of acquaintance rape are even more severe than the effects of stranger rape (Katz, 1991).

The relationship of victim and offender is particularly pertinent in the case of domestic violence. Studies show that injuries are twice as likely to occur if a domestic assault is perpetrated by an intimate. Indeed, as many as half of all female homicides in the U.S. are perpetrated by male partners (Kantor and Jasinski, 1998).

Results of the 2000 British Crime Survey showed that in 64% of all violent incidents, the offender was known to the victim in some way. The offender was “well known” to the victim in 44% of violent incidents (Kershaw et al, 2000).

It is clear that the victim-offender relationship has a large part to play in the effects that the crime will have on the victim.

Previous victimisation history

Crime victimisation often visits those in high-risk groups more than once. Of those respondents of the 1996 B.C.S. who had been victims of violent crime in the 12 months leading up to the survey, one-third had actually been victimised two or more times (Mirrlees-Black, Mayhew and Percy, 1996). The survey found victims of domestic violence to be the most susceptible to repeat victimisation.

A similar phenomenon has been noted from surveys carried out in the United States. Multiple victimisation is widespread in poorer residential areas where crime can be a daily occurrence in some people's lives. Genn (1988) notes that this can cause a problem for multiple victims when responding to crime surveys. Crime surveys tend to ask about occurrences of specific incidents such as burglary or assault. However, asking somebody who may be a victim of crime on a regular or even daily basis, such as a domestic violence victim or a victim of emotional or sexual abuse, a question like "Please specify the crime(s) that you have experienced and the number of times you have experienced them" can pose a real difficulty. Genn notes that for some multiple victims, their experience of crime may be a *process* rather than a series of isolated events that can be defined and counted. Furthermore, some may not recognise the abuse they suffer so regularly as a crime. It may be impossible for them to recall an exact number of incidents and even if they were to do so, counting all the experiences of multiple victims would inflate and distort the crime figure for the general population as a whole. Genn's (1998) study examined the differences between multiple victims' responses to a victim-oriented survey and their experiences of victimisation in real life. The study concluded that it was impossible for any crime survey to reflect the experience or indeed

the complexity of multiple victimisation for victims who suffer violence, abuse and discrimination as a matter of course in their day-to-day lives.

It should also be remembered that multiple victims are often victims of “hidden” or “darker” crimes such as domestic violence or abuse within the home or family. These crimes in general are not always reported in either crime surveys or to the police. Indeed, due to the sensitive nature of these crimes, many crime surveys choose not to include questions relating to sexual or domestic crimes. In an Irish population sample, the E.S.R.I. Survey of 1996 found that 53% of all victims in their study were victims of at least one other crime in the preceding three years (Watson, 2000). The E.S.R.I. reported that the type of incident most likely to be experienced more than once was burglary, but sexual and domestic crimes were not included in the study.

Multiple victimisation may produce a “compound” effect of crime. It is possible that the result of repeat victimisation causes an aggregate effect, where the total effect of crime is equal to the sum of the individual effects. However, it could also be possible that multiple victimisation creates a “*Gestaltian*” experience, whereby the final effect is actually more than the sum of the individual crimes.

Social Support

Maguire (1980) offers three possible explanations as to why some people are so adversely affected by a burglary. One of those explanations is that people who are already experiencing a high degree of insecurity in their lives may be more likely to react badly to victimisation. The examples cited are of widows and divorced or separated women, presumably those who enjoy a lesser degree of social support to help them cope with the stress of a burglary. Although there are many other groups of people than widows and separated women who have little available social support, it

does seem plausible that social support may act as a buffer to those who have been victimised. Conversely, it could be possible that those with little available social support may have more difficulty coping in the aftermath of crime.

Partners are victims' primary support suppliers (Denkers, 1996). To the victim, partner support is the most important. Support from family, friends and neighbours comes next in line and finally, distant support suppliers such as clubs, churches and authorities.

Social support has been shown to act as a buffer to the victim (Denkers, 1996). Victims with adequate support after the crime show less deterioration in satisfaction with life than victims with little or no support.

It is also important that not only is social support available to the victim, but that *the right kind of social support* is available. Negative reactions towards the victim, such as victim-blaming or derogation, are unhelpful and in fact can hinder the processing of a negative event (Joseph, 1999).

Positive regard is important in the aftermath of crime, particularly on the part of those who are closest to the victim. Partners with positive beliefs are of the most support. Similarly, support providers such as care givers or victim support personnel with positive beliefs are of the most assistance in supporting and buffering victims. They are more successful in helping the victim to cope in the aftermath of the crime (Denkers, 1996).

Media use

It was a conclusion of O'Connell and Whelan's (1996) study that newspaper readership was a strong predictor of crime prevalence estimates amongst the Irish general population. The study found that the type of newspaper read by the subjects in the study influenced how prevalent they

believed crime to be. Although the study did not reveal a difference between victims' and non-victims' beliefs about crime prevalence, it did suggest that media use could be an influencing factor in how our beliefs about crime are shaped.

Involvement with Criminal Justice System

Garofalo (1979) believed that victims' evaluation of their local police had an influence on how fearful they felt of crime victimisation.

Shapland, Willmore and Duff (1985) used qualitative measures to examine overall satisfaction with police at four stages after the crime was reported. Dissatisfaction, disillusionment and downright annoyance appeared to be themes consistently running through the victim interviews when they discussed their dealings with the police subsequent to reporting the crime. Furthermore, satisfaction with the police tended to *decrease* with time. Victims tended to be quite satisfied with the police at the time of initial contact, but by the time the court trial was over and the decision about whether or not to compensate had been made, satisfaction levels had fallen dramatically. The researchers suggested that the expectations of the victims were not met, particularly in relation to receiving information from the police on the status of the case.

Interestingly, of the victims interviewed, sexual assault victims had the highest ratings of satisfaction with police. The researchers believe that this was due to the high level of care the police at the time took with sexual assault victims.

Victims who disagreed with decisions over whether or not to prosecute the offender understandably had lower levels of satisfaction with the police than victims who did not disagree with the prosecution decision.

Unfortunately, Shapland et al's study did not compare victims' evaluation of the police with the impact of their victimisation. However, if Garofalo's (1979) assertion is correct, then victims' satisfaction with the police service could be an influencing factor in how fearful those victims felt of future crime.

The 1996 sweep of the International Crime Victimization Survey found that in comparison to the other Western countries participating in the survey, satisfaction with the police in the U.K. was relatively high (Mayhew and White, 1997). Again, when asked to evaluate the job that police did in controlling crime in their own local area, 63% - 69% of respondents in the U.K. thought they did a good job.

However, it is also important to remember that many crimes are not reported to the police at all. In 1995, just under half of the total crime uncovered by the B.C.S. had been reported to the police (Mirrlees-Black, Mayhew and Percy, 1996). The reasons given by victims for not reporting their experience to the police were a) the crime was not serious enough, b) the police would be unable to take effective action and c) the stolen items were not insured. We are also now very aware of the "hidden" figure of certain types of violent crime such as domestic violence, which crime surveys have done a lot to uncover.

While it may be overly presumptive to suggest that under-reporting of crime may be a reflection of people's faith in the police, the "hidden" figure of certain types of serious crimes may certainly be due to a lack of faith in the criminal justice and social system as a whole.

There is undoubtedly in Ireland, as in other countries, a certain amount of unreported crime. It is impossible to say exactly how much crime goes unreported or indeed what types of crimes these might be. The 1998

Quarterly National Household Survey (Central Statistics Office Publication, 1999) reported that only 39.6% of victims of home vandalism reported the crime to the Gardai. For non-violent theft, the reporting rate was 48.5%, for violent theft it was 61.5% and for burglary it was 78.6%. (Sexual and domestic crimes were not included in the study.) Clearly, many crimes in Ireland go unreported.

The 1996 E.S.R.I. Survey asked crime victims, who had all reported the crime to the Gardaí, about their previous crime experiences in the preceding 3 years. Of those previous crime experiences, 63% of victims had reported the crime and 29% had let the crime go unreported (O'Dwyer, 1997; Watson, 2000). The survey also asked victims who had reported the crime to the Gardaí about their satisfaction with the Garda service. Overall, satisfaction was found to be high with regard to the attitudes and efficiency of the police. Depending on the aspect of the service in question, 71% to 94% were "satisfied" about the Garda service. The only area that induced respondents' dissatisfaction with the Gardaí was the lack of information they were given regarding the progress and the outcome of their case. Only 36% were "satisfied" with the information they were given on the progress of their case and only 28% were "satisfied" with the information given on the outcome.

When asked how likely they would be to report a crime again, 90% said they would be at least as likely to do so.

Victims of crime are very concerned about their own role and treatment within the criminal justice system. Indeed, when assessing their satisfaction with the justice system, victims tend to use their own experience with the system, rather than how the system deals with offenders, when making a satisfaction judgement (Wemmers, 1999). Therefore, if the criminal justice system wishes to improve its satisfaction rating among victims of crime (a

substantial proportion of the population), it should aim to increase victims' feelings of satisfaction about the system.

Type of crime experienced, demographics, relationship of victim and offender, previous victimisation history, social support, media use and involvement with the Criminal Justice System have all been shown to exert an influence on one or more aspects of crime victimisation. In this way, these factors can be thought of as independent variables, which influence the dependent variable, effect of crime. Indeed, they will be again categorised as variables when the multifactorial model of aetiology and manifestation of crime impact is proposed in Section 3, later in the chapter.

While still discussing independent variables, or factors that can influence the impact of victimisation, a few extra hypotheses are put forward in this thesis. Not all the following extra hypotheses have been given attention in the victimology literature but part of the study that follows in Chapter 4, *Crime Impact Survey*, will investigate the possible relationship between concurrent life stressors, injury, loss and belief in a just world on the impact of crime victimisation.

Concurrent Life Stressors

Maguire (1980) gives three possible explanations as to why house burglary can be so upsetting for some victims. Perhaps it is the unexpectedness of the event coupled with the victim's imagination or worst fears surrounding it. Or perhaps the trauma is related to the importance that people instinctively attach to their own private territory. However, the third explanation put forward for those who are badly affected by house burglary is that they may be people who are already experiencing a high degree of

insecurity in their lives. The examples cited are widows and divorced or separated women.

Whilst indeed it may well be possible that those who enjoy less social support in their personal lives may be more badly affected by an adverse event such as a burglary, there are other groups of people who “experience a high degree of insecurity in their lives” other than the widowed or the divorced. Insecurity or uncertainty can stem from many sources and could be part of a person’s life at the time of the traumatic event. The coinciding of several stressful events could also produce a person “experiencing a high degree of insecurity in their lives”. So therefore it could be possible that insecurity due to a person’s *current life events* coupled with a further traumatic event such as a burglary could produce an adverse reaction.

The idea that concurrent stressful life events coinciding with a further stressor, such as experiencing a crime, would produce an even more traumatised victim is one that is generally accepted within the victim support services but has not been given much attention by the academic world or in scientific research. Nor have concurrent life stressors in traumatised victims been assessed or investigated in any of the available literature.

Lagerbäck (1991) claims that the extent of the reaction to crime victimisation is determined firstly by the victim’s life history of traumatic events. A crime victim who has not dealt properly with a previous life stressor will have less strength and personal resources to deal with a new one. Secondly, how one deals with a negative event or life stressor is related to the current situation within that individual’s life. It therefore seems logical to suggest that the more stressful a victim’s life at the time of the crime, the more adversely affected by the crime they will be.

The Belief in a Just World

The “*belief in a just world*” is the belief that the world is a pretty fair place, most things happen for a reason and people are, by and large, deserving of what they get.

The belief in a just world is born out of the desire to see the world as just and fair, and to ascribe reasons, no matter how irrational, to certain attributes or phenomena to simply make ourselves feel better about injustices that we see. Furthermore, those beliefs are maintained even in the face of counter-arguments or evidence to the contrary (Lerner, 1980).

The belief in a just world involves more than simply believing in a controllable or understandable world. It involves ascribing causes to effects, not by investigating facts and using evidence, but by using subjective conditions and preconceptions that fit with our own world view. It often involves assigning causal blame to even the most innocent of sufferers, i.e. people get what they deserve.

An excellent example to illustrate the belief in a just world theory is that of the crime victim. Most of us would agree that being a victim of crime is a pretty unfortunate experience that befalls a certain percentage of the population who were in the wrong place at the wrong time, and who were simply unlucky. After all, most of us feel sympathetic towards victims of crime and agree that they are largely undeserving of what happened to them.

In some people, however, there can be a tendency to blame the victim. The idea of victim-blaming is not a new one; it was first put forward by an American sociologist, Hans von Hentig, in the 1940s. Victim-blaming grew from the idea that in some cases of victimisation, the victim may at best have contributed to, or at worst precipitated, his own misfortune.

Victim-blaming was taken up by others such as Mendelsohn (1956) not to take the focus of blame from the offender but to design programmes to prevent victimisation. However, the more onus that was placed on the victim for "contributing" to his/her own misfortune, the less innocent the victim appeared, an argument which was strongly opposed by the victim-movement, particularly in cases of rape and violent personal crime. Such was the opposition towards victim-blaming, in an age when the movement towards victim-recognition and victims' rights was gaining popularity, that the idea of victim-blaming gradually lost ground and eventually disappeared. It exists now only in terms of recognising factors that can predispose unfortunate individuals to crime victimisation.

The positive use of self-blame

It has now become traditional practice among those who deal with crime victims to absolve the victim completely of any blame pertaining to his situation. Victims are discouraged from ascribing to themselves any behaviour or action that may have contributed to their experiencing the crime. The victim is seen as innocent, blameless and totally undeserving of the dreadful crime that has befallen him. However, controversially, it has been suggested by some researchers that allowing the victim to ascribe to himself at least some blame or responsibility for the crime may actually facilitate the healing process (Frieze et al, 1987; Rosenbaum, 1980; both cited by Fattah, 1997).

Victims often feel powerless and feel that they have lost control over their lives. Allowing them to examine the part that they may have played in experiencing the crime could help them to regain some sense of that control.

"There is little doubt that victims who are able to attribute the victimising event, at least partially, to their (own) behaviour suffer less trauma than

those who believe that their victimisation was an unjust blow of an unlucky destiny (p.21)." (Fattah, 1997).

In layman's terms, the argument would go as follows: "I, the victim, was mugged last week because I did not mind my handbag. I was walking along, carelessly swinging it from my wrist. I now rationalise that I contributed to a certain extent to my being mugged. Therefore, in future, if I pay more attention to my possessions and keep my handbag carefully by my side, this unfortunate incident will not happen again."

The type of self-blame that the victim employs, however, is significant. There are two kinds of self-blaming strategies: Characterological self-blame and situational self-blame (Janoff-Bulman, 1979).

Characterological self-blame occurs when the victim blames his own character for causing the event. An example of a characterological self-blaming strategy would be "I was assaulted because I am a useless individual". Characterological self-blame is related to a sense of loss of control over events, and generally negative outcome (Joseph, 1999).

Situational self-blame is when the victim blames his/her actions in the situation for causing the event. An example of such reasoning would be the victim in the previous scenario, who feels s/he was mugged because of the way s/he was swinging the handbag. Such situational logic is related to a sense of control over own actions, and generally positive outcome (Joseph, 1999).

Mezey (1988) suggested that the effects of rape on the victims are similar to those of any act of violence or major disaster which is perceived as being life-threatening, external to the individual's locus of control and impinging on his or her capacity to cope in an effective way. Mezey mentions self-

blame as a coping mechanism whereby the victim blames his/herself or his/her own actions in an effort to regain a sense of control over what has happened.

Allowing victims to assume at least partial responsibility for their experience permits them to subscribe to the idea that things happen for a reason. It may be possible that victims who ascribe a certain amount of blame to their own actions do so as a coping mechanism to deal with their experience. It is a hypothesis of this study that victims who assign at least partial blame to themselves for their own actions, thus subscribing to the Just World belief, may show a lesser level of crime impact.

Personality

Personality has been shown to be an important factor in determining how somebody recovers after a trauma. It can affect one's vulnerability to effects of trauma and one's expression of the manifestation of that trauma (Williams, 1999). In turn, personality can be affected by the experience of trauma or the presence of a disorder such as Post-Traumatic Stress Disorder (P.T.S.D.).

Using a method of testing victims before *and* after the crime, and comparing both sets of scores to non-victims, Denkers (1996) discovered some interesting results relating to personality. Future victims and future non-victims varied in personality traits, even before the crime took place. Future victims tended to evaluate themselves more negatively and to hold less positive beliefs about Self than future non-victims. Future victims were also more pessimistic about their chances of future victimisation than non-victims. It is difficult to say if this result infers that the more negative personality traits precipitated the occurrence of the crime in some way, or if the crime became something of a self-fulfilling prophecy to people who had

a negative view of the world anyway. In any case, personality may well exert an influence in how the impact of a crime is manifested in a victim.

Coping mechanisms

It is possible that coping mechanisms may have an effect on how a victim is affected by a crime. It is a hypothesis of this study that employing positive and helpful coping mechanisms could assist the victim in recovering from the crime, but that the use of negative coping mechanisms would become a further factor in poor recovery.

The effects of coping mechanisms on the way a victim deals with crime have so far not been well researched. However, quite a good deal of research has been undertaken on coping mechanisms themselves. A review of the literature relating to coping mechanisms showed that they could often be divided into bipolar categories, but that there were three distinct bipolar categories into which a particular coping mechanism could be categorised.

The three bipolar categories mentioned in the contemporary literature were:

1. Positive coping mechanisms V Negative coping mechanisms (Carver et al, 1989)
2. Problem-focused coping mechanisms V Emotional coping mechanisms (Folkman and Lazarus, 1980; Carver et al, 1989))
3. Approach mechanisms V Avoidance mechanisms (From Johnston et al, 1995)

1. Many coping mechanisms can be categorised as either positive or negative. Positive coping mechanisms would be constructive ways of dealing with a situation, conducive to mental health, to the healing process and to lower stress levels. Negative coping mechanisms, on the other hand, would hinder the healing process and raise the stress levels. Seeking out relevant information about a stressor would be viewed as a

positive coping mechanism and drowning one's sorrows in alcohol would be viewed as negative.

However, the situation is not always so unambiguous. Some coping mechanisms, such as denying that a situation has occurred, may in the long run be detrimental to the healing process but may have short-term benefits. Most people, for example, go through a process of denial when they are bereaved of a loved one. The denial process in this instance cushions the person from overwhelming news, as the brain tries to assimilate it. Denial may not be an effective long-term coping mechanism, but evidence does show that it may be a positive, or even necessary, coping mechanism in the short-term (Kubler-Ross, 1997).

2. Problem-focused coping is aimed at acting towards alleviating the source of the stressor. It may involve seeking out information about the stressor or restraining one's own actions in other areas in order to concentrate more fully. Emotion-focused coping is aimed at alleviating the emotional effects of the stressor.
3. Approach mechanisms involve ways of actively addressing the stressor and dealing with the effects head on. Concentrating on the stressor or actively seeking out information about the stressor would constitute approach mechanisms. Avoidance mechanisms involve disengaging from the stressor so that one does not have to deal with its reality. Denial or keeping oneself busy doing other things would be avoidance mechanisms.

Understanding all three categories of coping mechanisms makes for a useful way of examining the many and varied coping mechanisms that one individual may employ in different situations. Indeed, there is evidence to suggest that a person may alter his/her coping mechanism to suit a

particular stressor, and it is not the case that just one mechanism is employed per person (Johnston et al, 1995).

Injury and Loss

Little research appears to have been carried out on the effects of injury and loss on victims of crime. Some attention has been paid to injury in the context of rape victims (Mezey, 1988; Parrot and Bechhofer, 1991) and loss in terms of bereavement for families of murder victims (Pasternak, 1995). Watson (2000) found the presence of injury to significantly increase the level of distress experienced by the victim. It is a hypothesis of this study, however, that the presence of injury or of loss could have a compounding negative effect on the experience of a crime

Summary of the Aetiology of the Effects of Crime

It therefore appears that many factors have been shown to exert an influence on the impact of crime victimisation. Demographic variables, type of crime experienced, social support available, previous victimisation history, relationship of victim to offender, media use, involvement with the criminal justice system and possibly injury, loss, use of the belief in a just world to attribute self-blame and concurrent life stressors may all important in determining how well (or badly) an individual copes in the aftermath of crime.

In addition to regarding the many factors that can influence crime impact in a multifactorial manner, crime impact can also be manifested on several levels.

Manifestations of the Effects of Crime

Physical and Practical Effects of Crime

Not all the effects of crime victimisation are psychological, even if the emotional and psychological effects are actually regarded as being the worst aspect of the crime by many victims (Maguire, 1982).

Recorded crime statistics in the U.K. for the 1998/1999 period showed that crime involving violence stood at approximately 12% of all notifiable offences that year (Povey and Prime, 1999). However, the results of the British Crime Survey for approximately the same period found that 22% of offences could be classified as violent (Kershaw et al, 2000). The increase in violent crime uncovered by the British Crime Survey may be indicative of some victims' reluctance to report sensitive crimes such as domestic violence or sexual assault to the police for fear of self-exposure to, or retribution from, the offender. In these particular studies, the incidence of injury was not reported.

Watson (2000) reported that in the E.S.R.I. survey of 1996, about one in ten crime victims received a physical injury. When the results were broken down by crime type, it was discovered that 91% of assault victims, 30% of victims of aggravated theft and 24% of victims of aggravated house burglary received a physical injury. It appears that there can be a high risk of injury from serious crimes involving assault or the presence of a weapon.

Financial loss, in addition to being regarded as an influence in how affected a victim will be in the aftermath of a crime, and discussed in the Aetiology of Crime Impact section previously, is also a manifestation of the effect that a crime can have on a victim. In Ireland in 1996, Watson also found that 83% of crimes reported to the Gardai during the study period involved some form of stolen property or financial loss, involving just under £300 to each

victim in average financial terms. Such financial loss to individual victims can be significant, but when reported to the Gardai (from where the criminal investigation passes in to the criminal justice system) and claimed from insurance companies or victims' compensation schemes, the cost to society and State is considerable.

The experience of a crime can lead to injury and financial loss, but it can also lead to practical difficulties for many victims. Victims may need to know how to go about reporting the crime, whether or not they are entitled to insurance or compensation or how to fill out claim forms. They may need information on security measures or on the criminal justice system. Victim Support deals with such practical effects of crime on a day-to-day basis (Victim Support Annual Reports available from National Office or National Website www.victimsupport.ie). Such practical inconveniences can also be regarded as physical, rather than psychological, effects of crime.

General psychological effects of crime

As many factors can be shown to influence the impact of crime victimisation, so the impact of victimisation can be shown to manifest itself on several levels.

It is often difficult to talk about "crime" when it is itself such a heterogeneous phenomenon. The term "crime victim" covers victims of all illegal activities; domestic and non-domestic, violent and non-violent, crimes involving injury, crimes involving loss, crimes against individuals and crimes against institutions. Some crimes, such as those of coercion or harassment involve only the *insinuation* of injury or loss.

The heterogeneous nature of "crime" produces heterogeneity of effects. Different crimes produce different effects and in general, the more serious or violent the crime, the more long-term and devastating the effects on the

victim. Larceny from a car will produce far fewer long-lasting effects than physical assault, whilst residential burglary, albeit devastating for some victims, will have qualitatively different effects than, for example, domestic violence.

Smaller-scale, qualitative studies have been shown to be far more successful in unveiling the impact of victimisation than their larger-scale counterparts (Zedner, 1994). Focusing on groups of specific victims, particularly those of sexual and violent crimes, has highlighted the immensity of the adverse effects suffered by the victims.

Shapland, Willmore and Duff (1985) interviewed a variety of victims in their study of the British Criminal Justice System. They found some interesting differences between the effects suffered by victims of sexual assaults, physical assaults and robberies. They discovered that, among their sample, physical assault victims suffered less effects overall than robbery or sexual assault victims, and that sexual assault victims suffered the highest level of effect. In other words, although the level of effects suffered by all victims was high, there were differences between the level of effects suffered by different types of victim.

Shapland et al also found that 75% of victims in their sample still suffered some adverse effects up to two and a half years later. In Ireland, the 1996 E.S.R.I. Survey found that 78% of crime victims who participated in the survey were still affected in some way at the time of the interview, i.e. 9-22 months after the crime experience (O'Dwyer, 1997).

Denkers (1996) noted that the more serious psychological effects manifest themselves in the first few months after the crime. Similarly, after the first few months the more serious effects begin to improve and, in the main, soon afterwards disappear. Denkers' review included studies on victims of

a wide range of crimes from rape to violent crime to property theft and damage. However, Denkers did note that the more serious the crime, and rape was cited as an example, the more marked the display of psychological symptoms.

Several studies concentrating on rape victims have shown how prolonged and devastating the effects of sexual crime can be. Effects such as flashbacks and fear of being alone are not uncommon and long-term sexual dysfunction and marital problems are reported by many rape victims (Newburn, 1992). Similar effects have been reported by victims of child sexual abuse (Sanderson, 1995).

Victims of non-violent crimes also suffer adverse psychological effects, albeit less severe or prolonged. Several studies on residential burglary have shown that effects such as fear, feelings of nervousness, unease or insecurity as well as altered sleeping and eating patterns lasted long after the actual burglary (Maguire 1980; Maguire and Bennett, 1982; Budd, 1999). Around 2/3 of burglary victims in Maguire and Bennett's (1982) study said that the experience was still having some sort of effect on their lives 4-10 weeks later. 15% reported themselves as still feeling frightened on occasion and 12% of female burglary victims said that their house still felt "polluted" or "violated". Budd (1999) found that 82% of burglary victims in the 1998 British Crime Survey were emotionally affected by the experience in some way.

Shapland, Willmore and Duff (1985) interviewed a variety of victims in their study of the British Criminal Justice System and discovered a high prevalence of physical, social and psychological effects over time; indeed, many of these negative effects of victimisation seemed actually to increase over the course of the study. The only exception was financial effects, which appeared to decrease with time. Indeed, the researchers noted that by

the second or third interview, financial losses were “often no longer important” to the interviewees.

Emotional Effects of Crime

Victims of violence on the whole suffer more adverse emotional effects than victims of burglary (Maguire and Corbett, 1987). However, a study on burglary victims in the U.K. in the 1980s found that 83% of victims suffered immediate adverse effects when the burglary was discovered and 65% were still affected 4-10 weeks later (Maguire, 1982). Subjects were also asked what the worst part of the burglary was for them. While 60% of respondents mentioned emotional effects as being the worst part of the burglary, namely feelings of intrusion and emotional upset, only 32% said the worst part of the burglary was the loss or damage incurred. Therefore, emotional effects of burglary were the worst aspect for more people than practical or financial effects. Maguire and Corbett’s (1987) study echoed the findings of Maguire (1982). They noted that for most victims in their study, the emotional effects of the crime were far more acute than the practical difficulties caused. The only exception to this was certain property offences, such as car theft, which did cause a good deal of practical inconvenience.

The authors noted that a majority of victims in their sample suffered some kind of emotional effect. Of those who reported emotional effects, the effects were usually long-lasting and commonly took the form of nervousness, anxiety and worry, particularly when alone or out of the house. The study was mainly qualitative and results tended to be thematic rather than empirical, but emotional effects clearly stood out amongst those interviewed as being commonly experienced and severe.

Maguire and Corbett’s (1987) analysis of the 1984 B.C.S. found a large proportion of victims to mention emotional effects such as anger, fear and

worry. The study used multivariate analyses to highlight how specific emotional effects were produced by a combination of several factors. The theft of personal items produced anger amongst men. Vandalism produced anger in women. Threats, violence and burglary produced general health problems like stress and depression.

Shock, panic, confusion, anger and general upset were common emotional reactions of the subject sample. Women often mentioned fear or shock. Men often mentioned anger. As will be discussed in the “Fear of Crime” section to follow, one can once again see the effects of role socialisation in the effects that each gender will describe. Maguire and Corbett (1987) also found that women mentioned more emotional effects than men.

Fear of Crime

The largest and most widely-studied effect of crime is fear. Fear is perhaps one of the most overt emotional effects and is therefore more easily recognised by victims themselves.

The traditional method of investigating fear of crime amongst the general population has been through victimisation surveys, popular on a large scale since the 1980s. A large, randomly selected sample of respondents is asked for opinions and responses on a wide variety of crime-related topics.

In an Irish context, the 1998 Quarterly National Household Survey on an Irish general population sample found that 29.5% of respondents felt “unsafe” or “very unsafe” walking in their neighbourhood after dark. When broken down by gender, 10.2% of males felt “unsafe” or “very unsafe” whilst 42.5% of females reported themselves feeling “unsafe” or “very unsafe”. When asked how safe they felt in their homes alone at night, 7.7% of the general population reported that they felt at least “unsafe” if not “very” unsafe. The score for males was 2.4% and for females it was 11.4%.

Overall, 34.5% of respondents worried that they or someone who lives with them might become a victim of crime. (Central Statistics Office Publication, 1999)

In a study on Irish crime victims who reported the crime to the Gardai during 1996, 27% of crime victims reported themselves as feeling unsafe when walking in their neighbourhood after dark (O'Dwyer, 1997). This was a similar figure to that reported by the general population in the Quarterly National Household Survey of 29.5%, thus suggesting that such feelings of unsafety exist regardless of whether or not an individual has been victimised. O'Dwyer found 10% of the victim sample to feel unsafe in their homes alone after dark (O'Dwyer, 1997) – a figure slightly higher than the general population figure of 7.7% (Central Statistics Office Publication, 1999).

O'Dwyer (1997) discovered the following levels of perception of risk amongst Irish crime victims (see Table 1.1):

Type of Crime	Percentage of all respondents who thought it likely that this crime would happen in the next 12 mths
Theft from vehicle	59%
Theft of vehicle	55%
Break-in	51%
Threat, insult or harassment	43%
Mugging or robbery	40%
Vandalism	30%
Assault (outside home)	28%
Sexual assault	9%
Assault (inside home – domestic violence)	5%

(O'Dwyer, 1997)

Table 1.1

Irish Crime Victims' Perception of Own Risk – Garda Survey 1996

O'Dwyer (1997) also found that when he broke the respondents down by crime categories, the perceptions of own risk increased even further. For example, 51% of all victims interviewed thought it likely that they would suffer a break-in in the next 12 months, but when burglary victims only were asked the likelihood of another break-in, the figure rose to 60%.

From these findings it can be concluded that

- Fear of crime is exhibited by the general population in Ireland.
- Fear of crime is at least as much of a worry, if not more of a worry, for crime victims.
- Those who have suffered a rather serious crime exhibit the highest levels of fear of, and perception of own risk of, experiencing that particular crime again.

Victimisation surveys have also been carried out on an international scale. The 1996 sweep of the International Crime Survey found a relatively high level of anxiety about crime in England, Wales and Scotland in comparison to the other countries in the survey (Mayhew and White, 1997). The International Crime Survey also showed that respondents in the U.K. were relatively concerned about their safety when out after dark. In England and Wales, 32% of respondents felt “a bit” or “very” unsafe about being out alone after dark. In Scotland, 26% of respondents felt “a bit” or “very” unsafe and in Northern Ireland, 22% felt the same way (Mayhew and White, 1997).

Of the countries surveyed by the 1996 International Crime Victimization Survey, the U.S.A., Scotland, England and Wales were found to be countries where the population were most likely to be altering their behaviour to avoid crime, such as avoiding certain people or places. Out of the 11 participating countries, those in Northern Ireland were found to be least likely to actually alter their behaviour, but the high police and army presence in Northern Ireland in 1996 may have had a direct causal effect on these figures. (Mayhew and White, 1997)

The British Crime Survey has been carried out on random respondents from the population in England and Wales since 1982. The questions asked in relation to crime and crime victimisation have provided an ongoing opportunity for victimologists in Britain to learn more about public perceptions of crime and its effects. Mirrlees-Black and Maung (1994) used findings from the 1992 British Crime Survey to report on fear of crime in the U.K. Respondents were asked how worried they were about becoming victims of the following crimes: Theft of car; theft from car; burglary; mugging; rape. The results are presented in Fig.1.1 below:

Worry about specific crimes (1992 BCS)

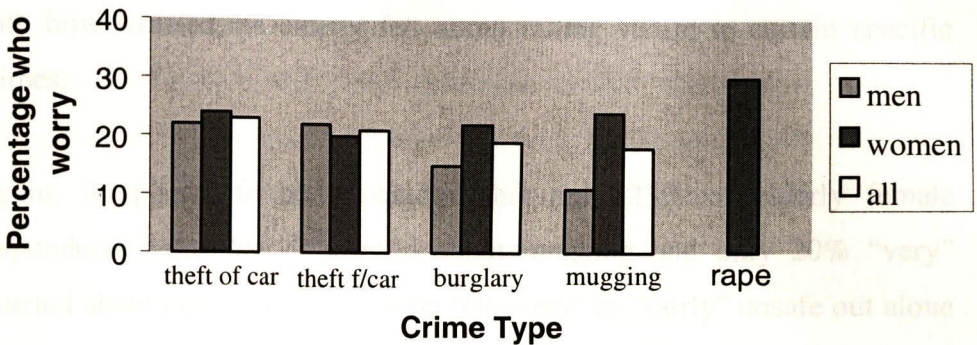


Fig. 1.1

Worry about specific crimes (1992 B.C.S.). (From information supplied by Mirrlees-Black and Maung (1994))

As can be seen in Figure 1.1, female respondents appeared to be particularly worried about rape, with an average of 30% of them describing themselves as being “very” worried about falling victim. 42% of the “very” worried respondents were of the 16-29 year-old age group.

Women appeared to be no more worried about falling victim to burglary or mugging than men, although for car crimes both sexes appeared to be equally worried.

It is interesting to note that the results of the 1992 B.C.S. imply that worry over the five given crimes decreased with age, with those in the over-60 age group describing themselves as “very” worried considerably less frequently than those in the 16-29 year-old or even 30-59 age brackets.

As another measure of fear of crime, interviewees are often asked how safe they feel out alone after dark and at home alone after dark. In the 1992 B.C.S., female respondents appeared particularly concerned about being out alone after dark, with an average of 49% of them describing themselves as

feeling “very” or “fairly” unsafe in comparison to 14% of male respondents. However, in this case, more elderly respondents, both male and female, felt unsafe than their younger counterparts; a result paradoxically in contrast with how worried the elderly felt about falling victim to certain specific crimes.

Again, it appears to be a paradox that only 23% of elderly female respondents were “very” worried about mugging and only 20% “very” worried about rape, but 58% of them felt “very” or “fairly” unsafe out alone at night. Perhaps the elderly feel that they have more to fear when out alone at night than specific crimes such as mugging or rape, but any particular reason for the paradox remains unclear.

The risk-fear paradox has not gone unnoticed in the victimology literature. Females and the elderly have traditionally been found to exhibit higher levels of fear throughout the victimisation survey reports, yet it is precisely these groups that are statistically at less risk of victimisation. The elderly consistently report themselves as fearful and yet, due to reasons such as restricted mobility or financial constraints, are the group that remain at home most often and away from street-related crime. We have also seen how females tend to report themselves as more fearful than males, and yet it is males, most particularly young males, who are statistically most likely to fall victim to crime.

There is a myriad of reasons as to why the risk-fear paradox should be so. Firstly, crimes such as sexual assault and domestic violence, which traditionally involve female victims, are hugely under-reported. The stigma of being a victim of either of these crimes, coupled with fear of retribution from the offender, means that many victims are unwilling to come forward and speak about their experiences either to researchers or to the police.

There exists, then, a statistical gap where reports of these crimes should be, replaced with reports by females of feeling frightened by crime.

The paradox may also exist because females and the elderly are traditionally the groups of people with fewer resources to deal with the experience of victimisation. When asked, therefore, if they fear crime, respondents may respond in the affirmative more because they fear the consequences of crime rather than the actual crime itself.

Another possible reason for the risk-fear paradox could be that “fear” and “perception of risk” are actually qualitatively different effects of crime. Fear is an emotional response to a given stimulus, i.e. crime. Perception of own risk, however, can be seen as a cognitive evaluation of the likelihood that one may become a victim of crime. The notion that the effects of crime can be manifested on several levels is an important one. The results of the *Crime Impact Survey* (Chapter 4) will show that emotional and cognitive effects are two of several possible manifestations of crime impact. The different manifestations can exist either independently or concurrently, but it is important to take all of them into account when discussing “effects of crime”.

Mirrlees-Black and Maung (1994) used a multivariate analysis technique to produce certain predictive factors of fear of crime. They found that female respondents, those in lower-income households and in inner-city areas, ethnic minority groups and those who were victims of crime in the past generally scored higher on the measures of fear used in the survey.

The disproportionately high level of fear exhibited by female and elderly respondents to the B.C.S. might also be indicative of a more well-founded fear of *consequence* of crime. The cost of crime economically, physically, socially and psychologically may in fact be far greater for its elderly or

female victims. This, perhaps, is due to less physical or psychological resources to cope with the effects of victimisation which in turn could cause elderly or female victims to fear the *cost* of crime or what the result of crime could mean for them, far more than their more robust or wealthier counterparts (Zedner, 1994).

The B.C.S. question which asks respondents how “worried” they are about a specific crime may further distort the concept of fear of crime. Asking a question about worry may actually prompt respondents to describe their assessment of their own particular risk of falling victim to that crime, although perception of risk is related to feelings of worry (Kershaw et al, 2000).

Fear of crime can stem from several sources and have several dimensions; it may be a reaction to past victimisation, anticipation of current risk or an assessment of the effects crime could have, should it occur (Mawby, 1988).

“Whilst measurements of actual victimisation are not without their methodological shortcomings, fear of crime is a subjective state which raises a host of additional problematic issues. Thus, fear may be a reaction to past victimisation, anticipation of current risk, an easily verbalised shorthand to illustrate more nebulous concern over problems of crime, disorder or powerlessness, or a pre-judgement of the effects of crime, should it occur. Given the lack of clarity over what measurements of fear of crime are “actually” measuring, it may be seen as a gut response to media distortions, an irrational response, or as a realistic assessment of the place of crime alongside other contemporary social problems (p.103).” Mawby (1988).

Fear of crime can be seen as either a “justifiable” reaction to an experience or an “irrational” pre-judgement of what could happen. General population

surveys such as the B.C.S. have contributed much to our understanding of fear of crime amongst the general population, but in asking the general population about their fear of crime and not categorically separating the responses of victims and non-victims, a possible ambiguity has been created between “rational” fear (due to experience) and “irrational” fear due to imagination, media reports or hearsay. Indeed it has been shown by studies on the general population’s estimates of crime prevalence, that people do over-estimate both the level and the seriousness of crime (O’Connell and Whelan, 1996). Fear of crime can include beliefs about crime, assessments of risk of victimisation and perceived threat of crime (Skogan, 1988).

The B.C.S. results have shown that fear of crime in the general population has generally remained the same in the four sweeps of the survey from 1982 to 1992. Police figures, however, show that the level of crime (at least *reported* crime) increased during the same period. Furthermore, when the 1992 B.C.S. asked respondents about levels of crime in their own area, 57% of them felt that crime had indeed increased. People’s fear of crime, therefore, can sometimes be independent of the actual level of crime at any given time (Mirrlees-Black and Maung, 1994).

When comparing fear of certain crimes between the sexes, women showed higher levels of worry about burglary than their male counterparts and one in three reported themselves “very” worried about rape (Mirrlees-Black, Mayhew and Percy, 1996).

Again, in line with previous sweeps of the B.C.S., elderly people were not more worried about specific crimes but did report themselves as feeling unsafe when out alone at night; 60% of women over 60 and 25% of men over 60. Seventeen percent of elderly women living in inner-city areas never go out alone after dark for fear of crime. The finding of the 1996

B.C.S. once again show that the elderly are the most fearful of crime in general.

Behavioural effects of crime

Behaviour modification due to fear of crime has been examined by several authors. Skogan (1986; cited by Zedner, 1994) identified certain types of fear-related behaviours such as social withdrawal, or weighing up the costs and benefits of behaviour modification and altering lifestyle accordingly.

The localised Islington Crime Survey, carried out in the U.K., found that 7% of men and 36% of women in their population sample never went out after dark due to fear of crime (Zedner, 1994). The 1996 International Crime Survey found those in the U.K. to be among the most likely to alter their behaviour to avoid crime, such as avoiding certain people or places (Mayhew and White, 1997). (The population in Northern Ireland were less likely to alter their behaviour, but it must be remembered that there was a high police and army presence in Northern Ireland in 1996, and this may have had an effect on the results.)

Coston (1998) cites several protective behaviours such as avoiding places, carrying weapons and using property protection devices as being direct results of fear of crime.

Fear of crime, or indeed any effect of crime victimisation, is not always manifested emotionally. Nor is it easily recognised, conceptualised or verbalised by all sections of the population. It is possible that some crime victims, whilst not vocalising emotional effects or professing concern over personal safety, may display the effect of crime behaviourally. This has certainly been noted in the case of male crime victims (Stanko and Hobdell, 1993).

Cognitive Effects of Crime

People use direct and indirect experience to produce cognitive evaluations of the world around them and to shape their beliefs about certain things. These beliefs are subjective and judgemental. In addition, these beliefs may or may not be an accurate reflection of reality.

Members of the general population cognitively evaluate and form beliefs about crime. However once again these beliefs may not accurately reflect the reality. Studies in the United States consistently show that people over-estimate the levels of crime around them. Not only that, but they consistently believe the levels of crime to be increasing (Skogan, 1988). Similarly, O'Connell and Whelan (1996) found the general population in Ireland over-estimate both the level and the seriousness of crime.

The 1996 International Crime Survey showed that in the U.K., people tended to favour imprisonment for a recidivist burglar. Surprisingly, it also showed that support for imprisonment as a method of dealing with offenders has been generally increasing most markedly in England, Wales and Scotland (Mayhew and White, 1997).

Beliefs and attitudes are paramount because they "filter" incoming information or stimuli and affect an individual's response (Fairhead, 2000). In this way, an individual's belief system can be viewed as a mediating variable when studying the effects of crime.

Cognitions, evaluations and beliefs are also a dependent variable, however. Attitudes such as punitiveness towards offenders, beliefs about crime prevalence or evaluations about one's criminal justice system can be seen as the cognitive effects of one's own experiences.

The Cognitive Theory

The basis of the cognitive theory is that as an individual goes through life and experiences different things, he/she develops mental pictures or models of what the world is like. These models are called “schemata”. Schemata can be thought of as mental models of self, world and other people. Schemata begin as simple models based on direct experiences of events, and are built upon, altered and adapted as the individual’s range of direct and indirect experiences grows.

Most people’s schemata are a) generally positive and b) flexible enough to incorporate a wide range of positive and negative experiences (Power and Dalgleish, 1997). When a negative experience occurs, this event becomes an experience which, along with all the other previous experiences, must be absorbed into the individual’s schemata of “How Things Are”. Immediately after the negative event, there is often a phase of “numbing” followed by a “disorganised” phase as the individual struggles to assimilate this new, negative information.

In fact, psychological defence mechanisms such as “numbing” or denial are employed to shield the victim from the immensity of the experience. Then, as the trauma is gradually brought into active memory, it is not unusual for the victim to experience alternating episodes of intrusive thoughts/memories and subsequent avoidance techniques such as not thinking about it, or engaging in other tasks. Joseph (1999) describes this alternating period as “oscillating intrusion and avoidance”.

Questioning “Why did it happen?” or “Why me?” is normal in the first few weeks and months of the assimilation phase. Adaptation and healing usually takes place as the answers to these questions are formulated.

Fortunately, with most people, the assimilation period doesn't take too long and the individual is soon able to carry on as before. Sometimes, however, with some people and with some negative events, the individual is unable to integrate the experience into his/her schemata and disorder occurs. Understanding the reasons why disorder occurs can help us to understand some of the negative effects that events such as crime can have on a victim.

A good example of disorder following a negative event is the occurrence of post-traumatic stress disorder. P.T.S.D. is defined using stringent criteria identified in DSM-IV (see Appendix 4).

Although there are several theories as to how exactly traumatic illness occurs, most cognitive theorists agree that it happens when the negative event or trauma is so incongruent with the individual's pre-existing beliefs that it cannot be successfully integrated into the schemata. But where does the problem lie? Is it with the event itself? Are some events so devastatingly negative that they will inevitably produce post-traumatic stress disorder in the majority of the victims? It is true that crimes such as rape have been shown to produce a high occurrence of P.T.S.D. in their victims, but it certainly does not follow that all victims of rape will suffer P.T.S.D.

Perhaps, then, the problem lies within the individual who experiences the negative event, or more accurately, with the schemata that the individual has created to represent self and world. Perhaps the schemata are inaccurate or inflexible to new experiences.

One theory of how P.T.S.D. occurs is Janoff-Bulman's (1992) theory of shattered assumptions. Janoff-Bulman believes, like most cognitive theorists, that individuals carry their pre-existing beliefs into a potentially traumatising situation. Remember that most beliefs are generally positive;

they believe self to be largely invulnerable, the world to be mostly safe and things are usually seen from a positive point of view. If the beliefs are healthy enough and flexible enough to encompass the new negative experience, the individual will soon recover. However, if the pre-existing beliefs cannot assimilate the negative experience, they will “shatter” in the face of negativity, the individual will be unable to recover quickly, and the effect is manifested as post-traumatic stress disorder.

Denkers (1996) uses Janoff-Bulman’s theory to describe the four shattered beliefs that victims of crime suffer:

1. The world is full of goodness and generally good things that happen outnumber bad things.
2. Self is generally lucky and things have worked out well.
3. We have a certain amount of control over things that happen to us and we can often avoid bad things happening to us.
4. We always make an effort to prevent bad things from happening.

But why would some people’s beliefs incorporate a traumatic event fairly evenly, yet other people’s beliefs shatter upon experience? Power and Dalgleish (1997) have suggested two errors that may occur at schematic level, thus leaving the individual vulnerable to trauma in the future.

The first error is the type of schematic model that an individual possesses. A “healthy” schema should be flexible enough to incorporate a wide range of experience so it should not be too rigid in nature. For example, a healthy schema about self should be predominantly positive but allow for exceptions, e.g. “Self - Generally Invulnerable”. “Generally” invulnerable allows for the possibility of self being occasionally vulnerable whilst remaining, in the main, positive about the vulnerability of self. An unhealthy schema would be less flexible and less able to incorporate a negative event, e.g. “Self - Completely Invulnerable”. This sort of rigid,

“unhealthy” schema would be far more prone to shattering in the face of a traumatic event such as a crime.

The second error that an individual can make at the schematic level is to deny that the event has taken place, rather than attempt to assimilate it into the existing schemata. Denying or repressing information that is incompatible with one’s pre-existing beliefs is a way of ignoring and not dealing with a traumatic event. These individuals, therefore, will not have a history of adapting their schematic models of world and self and will be less able to deal with an extremely traumatising event, should one occur. It is also argued that they might be vulnerable to the occurrence of late-onset P.T.S.D. in the future (Power and Dalgleish, 1997).

The effect of not dealing with previous negative experiences was also noted by Lagerbäck (1991) in his work with crime victims. The author believed that *“if a person has already had a crisis that was not dealt with properly, he or she probably has less strength to deal with a new one. Furthermore, the old crisis may reappear in the new situation – and the two crises reinforce each other (p. 7)”*. (This interesting idea has also been discussed earlier in the chapter under “Aetiology of the Crime Impact; Concurrent Life Stressors”).

Lagerbäck believed that people who have not adequately dealt with previous negative experiences have mental energy bound up, and therefore have less coping resources available to deal with a new negative experience.

Studies have shown that individuals with a pre-morbid psychiatric history are more prone to develop P.T.S.D. following a traumatic event (Power and Dalgleish, 1997). This has been used to criticise Janoff-Bulman’s shattered assumptions theory by arguing that an individual with a pre-morbid psychiatric history is more likely to acknowledge personal vulnerability and

have a negative view of self than someone without a similar psychiatric background. This negativity would be reflected in that individual's more negative schemata. Therefore, the argument goes, when a negative event occurs, should it not simply reinforce the negative schemata in the pre-morbid individual rather than shattering the negative assumptions? However, it is equally possible for the schemata, even of somebody whose schemata lean towards negativity in the first place, to completely collapse in the face of a further traumatising event, particularly one serious enough to be perceived as life-threatening, as in the case of P.T.S.D. Furthermore, as we have already seen, if the previous experiences which produced the positive schemata were not dealt with in a healthy manner but were denied or repressed, the individual may further be prone to P.T.S.D.

It is interesting to note that many theories that explain how we cope with traumatic events can easily be related to the cognitive *schematic* model. Bereavement theories, such as Kubler-Ross' (1997) "Stages of Grief", or Worden's (1991) "Tasks of Mourning", begin with a shattering experience (death of loved one) and move towards acceptance of the event. The cognitive model explains how the final acceptance takes place, as we assimilate the negative event into our schemata. The cognitive theory, rather than contradicting any of the existing models of coping, seems to actually complement them in light of internal mental processing.

Summary of Manifestations of Crime Impact

Mezey (1988) described the response to rape in three outcome measures: Physical, Behavioural and Psychological.

Shapland, Willmore and Duff (1985) interviewed a variety of victims in their study of the British Criminal Justice System. The authors sub-divided "effects of victimisation" into Physical, Financial, Social and Psychological.

The authors did, however, find it difficult to quantify the effects suffered by each victim.

A criticism of Shapland et al's study could be that the four measures used to indicate the effects of victimisation may have been too broad. The social and psychological measures, for example, appear to encompass everything from affects to socialisation to stress and trauma. The researchers themselves noted, "*victims also referred to a diverse range of effects which may broadly be described as psychological and social consequences of the offence. It would have been ideal if victims had described these in neat categories (p. 106).*" It is possible that had the categories been narrowed down and more clearly defined, that other interesting features may have emerged.

The "psychological" outcome measure is a rather heterogeneous measure of various effects. Previous research has shown that "effects of crime" can be divided into "cognitive", "emotional", "behavioural" and "mental health" in terms of traumatic responses. This thesis advocates the use of the multifactorial approach when examining the effects of crime on a victim. Doing so lends itself to more in-depth analysis of the individual levels of effect of crime victimisation, whilst ensuring that all the different facets of crime impact are expressed.

It should also be noted, however, that cognitive, emotional, behavioural and mental health responses are not mutually exclusive categories. Indeed, it would be common for a crime victim to experience some or all of the various measures of effect. Furthermore, there are large areas of overlap between the various measurements. An inability to encompass a new crime experience into one's existing schemata may be a cognitive effect of crime, but is also one of the predisposing factors also leading to Post-Traumatic Stress reactions (mental health effect). The presence of fear (emotional

effect) may lead a victim to exercise greater caution over security measures or to go out alone less often (behavioural effects). It is important to remember that the exploration and analysis of crime impact on a multifactorial level does not imply that each reaction is separate and operates independently of the other effect manifestations.

Chapter 1, Section 3

Proposal of the Multifactorial Model of Aetiology and Manifestation of Crime Impact

Aetiology of crime impact

There are many factors that influence how a victim is affected by a crime experience. The available literature suggests that some of these factors are: Type of crime experienced; demographic characteristics of the victim; relationship between victim and offender; previous victimisation history; social support available to victim; victim's subsequent involvement with criminal justice system; victim's use of media. Hypotheses of this study also propose that concurrent life stressors, victim's belief in a just world, injury and loss could be further influencing factors.

Several researchers have recognised the complexity of crime impact and have proposed causal models which involve several independent variables. Garofalo (1979) believed that fear of crime (a major manifestation of crime impact) was the result of a cumulative effect of five distinct and separate factors: Actual risk, experience of victimisation, role socialisation, media and perceived protection (Fig.1.2).

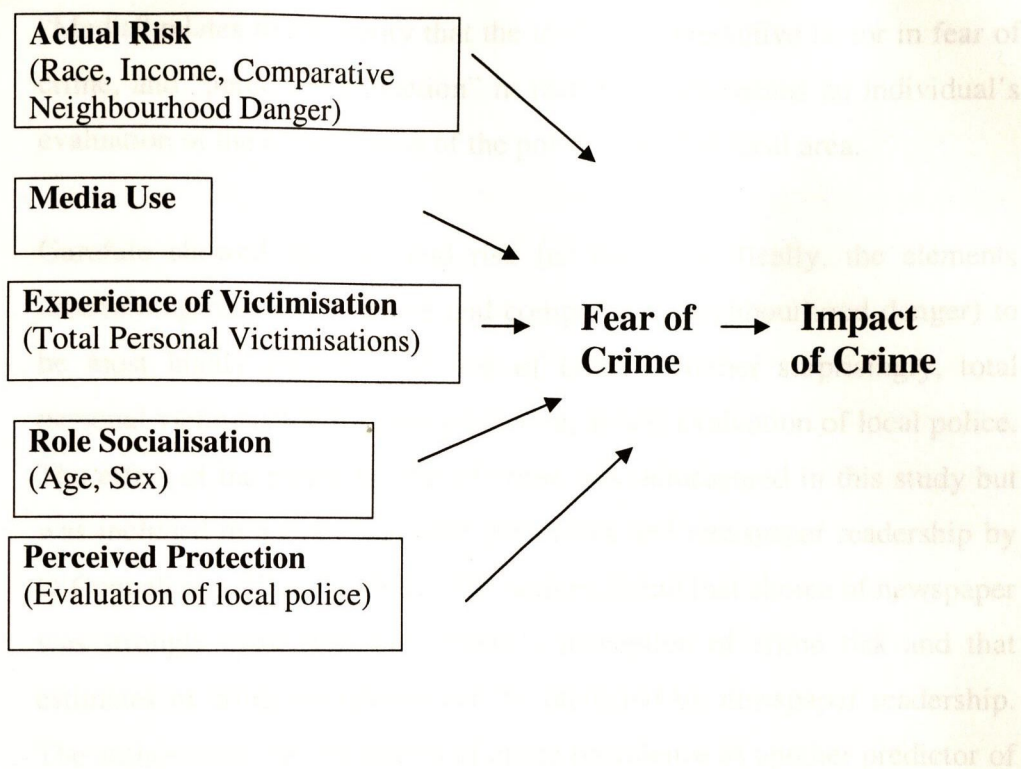


Fig. 1.2

Factors influencing crime impact (from Garofalo (1979))

“Actual risk” in Figure 1.2 was taken to represent the real risk of crime that an individual is exposed to in day-to-day life. Garofalo believed that actual risk is a function of an individual’s race, income and the “dangerousness” of the neighbourhood in which he/she lives. He found that people of ethnic minority groups, in low-income brackets and who lived in “dangerous” areas where crime was prevalent were far more likely to be fearful of crime than whites in higher-income brackets, living in less “dangerous” areas.

“Experience of victimisation” relates to an individual’s previous victimisation history. “Role socialisation” symbolises an individual’s age and sex, and the behaviours that are socially acceptable for different genders and age groups. Garofalo believed that age and sex predict how likely it is that an individual will admit strengths, weaknesses or vulnerability, and therefore how likely it is for somebody to admit to being fearful of crime.

“Media” relates to the theory that the media is a predictive factor in fear of crime, and “perceived protection” in real-life terms means an individual’s evaluation of the effectiveness of the police in his/her local area.

Garofalo showed age, sex and risk (or more specifically, the elements determining risk; race, income and comparative neighbourhood danger) to be most highly predictive of fear of crime. Rather surprisingly, total personal victimisation was less predictive, as was evaluation of local police. The effect of the media on fear of crime was unmeasured in this study but was included in a study on crime prevalence and newspaper readership by O’Connell and Whelan (1996). The authors found that choice of newspaper was strongly associated with people’s perception of crime risk and that estimates of crime prevalence can be predicted by newspaper readership. The authors also cite perception of crime prevalence as another predictor of fear of crime.

Box, Hale and Andrews (1988) recognised the complexity surrounding fear of crime, particularly in relation to the predictive factors and situations that produce it. Rather than producing a simple, additive model using a list of single predictive factors, the authors advocate a more interactive model whereby the independent variables are combined to produce an interactive effect that is more highly predictive of fear. The authors found that whilst similar to Garofalo’s (1979) study, neighbourhood incivilities and previous victimisation are both predictive of fear of crime, the combination of both is even more highly predictive.

The following combinations of factors were also shown to be highly predictive of fear:

- Gender and Age
- Race and Inner City Habitation
- Neighbourhood Incivilities and Previous Victimisation.

People who perceive themselves certain to be a victim of crime in the future were also found to be most likely to be fearful of crime victimisation.

Skogan (1988) explored three concepts that may be related to fear of crime; beliefs about crime, assessments of risk of victimisation and perceived threat of crime. Furthermore, Skogan purports that the two latter categories, i.e. assessment of risk and perceived threat constitute the more general, umbrella term of “fear of crime”. In other words, he believes that assessment of risk and perceived threat equal fear of crime. However, it is our cognitive calculations or beliefs that lead us to assess our risk or perceive our threat in the first place. Skogan’s summary of the three concepts that relate to fear of crime is conceptualised as follows (Fig.1.3):

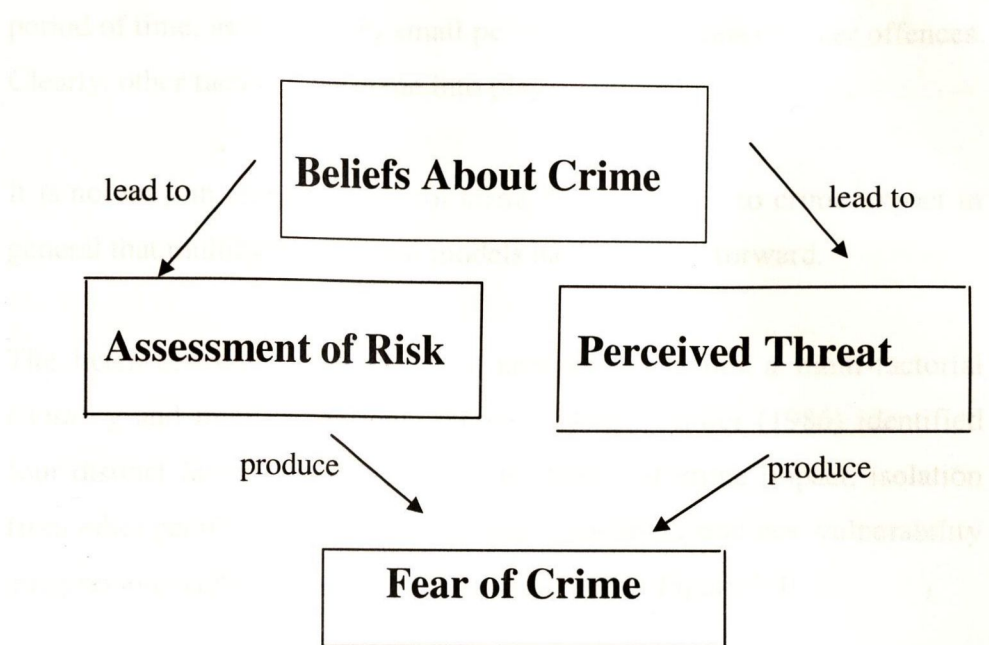


Fig. 1.3
Factors influencing crime impact (from Skogan, 1988))

Once again, fear of crime turns out to be multi-factorial in aetiology.

Skogan also noted that respondents to opinion-polls in the U.S. usually report that crime in general is on the increase. This is a similar finding to the results of the crime surveys in the U.K. and Europe (Mirrlees-Black and Maung, 1994; O'Connell and Whelan, 1996). Interestingly, however, when asked about crime in their own area, it was found that respondents perceived it as less of a problem (Skogan, 1988, citing Gaquin, 1978). Although people believed that the incidence of crime is increasing, they saw it as a problem affecting other people in other areas rather than their own.

It is generally agreed that the impact of crime differs from one crime to another and from one victim to another. Maguire and Corbett (1987) concluded from their study that victims of most types of crimes recover within a few weeks. However, a substantial minority of victims of violent crimes such as serious assaults and robberies do not recover in a short

period of time, as with a very small percentage of victims of other offences. Clearly, other factors must come into play.

It is not only in relation to fear of crime but in relation to crime impact in general that multifactorial causal models have been put forward.

The heterogeneous nature of crime necessarily implies a multi-factorial causality and multi-dimensional effects. Skogan earlier (1986) identified four distinct factors that are strongly predictive of crime impact; isolation from other people (lack of social support), available resources, vulnerability and previous victimisation. These are presented in Figure.1.4:

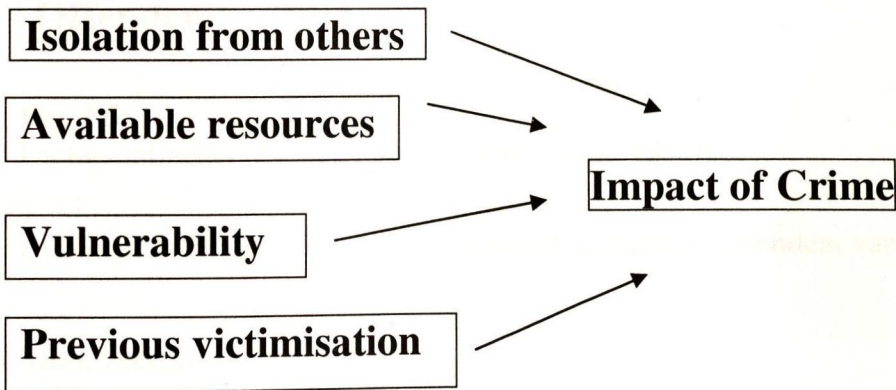


Fig. 1.4
Factors influencing crime impact (from Skogan, 1986))

Young (1988) purported that the impact of crime is a function of four variables; risk, compounding, vulnerability and relationship between victim and offender, where “risk” means actual risk of danger, “compounding” means multiple victimisation, and “vulnerability” means one’s ability to withstand crime in terms of available resources, social support and coping skills.

In other words, and as is presented in Figure 1.5 below, how a crime impacts on a victim's life depends on that individual's likelihood of becoming a victim (risk), the individual's previous victimisation history (compounding), the individual's ability or not to withstand the crime experience (vulnerability) and the relationship between victim and offender.

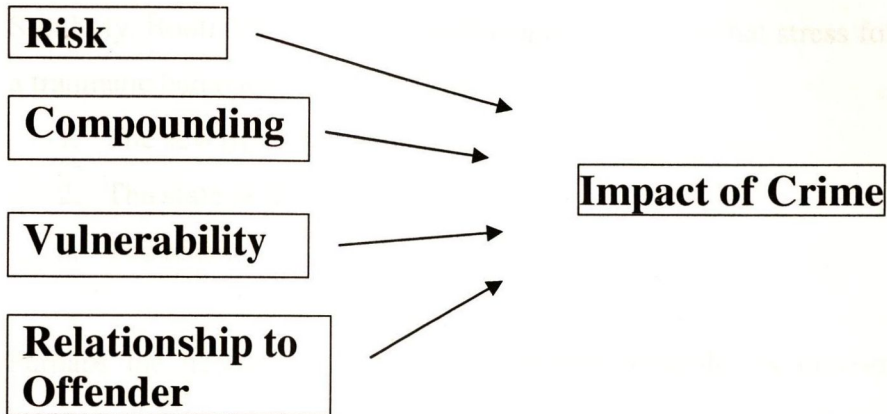


Fig. 1.5
Factors influencing crime impact (from Young, 1988))

Once again, Figure 1.5 presents a model of multiple independent variables.

Manifestations of crime impact

Although the effects of crime have rarely been looked at in a multifactorial context, “Section 2: Manifestations of the Effects of Crime” has shown that it can be manifested on several levels: Physical, emotional, behavioural, cognitive and mental health.

Model of Aetiology and Manifestation of Crime Impact

To propose a model that would encompass all the aforementioned variables, it is interesting to look at the ways in which all the independent and dependent variables can be grouped together.

The Victim Support Training Manual (Victim Support, 1999) teaches incoming volunteers that the impact of crime depends on three things:

1. Who the victim is
2. What the victim has experienced
3. The nature of the victim's recovery environment.

Similarly, Booth (2000, unpublished manuscript) states that stress following a traumatic behaviour can depend on:

1. The severity of the trauma
2. The state of the individual
3. The reactions of others.

Perhaps the neatest grouping of independent variables is mentioned by Denkers (1996), who groups influencing factors into:

1. Pre-crime factors
2. Crime factors
3. Post-crime factors.

Most of the independent variables outlined in the introduction fall neatly into these three headings. *Pre-crime factors* encompass demographic variables, previous victimisation experiences, life stressors and victims' use of the media. *Crime factors* cover crime experience, relationship to offender, injury and loss. *Post-crime factors* include available social support to victim and subsequent involvement with criminal justice system.

This does not quite complete the picture however. A victim's belief in a just world, coping mechanisms, cognitive schemata and personality traits can be grouped together as mediating variables. They are the individual, subjective factors through which the pre-crime, crime and post-crime factors are screened and evaluated. They decide how the victim is going to cope with the pre-crime, crime and post-crime experiences and could exert a

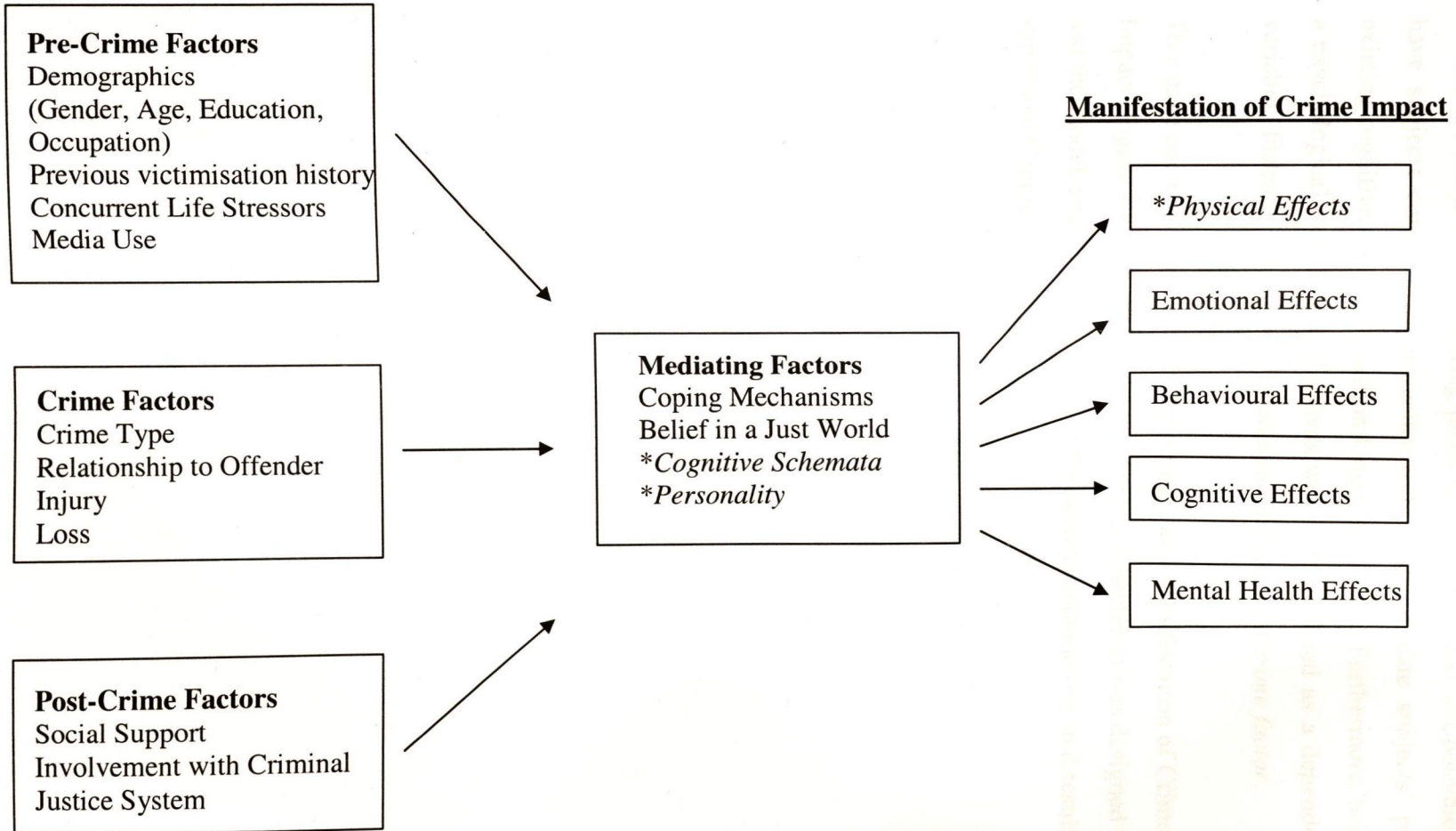
strong influence on how the effects of the crime will ultimately be manifested.

Finally, the dependent variable, effect of crime, can be subdivided into five measures: Physical, emotional, behavioural, cognitive and mental health effects.

The independent, mediating and dependent variables give rise to a model of aetiology and manifestation of crime impact as follows (Fig.1.6). The model encompasses the multi-factoriality of the causes and effects of crime impact.

Fig. 1.6: Summary of Aetiology and Manifestation of Crime Impact

Aetiology of Crime Impact



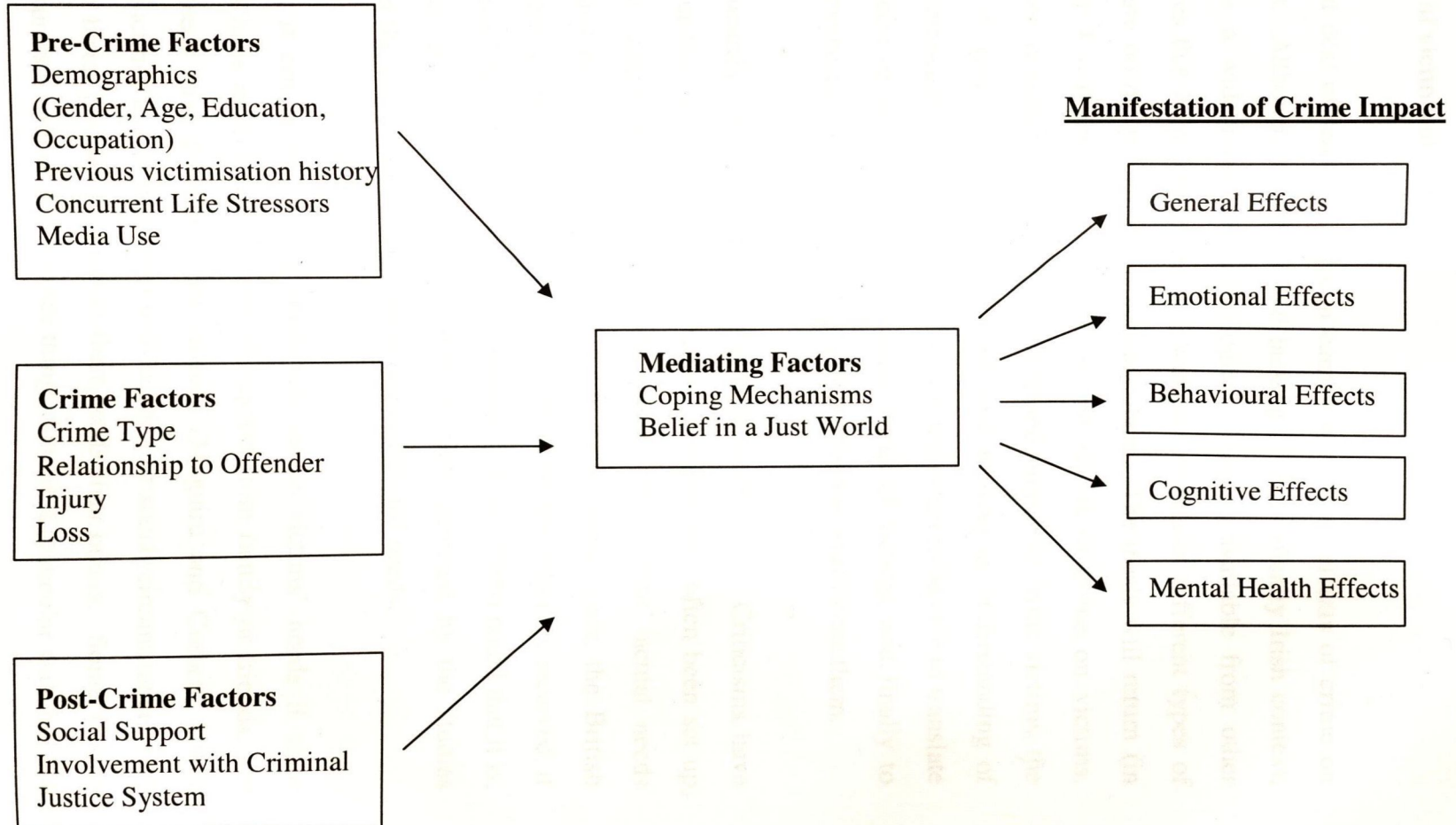
*Cognitive schemata, personality and physical effects
were not tested by the *Crime Impact Survey*

Within the limits of the following piece of research, it was not possible to have subjects complete a personality test, or to evaluate subjects' pre-existing cognitive schemata based on longitudinal data. Furthermore, being a psychological study, physical effects were not measured as a dependent variable. Instead, injury was included as an independent *crime factor*.

This gave rise to the final Model of Aetiology and Manifestation of Crime Impact (Figure 1.7). The *Crime Impact Survey* (Chapter 4) was designed to test the model, and a full description of the survey methodology and results appears in Chapter 4.

Fig. 1.7: Model of Aetiology and Manifestation of Crime Impact

Aetiology of Crime Impact



Chapter 1, Section 4

Needs of victims of crime

A good deal of research has been carried out on the effects of crime on victims. Although research is still lacking in a specifically Irish context, there is a wide range of victimological literature available from other countries that helps one understand what the effects of different types of crime are on the people who experience them. The thesis will return (in Chapter 4 – *Crime Impact Survey*) to the effects of crime on victims. However, in order to be able to offer help and support to crime victims, the people or groups who work with them need to have an understanding of what their needs are, given the effects. It is important to be able to translate the effects of crime into the subsequent needs of victims, and finally to direct the needs towards the different groups that aim to alleviate them.

Unfortunately, this does not always tend to be the case. Criticisms have been put forward in the past that victims' services have often been set up without regard for, or proper investigation into, victims' actual needs (Shapland et al, 1985; Fattah, 1997). In more recent years, the British Crime Survey has been asking crime victims about the help they received, if any, from Victim Support and other agencies. Budd (1999) noted that it is, however, not possible to assess from the data gathered by the studies whether the help provided was appropriate to victims' needs.

Indeed, it can be difficult to objectively assess victims' needs if some victims have received a high level of support from family or friends, and their needs have therefore been reduced (Maguire and Corbett, 1987). Some victims, due to their level of education or social circumstances may be in a better position to vocalise their needs than others. Some victims may express a wish or desire to see things done in a particular way, but is a

wish or desire a need? Some people may speak about how affected by crime they have been. Would it be correct to infer a need for support and services from effects?

The aim of carrying out an effective needs analysis would be to check with crime victims that what is being offered in terms of support or services is actually what is needed most. One cannot simply *assume* that a particular support or service actually makes things better for the service users. So if the goal of a support agency is to make a positive difference, then a needs analysis should be carried out on the service users in order to streamline the services on offer to better cater for their needs.

However, the value of a needs analysis extends beyond the services of support agencies. Crime is a social phenomenon. In a society that apprehends and punishes those who commit crimes, surely also the needs of the victims should be of concern. Understanding their needs is important, not only for support agencies but for all social and judicial bodies who come in contact with victims. Indeed, as crime victims are wronged in a social context, their ensuing needs are of concern to society. If some needs exist but are not met in any particular fashion, is it not up to that society to provide services to alleviate those needs?

There may be an association between need fulfilment and the level of satisfaction that an individual reports from agencies he or she comes in contact with (Oliver, 1997). It appears that agencies that fulfil the needs of service users usually produce a higher level of satisfaction with the service, with the result that needs analyses and service users' satisfaction surveys often become integrated in organisations' quests for achieving service quality (Gerson, 1993). In the case of crime victims, it may therefore be suggested that if an organisation that assists crime victims both investigates what victims' actual needs are and sets out to fulfil those expressed needs,

that organisation will achieve a higher level of satisfaction from its service users. A *Service Users' Satisfaction Survey* conducted within a national victims' organisation (Chapter 3), and a *Needs Analysis Study* on Irish crime victims (Chapter 5) will be outlined in Chapter 1, Section 6 below.

Chapter 1, Section 5

The mixed-methodology approach: A discussion of quantitative and qualitative methodologies.

So far, the discussion has concentrated on areas of victimological research that still need to be carried out. Explorations of victims' needs appear to be lacking, as are victims' organisations' efforts to investigate those needs and to streamline services accordingly. Victims' satisfaction with the services they receive may be related to need fulfilment. It appears to be important to look at crime impact in a multifactorial context although this is not consistently done by victimological researchers. It would be interesting to investigate a possible relationship between concurrent life stressors, injury, loss and belief in a just world, and the impact of crime victimisation.

To investigate such a wide range of inter-related issues, a range of methodologies were considered for the study. Following on from the data obtained in the Economic and Social Research Institute surveys of 1982/83 and 1996, the Quarterly National Household Survey of 1998, Maguire and Corbett's 1987 study on victims' support schemes and the effects of crime on victims and the various British Crime Surveys, it was decided that for most of the study, quantitative methods would be valuable and more comparable. A quantitative methodology using questionnaires, numeric data and statistical analysis was used in Chapters 2 through 4 to investigate the level of service offered by a national victims' support organisation, the perceived satisfaction of its service users with what they received, and the effects of crime on Irish victims. The data gathered by the *Crime Impact Survey* in Chapter 4 were subsequently analysed and results placed in light of contemporary victim surveys and research.

The nature of the questions on each questionnaire meant that sometimes they produced categorical data and sometimes measurement, or continuous, data.

When an association was to be tested between two variables, bivariate statistical tests were run as follows:

Both variables categorical - Chi Square

One variable categorical, but two categories only, second variable continuous – Independent Samples T-test

One variable categorical, but many categories, second variable continuous – One Way Analysis of Variance (ANOVA)

Both variables continuous – Pearson's Correlation

When the effect of interactions between two or more independent variables on a dependent variable were to be assessed, the General Linear Model (GLM) was used. Due to the categorical nature of many of the variables tested, ANOVAs were run according to the General Linear Model.

A confidence interval of 95% (or statistical significance level of 0.05) was chosen for all statistical analysis techniques. Some victimisation studies, such as the 2000 British Crime Survey (Kershaw et al, 2000) have chosen a less stringent significance level of 0.1. For the purposes of the following studies, however, it was feared that using a less stringent statistical significance level might incur a higher incidence of Type I error, i.e. rejecting the null hypothesis when it is, in fact, true.

On the other hand, whilst using a more stringent significance level of, say, 0.01 would certainly avoid making a Type I error of interpretation, it was feared that it might incur a higher incidence of Type II error, i.e. failing to reject the null hypothesis when it is, in fact, false.

Furthermore, it was decided that, due to the exploratory nature of some hypotheses in Chapter 4 - *Crime Impact Survey*, the most commonly used significance level of 0.05 would be used to insure that where there were indeed associations between variables, these would be uncovered by the study. It was agreed that it would be a pity to make Type II errors of data interpretation when testing new, yet pertinent hypotheses of crime victimisation.

A victims' *Needs Analysis Study* was planned for Chapter 5. This time, a qualitative research design was chosen. Quantitative research is the more commonly used method of gaining knowledge of people's opinions and is also an appropriate tool for generating first-time or exploratory data. Being both a relatively unstudied area, and an area given to individual's expressed opinions, it was decided that the qualitative approach was well suited to the investigation of victims' voiced needs. A more detailed description of the qualitative methodology used in the *Needs Analysis Study* can be found in the Methodology section of Chapter 5.

The research methodology of this thesis has both quantitative and qualitative elements. The quantitative section will test hypotheses, give an accurate margin of error and lend itself to statistical analysis and projections. The qualitative section, then, will expand on the areas highlighted by the quantitative section and will produce detailed information on areas important to decision-makers and to those interested in learning more about the opinions of the subject group, crime victims.

Overall, it was felt that such methodological mixes strengthen the research, reduce the margin of error and provide a combination of statistical and descriptive data.

Chapter 1, Section 6

Background to the thesis.

Introduction to the organisational and psychological perspectives.

This thesis originated in 1997, with a request from a victim support agency to have a comprehensive assessment of its services carried out. Victim Support (Ireland) requested its services to be analysed, the satisfaction of its service users evaluated and the collective needs of crime victims investigated.

As the research was being planned, it became apparent that a dearth of information existed at the time about the effects of crime on victims in an Irish context. The request from Victim Support to have its services evaluated, coupled with the dearth of research available in Ireland on victims of crime, led to a dual focus of the thesis.

The first objective was to learn more about the experiences of crime victims in an Irish context. It was decided that the psychological objective would best be served by a) investigating the impact of victimisation on victims in contact with Victim Support and b) carrying out a needs analysis on the voiced needs of a variety of crime victims.

The second objective of this thesis was to evaluate the assistance that Victim Support offers to crime victims in this country. It was decided to do this by a) assessing the type of work being carried out by Victim Support and b) evaluating the satisfaction of its service users.

In this way, the thesis originated from both a psychological and an organisational perspective. However, as the research began to take form, it became apparent that each perspective complemented the other. Victim Support would benefit from investigating the psychological effects of crime

on victims, due to an increase in its first-hand knowledge of its service users. Indeed, as has previously been discussed, need fulfilment is one of the components that can lead to the psychological state of satisfaction with a service. So the results of the *Needs Analysis Study* (psychologically and organisationally-based) and the results of the *Service Users' Satisfaction Survey* (organisationally-based) each have a strong bearing on the other.

From the psychological perspective, it is also possible that the effects of crime on victims could be lessened if the agency that helps them is more informed about the effects of crime and better equipped to assist with their needs. In this way, the psychological and the organisational objectives each served to enrich the other.

The psychological perspective

From the psychological perspective, the following were noted.

1. There is a dearth of victimological research in Ireland. When the thesis began in 1997, no regular, standardised crime surveys had been carried out, nor was the Republic of Ireland involved in the International Crime Survey, which has been carried out on an increasing number of developed countries since the late 1980s. Although some research had been carried out by the specific organisations that deal with certain kinds of crime victim (e.g. Rape Crisis Centre, Women's Aid), and by the Gardai, little was known on the comparative experiences of victims of all crime types.
2. The dearth of information meant that little was known about the differences in crime impact, if any, on the victims of different types of crime. Nor had it been investigated as to whether or not there were other influencing factors in relation to the impact of victimisation, in addition to the actual crime that the victims experienced.

3. The impact of crime victimisation on those who experience it inevitably leads to a creation of needs, both psychological and organisational. No research had heretofore been carried out on the needs of crime victims, psychological or otherwise.
4. It was decided that a valuable contribution could be made to victimological research in Ireland if research could be carried out on the experiences and needs of a wide variety of crime victims. Comparisons could then be made between the various experiences, effects and subsequent needs in an effort to further our understanding of the impact of crime victimisation.

The organisational perspective

Victim support services have been known to receive some criticism as to the benefits or efficacy of the service provided to crime victims (Rock, 1990; Fattah, 1997), the latter even going as far as to suggest that in some cases, victim support services may produce undesirable effects.

However, it has also been documented from earlier research carried out in the U.K. (Maguire and Corbett, 1987) that crime victims who were visited by Victim Support volunteers derive, in the vast majority of cases, benefits from the visit in terms of emotional support and coping skills. The overall picture painted by Maguire and Corbett was positive.

For Victim Support, the benefits to carrying out a service evaluation were:

1. Efficiency, effectiveness and best-practice techniques.

A service assessment would highlight areas of high activity, areas of low activity, areas for potential growth and areas for change. A service users' satisfaction survey would investigate the satisfaction of the service users with what was received, and would go some ways towards checking whether the needs of the victims were being met by the

organisation. It would be the first time that such information was gathered, and would increase Victim Support's first-hand knowledge of its service user group.

2. Targets for improvement

The assessment would inevitably indicate areas in need of further development or training.

3. Long-term performance evaluation

Regular and consistent monitoring of the organisation's services would enable decision makers to accurately assess progress and growth.

4. Strategic planning for the future

To enable the organisation to make long-term plans and strategies based on scientifically-gathered data.

Victim Support is a voluntary organisation, which was established in Ireland on a national basis in 1985. Although voluntary in nature, the organisation is now almost wholly government-funded, indicating the growth of the victims' movement in Ireland since the 1980s.

Victim Support receives its referrals from the Gardai on a mandatory basis. In areas of Ireland where a Victim Support branch is in existence, victims of personal and property crimes are automatically referred to the local branch. The organisation also receives self-referrals from victims themselves, and third-party referrals from concerned others.

Victim Support also has a National Office and five special services, which support families of murder victims, tourist crime victims, victim-witnesses in court, hospitalised victims and victims of crime at work. A more comprehensive description of Victim Support can be found in Chapter 2.

Before completing the description of Victim Support, it is important finally to touch on the nature of the voluntary organisation as a backdrop to the

research. The nature of the voluntary organisation, while sometimes proving helpful to the methodology of the research, more often proved to be rather restrictive. Volunteers giving of their own free time to visit and support victims of crime are often reluctant to then spend extra time on any form of paperwork following their visit. This attitude is understandable, and volunteers do give up a substantial amount of their free time to Victim Support. However, over the three years that it took to complete this research thesis, it was often difficult to get volunteers and co-ordinators to add to their paperwork responsibilities, and to respond fully and consistently to the research questionnaires. Research-shyness was the reason for being able to include only 50% of the organisation's branches in the *Service Assessment*, for including a less-than-estimated number of branches to participate in the *Service Users' Satisfaction Survey* and *Crime Impact Survey*, and indeed was a methodological problem that reared its head several times over the course of the thesis. Methodological problems are discussed more fully in each relevant section.

Chapter 1, Section 7

An overview of the research components of the thesis.

Using both the organisational and the psychological perspectives, the thesis was planned and organised under the following sections:

1. **Chapter 2 - Service Assessment.** An assessment, or "snapshot" of the activity of Victim Support would be carried out, to assess the activity, efficiency and range of support being carried out at branch level. The *Service Assessment* would also be useful in allowing the researcher to examine the different types of victims in contact with the organisation, and the numbers of victims in contact, which

The *Service Assessment* would use a quantitative methodology, making use of questionnaires sent out to branch volunteers within Victim Support.

2. **Chapter 3 - Service Users' Satisfaction Survey.** Victims' satisfaction, or dissatisfaction, with the support on offer from the organisation would be examined, and areas for improvement, change or further training would be highlighted. Results would also be viewed in light of the voiced needs of victims from the *Needs Analysis Study* in Chapter 5.

The *Service Users' Satisfaction Survey* would use a quantitative, questionnaire-based methodology, distributed by post to victims of crime who had received assistance from Victim Support.

3. **Chapter 4 - Crime Impact Survey.** An investigation would be carried out on the psychological effects of crime victimisation. Using information currently available in the victimology literature, both possible precipitating factors and manifestations of effect would be examined. The results of the Crime Impact Survey would test the Model of Aetiology and Manifestations of Crime Impact (Fig. 1.7).

The Crime Impact Survey would once again use a quantitative, questionnaire-based methodology, distributed by post to victims of crime who had received assistance from Victim Support.

4. **Chapter 5 - Needs Analysis Study.** Crime victims would be asked to describe, in their own words, what they need from all the various organisations in contact with them. Psychological effects of crime and subsequent needs would also be investigated, and compared with the effects of crime from the *Crime Impact Survey*.

A qualitative methodology would be used to extract victims' voiced needs, being best suited to the exploratory nature of the data.

5. **Chapter 6** – The results of the preceding research would be used to suggest an **integrative helping framework**, which the non-professional supporter could use to assist all types of crime victims.

Ethical Considerations

The experience of crime victimisation can be a sensitive topic. Crime victims may not wish to share their experience with researchers and, if they agree, their confidentiality must be respected. In addition, many of the subjects in the various components of this thesis were victims who were in contact with Victim Support. Victim Support assures its service users of complete confidentiality both during and after its service so it was important to ensure that the organisation's confidentiality assurance was adhered to by the research methodology.

To ensure subjects' confidentiality and anonymity, various steps were taken. *The Service Users' Satisfaction Survey* and the *Crime Impact Survey* both used a postal questionnaire methodology. Respondents were not asked to identify themselves anywhere on the questionnaires; the only method of identifying respondents was by a coded reference number on the back of the questionnaire, the interpretation of which was known only to the researcher. This ensured that, while data could be generated for the sample as a whole, no individual respondent could be identified.

For victims who may not have wished to participate in research, the covering letter included with both the *Service Users' Satisfaction Survey* and the *Crime Impact Survey* questionnaires clearly stated that recipients did not need to reply if they did not wish to.

The *Needs Analysis Study* used a qualitative, focus group methodology. This time, focus group participants had to meet each other, and have their

views and needs recorded on tape. To ensure confidentiality, participants were known to each other by first name only and it was first names only that appeared in the taped discussions. Once again, the real identity of each participant was known only to the researcher. Informed consent was also asked for and received from each participant.

In all studies, the purpose of the research was explained to the participants, either by covering letter with the questionnaire, or at the start of the focus group session. Such ethical considerations are more fully explained in the methodology sections of each research chapter.

Timescale of research

The *Service Assessment* was the starting point for the research. It was carried out over a month-long period, between the dates 17 November 1997 and 17 December 1997. The data gathered in the *Service Assessment* were analysed in early 1998, which facilitated the development of the subsequent surveys. The *Service Users' Satisfaction Survey* was carried out from July 1998 to January 1999. The *Crime Impact Survey* was carried out concurrently, between June 1998 and June 1999. The results of both the *Service Users' Satisfaction Survey* and the *Crime Impact Survey* were used to plan and carry out the *Needs Analysis Study*, which took place in Spring/Summer 2000.

As a result of the different components of the research, it was decided that both psychological and organisational interests were served. Furthermore, by proposing an integrative support framework at the end of the thesis, the results of the research would be used to directly benefit the crime victims. In addition to exploring the psychological effects of crime, the needs of victims and the services on offer to victims, the information would be fed

back to the services that support those victims. In this way, the research would be made more concrete, complete and of practical assistance to victims of crime and the people who support them.

It is the hope of this researcher that the following piece of research is of use to everyone: To Victim Support as a service evaluation; to the organisation's volunteers both as reassurance that their commitment is appreciated by the service users and as further information on how to support them; and to the crime victims themselves in the knowledge that what has been learned will be channelled back into the organisation to enhance the quality of the service they already receive.

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CHAPTER 2

SERVICE ASSESSMENT

The Service Assessment is a quantitative assessment of the scope and nature of the work being carried out by Victim Support at the start of the research period. It was designed to give a snapshot picture of the level of activity being carried out within each branch, including the type of support being offered to crime victims and the type of victims receiving this support. Analysis of results enabled a profile of victims and a profile of support to be drawn up, from which specific recommendations on efficiency and effectiveness could be made to Victim Support.

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Service Assessment

Section 1: Introduction

The *Service Assessment* was the starting point of the research. As was discussed in Chapter 1 – *Introduction*, up until the time that the research took place, no structured assessment of the work of Victim Support had ever been carried out. Statistics and information gathering had been done in a manner that was rather informal and, as a result, were lacking in structure and consistency.

To begin to understand and analyse the work of Victim Support, it was important to assess where the organisation was in 1997, in terms of the numbers of crime victims using the service and the type of support being offered to these victims. From the results of the *Service Assessment*, a clear and accurate picture of the activity of the organisation could be established. This would prove useful for a number of reasons:

1. To provide an overall assessment of the activity and services provided by Victim Support at that time and to be able to show that activity to the funding agencies.
2. To use the Assessment as a 'benchmark' from which all future growth, activity and possible change within the organisation could be measured.
3. To assist the organisation's decision-makers with strategic planning for the future of the organisation.
4. To assist the researcher in planning the next stages of the research.

The *Service Assessment* can be seen as a "snapshot" of the scope and nature of the service that was being provided by Victim Support in 1997, when the research began.

An overview of Victim Support

Victim Support is a voluntary organisation, which was established in Ireland in 1985. Its aim is to offer support and services to victims of crime, and also to provide victims with a collaborative voice in the criminal justice system. The organisation's mission statement states that "*Victim Support is committed to the best interests of victims of crime by actively supporting them, identifying their needs and advocating their rights.*"

At grass-roots level, the organisation is community based. Each branch operates within a Garda District and receives its referrals primarily in cooperation with the local Garda Station, to which it is closely affiliated. The Gardai make referrals of crime victims in the local area to the local branch co-ordinator, who in turn passes the referrals on to his/her group of volunteers. Referrals consist of victims of crimes such as residential burglary, theft, vandalism and non-sexual assault. (Sexual crimes and domestic violence are normally referred by the Gardai to more specialised organisations.) The contact is one of outreach, as Victim Support volunteers generally visit the crime victims in their own homes. The work of the volunteers is governed by a code of practice (Victim Support, 1997).

The National Office telephone number is in the telephone directory. It is also printed on all Victim Support leaflets and publications. It is common, therefore, for victims of crime to phone the National Office or call in person. These contacts are known as self-referrals. Self-referrals may consist of a wider variety of crime victims than are referred to the local branches by the Gardai.

If the victim of crime lives in an area in which there is a Victim Support branch in existence, he/she is offered the support of the local branch. In this manner, victims of a wide variety of crime types end up in contact with Victim Support branches nationwide.

Outside of the network of community-based branches, Victim Support also offers six special services. The National Office volunteers, as outlined above, are usually counted as one special service. The other five are The Families of Murder Victims Service, The Court Witness Service, Tourist Victim Support, Crime in the Workplace and the Hospital Support Service. As each name suggests, the special services offer support to a particular type of crime victim, rather than the generic support offered by the branches.

The organisation also operates a national 24-hour helpline, from which callers are referred to local or specialised branches and services.

Victim Support has a corps of paid staff attached to its National Office to oversee training, development and administration. Outside of its small staff, however, the 450+ membership of the organisation is voluntary. Volunteers stress to service users that they are not counsellors, and therefore should not be seen as offering such a service. Rather, “support” is the term most widely used by the volunteers to explain the service they offer. The support is also rather short-term; volunteers in the local branches visit a crime victim up to about three times. If further support is required, the victim is encouraged to seek longer-term support in the form of counselling or psychotherapy. The special services, due to the nature of the crime victims they support, often offer more long-term support. But even within these services, victims are reminded that the support they are receiving is voluntary and non-professional, dependency of the victim on the service is discouraged and victims are referred on to professional services when required.

Despite the short-term support that Victim Support offers its service users, the range of people seeking and being referred to its services is large*. Coining the expression “emotional first-aid”, the organisation believes that offering support to a crime victim in the weeks following the crime may prevent trauma further down the line. This is unproven, but other crisis intervention methods such as critical incident stress debriefing strongly favour early therapeutic intervention strategies, believing them paramount in the healing process (O’Brien, 1998). It would therefore be advantageous to Victim Support to have its services evaluated, the satisfaction of its service users’ investigated and the voiced needs of crime victims assessed, to finally determine whether the service offered by the organisation is indeed a beneficial one.

The needs of crime victims, their perceived satisfaction with the service they received from Victim Support and the way forward for volunteers in terms of early crisis intervention will be re-visited later in the thesis.

* Referral figures for 1998 stood at 5682, and referrals for 1999 at 7714.

Service Assessment

Section 2: Protocol and Methodology

To carry out a comprehensive assessment of the service being provided by Victim Support, details about contacts with the service users would have to be examined. To this end, it was firstly decided that a one-month period would be taken for analysis. A month was deemed long enough to be able to get a picture of the work being carried out by each branch of Victim Support, and yet short enough to be able to encourage volunteers to take part.

In November 1997, Victim Support had 22 functioning branches and 6 special services. Three branches (Mayo, Mullingar and Drogheda) had been launched, but due to operating difficulties, were not receiving or dealing with referrals at the time, so were omitted from the *Service Assessment*. Of the 22 functioning branches, it was decided to randomly select 11 to participate in the *Assessment*. This was partially due to the fact that 22 branches would be difficult to follow up adequately, but also because initial feedback from the branches indicated that not all volunteers were enthusiastic about adding to their workload with further form-filling. It was decided that if the volunteers were going to prove reluctant data providers, a more concentrated number of branches would facilitate more personal and continuous communication between volunteers and researcher. All 6 special services agreed to participate, and were easily accessible being based in Dublin, so all 6 were included in the *Assessment**.

The 24 hour helpline was not included in the study, because callers to the helpline are referred anyway, as a matter of practice, to the National Office or to their local branch for further assistance.

* Although the Special Services initially agreed to participate in the research, the Assessment Forms received back were often incomplete. As a result, very little information on the Special Services was actually able to be compiled.

The branches and services included in the *Service Assessment* were as follows:

Branches

Dublin North
Dublin East
Dublin South
Dublin North Central
Cobh/Middleton
Louth – Dundalk Unit
Westmeath – Athlone Unit
Galway
Cork (Togher)
Cork (Anglesea St)
Kerry

Special Services

National Office
Crime in the Workplace
Families of Murder Victims Service
Court Witness Service
Tourist Victim Support
Hospital Support Service

A form was designed and copies distributed to all 17 branches and services, together with explanatory notes to assist the volunteers in completion of the forms (see Appendix 1).

The month for the *Service Assessment* was defined as 17 November to 17 December 1997, inclusive.

During this period, it was estimated that each branch would receive new referrals, but that some volunteers would also be carrying out follow-up contacts from previous referrals. However, because the purpose of the *Service Assessment* was to assess the actual *activity* being carried out, it was decided that contacts with service users would serve as the unit of reference rather than referrals received in the one-month period.

Therefore, all contacts with service users, both new contacts and follow-ups, were recorded.

New contacts or follow-up contacts outside the period 17 November – 17 December were not recorded.

Restrictions

It was noted that the protocol would inevitably incur some restrictions. These were as follows:

1. Information from follow-up contacts that did not take place during the study period would not be recorded. Therefore, if further practical or emotional assistance needed to be sourced for one particular service user after 17 December, these data would not be included in the *Service Assessment*.

However, the fact that follow-up contacts, originating from previous referrals but taking place during the study period, were included in the study, balanced this restriction out.

2. Because the unit of reference for the study was *contacts* with service users rather than *referrals* received by the branch, all information pertaining to any particular victim, or contact, was filled out on a single questionnaire. This meant that several visits to one contact would appear on the same form. Although volunteers were asked to indicate the number of visits that had been offered to each victim to date, it was noted that it would be difficult to know to which visit each piece of information on the questionnaire was pertaining. Upon consideration, however, it was decided that it was more important to know that activity was present, rather than during which particular contact it occurred.

The questionnaires were distributed to the branches by post two weeks before the study period commenced. The researcher gave a presentation to the Victim Support National Conference before the study began to explain

Jan 3: 1

Appendix 1.

Service Assessment

Section 3: Results

180 completed *Service Assessment* forms were received in total.

The quality of the response received from the branches appeared satisfactory. Although it is difficult to assess with certainty that volunteers were diligent in filling out and returning their Assessment forms, conversations with branches in the 4-6 weeks following the study implied that they had been conscientious, and that the data collected were indeed representative of activity carried out between 17 November and 17 December 1997. A comparison between data obtained in the *Service Assessment* and the 1997 Annual Report (Victim Support, 1997a) also proved satisfactory (see "Referrals", below).

Results were organised into five sections:

1. Referrals
2. Logistics of contact
3. Profile of victims
4. Support
5. Special services

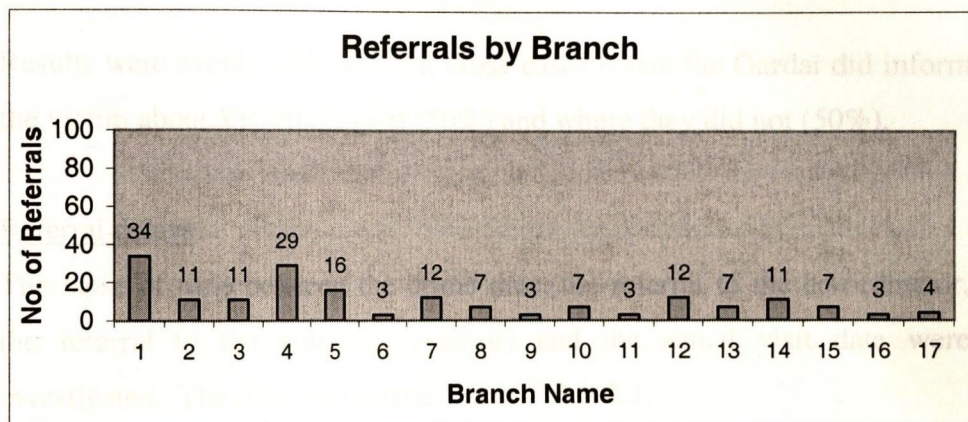
1. Referrals

Using the 1997 Victim Support Annual Report, an average referral figure for the 17 branches included in the study for the months of November and December was calculated at 214. The responses received by the *Service Assessment* came to 180, which was 84% of the referral figure in the Annual Report. The discrepancy could be due to either the difference in counting referrals, as in the Annual Report, and counting contacts, as in the *Service Assessment* or it could be due to some volunteers not filling out and

returning their forms. Indeed, the discrepancy could be due to a mixture of both possibilities.

The breakdown of referrals per branch was as follows (Fig.2.1):

Branch Referrals



(N = 180)

Branch codes:

- 1 = National Office
- 2 = Dublin North
- 3 = Dublin North Central
- 4 = Dublin South
- 5 = Dublin East
- 6 = Cobh / Midleton
- 7 = Cork – Togher
- 8 = Cork – Anglesea St.
- 9 = Kerry
- 10 = Louth
- 11 = Westmeath
- 12 = Galway
- 13 = Victim/Witness Service
- 14 = Tourist Victim Support Service
- 15 = Families of Murder Victims Service
- 16 = Crime in the Workplace
- 17 = Hospital Support Service

Fig. 2.1

Sources of referrals to Victim Support during *Service Assessment* period.

Referral source

Most referrals (73%) had come through the Gardai. Of the total number of contacts (180), 15% were self-referrals where the victim had contacted Victim Support for the first time. A small minority of cases had been referred through a family member (2%), friend (1%), colleague (2%), another organisation (3%), another method (2%), or as a result of previous contact with the organisation (2%).

Results were evenly split between those cases where the Gardai did inform the victim about Victim Support (50%) and where they did not (50%).

Referral delays

The lapse of time between the crime date, the referral to the co-ordinator, the referral to the volunteer (visitor) and the actual visit date were investigated. The data are represented in Table 2.1.

	N	Minimum	Maximum	Mean	Std. Dev.
Days between crime and referral to co-ordinator	102	0	57	12.83	13.55
Days between referral to co-ordinator and visitor	126	0	22	1.21	2.69
Days between referral to visitor and visit date	152	0	28	2.66	3.78
Total days between crime date and referral to visitor	100	0	68	16.71	16.32

Table 2.1
Referral delays between crime, referral to Gardai and referral to Victim Support

On average, it took 16.71 days for the victim to receive a visit after the crime. The greatest part of that delay (13 days) appeared to exist between the crime and the referral (mostly through the Gardai) to the local coordinator.

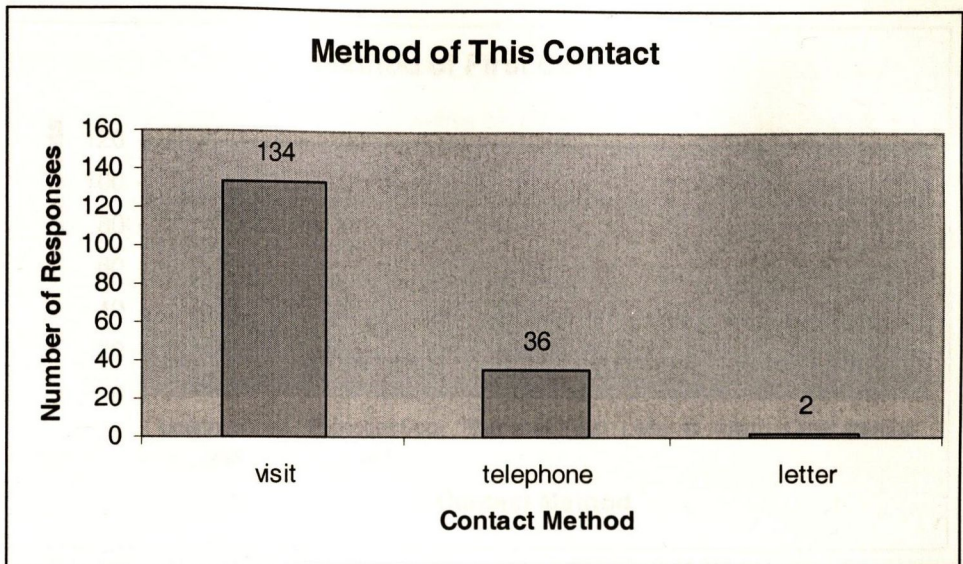
2. Logistics of contact

In the majority of cases (77%) this contact was the first contact with the victim. In 17% of cases it was the second contact. This is in keeping with Victim Support's overall policy that victims are visited once or twice. If they require further assistance, they are referred to more specialist agencies. In 6.2% of cases, victims were visited between 3 and 13 times but most of these responses were from volunteers in the Families of Murder Victims Service, where more long-term contact with victims is common and is facilitated.

Methods of contact

Two methods of contact were investigated. The first one was concerned with how the volunteer had contacted the victim *this* time, i.e. the contact that they were describing on the assessment form. The second method investigated was the method of *first* contact, i.e. how contact had been established at first. In most cases, victims were contacted only once, so "contact method" and "method of first contact" were actually the same. However, in cases of longer-term support, when the victim was contacted more than once, "contact method (this time)" and "method of first contact (first time)" often differed.

Volunteers were asked how this particular contact was made. The vast majority were personal visits (78%) although some were contacted by telephone (21%) and a few by letter (1%). The data are represented in Fig. 2.2.



(N=172)

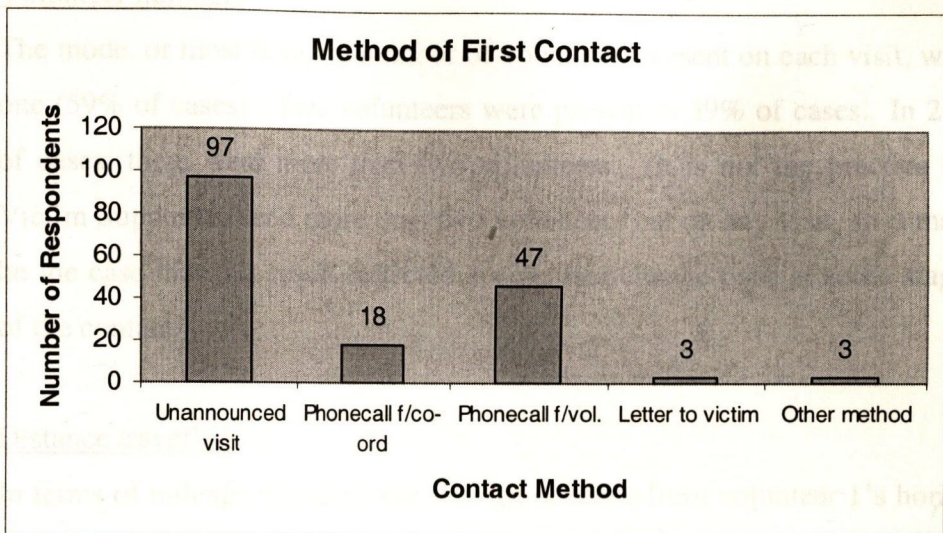
Fig. 2.2

Methods used by service volunteers to contact victims this time.

When they called out to see the victim, 70% had made personal contact with the victim, but 30% had not. Where personal contact had not been achieved, in 96% of cases a card was left with the details of the volunteers and the organisation.

Where personal contact had been achieved, the victim had appeared willing to talk in 97% of cases. If the victim had not appeared willing to talk, a calling card was left in 50% of cases and not left in the other 50%.

Volunteers were asked for the method used to make the first contact with the victim. Unannounced visits were the most popular method (58%), although phone calls also featured (39%). The data are represented in Fig. 2.3.



(N=168)

Fig. 2.3

Methods used by service volunteers to contact victims first time.

Data were gathered on the number of visits that a volunteer had to make before personal contact was established. These were termed “unsuccessful visits” and reflected times that the victim may not have been at home when the volunteers called. Such data were gathered for two reasons; a) it was decided that such visits were still an important part of the activity of Victim Support and should be represented, and b) a large number of unsuccessful visits could be un-economical and a change of policy or procedure might have to be introduced.

The mode for the number of unsuccessful visits was zero, and indeed zero unsuccessful visits occurred in the majority (58%) of cases. There was one unsuccessful visit in 31% of cases. Only 5% of cases had had two or more unsuccessful visits.

Volunteer numbers

The mode, or most frequent number of volunteers present on each visit, was one (59% of cases). Two volunteers were present in 39% of cases. In 2% of cases, there were more than two volunteers. (It is not the practice of Victim Support to send more than two volunteers out on any visit, so it may be the case that this result reflected a volunteer change-over at some stage of the contact.)

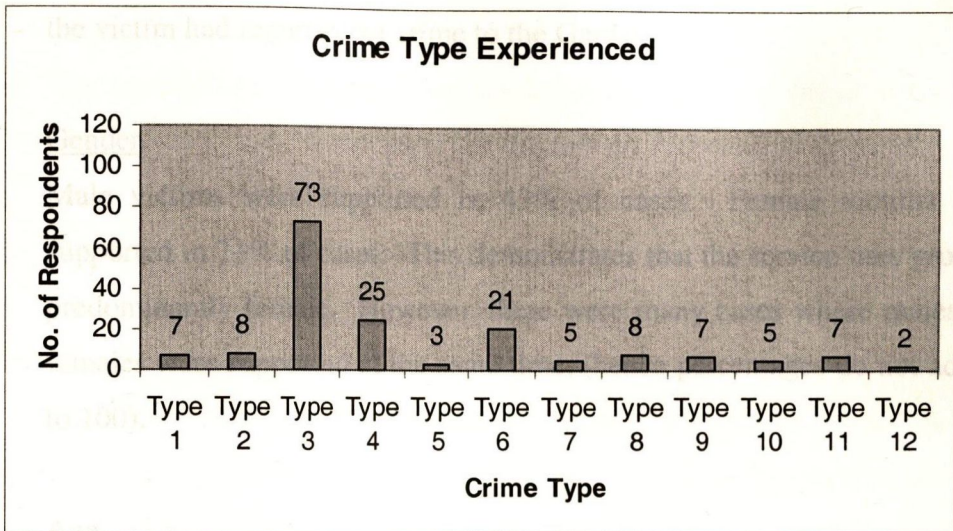
Distance travelled

In terms of mileage travelled, the average distance from volunteer 1's home to the meeting point was 7.4 miles. The average distance that volunteer 2 travelled was 3 miles. Although the volunteer who filled out the form was requested to put the distance that his/her partner travelled under "volunteer 2", in reality most of these spaces were left blank. It may be more prudent, therefore, to use the distance travelled by volunteer 1 (who filled out the form) as a more accurate reflection of the average distance travelled.

3. Victim Profile

Crime Type

Volunteers could indicate up to two types of crime that the victim experienced. The data were then combined to produce the following representation of crime experience, shown in Figure 2.4 below.



(N=171)

Crime Type Code

Type 1 = Murder/Manslaughter

Type 2 = Threats/Intimidation

Type 3 = Burglary – no contact with offender

Type 4 = Theft of property

Type 5 = Theft from person

Type 6 = Assault

Type 7 = Sexual abuse when a child

Type 8 = Sexual assault while an adult

Type 9 = Mugging

Type 10 = Burglary – contact with offender

Type 11 = Domestic violence

Type 12 = Other crime type

Fig. 2.4

Crime type experienced by victims.

As can be seen from Figure 2.4, the crime most frequently experienced was burglary, where there was no contact with the offender. Theft and assault also featured, albeit less frequently. Other crimes were represented, but their respective representations were small.

In 77% of cases, the victim had not been injured, but injury did occur in a substantial 23% of cases. 95% of *Service Assessment* forms indicated that the victim had reported the crime to the Gardai.

Gender

Male victims were supported in 43% of cases. Female victims were supported in 71% of cases. This demonstrates that the service user group is predominantly female. However, there were many cases where males and females were supported at the same time, (hence percentages do not add up to 100).

Age

The ages of the victims supported ranged from under 16 to 66+ . The data are represented in Fig. 2.5.

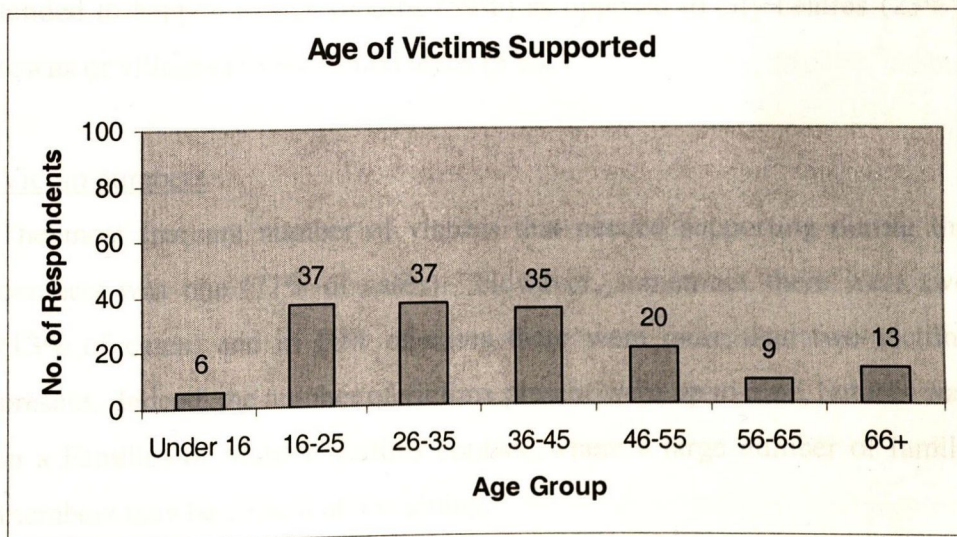


Fig. 2.5

Age of victims supported.

Occupation

The occupation of most victims did not appear to come up in the conversation, as 67% reported it as unknown. Although an occupation was given in the other 33% of cases, this would not be a valid representation of the victim sample, and had to be disregarded.

Living circumstances

It appeared that 52% were living with family, 15% lived alone, 9% with friends and 4% in an “other” situation. In 20% of cases, the living circumstances of the victim appeared unknown.

Victims tended to live in city suburbs (68%) as opposed to city centres (15%), towns or villages (14%) or rural areas (3%). Similarly, the crimes tended to happen in city suburbs (59%) as opposed to city centres (23%), towns or villages (13%) or rural areas (5%).

Victim numbers

The most frequent number of victims that needed supporting during the contacts was one (77% of cases). However, sometimes there were two (13% of cases) and in 10% of cases there were more than two victims present. Indeed, the number of victims present went up to nine, but this was in a Families of Murder Victims contact, where a large number of family members may be present at one sitting.

3. Support offered

In terms of what was actually offered during the visit, emotional support featured most frequently. Of those who answered the question, 98% of volunteers felt that emotional support was the primary support they had

given. Volunteers were also asked about other support: 14% had also given information on the criminal justice system, 4% on crime prevention and 3% on a place to stay (Tourist Victim Support). In fact, 32% had given extra support, in addition to emotional support, to the victim.

In 29% of cases, the volunteer had to provide information for the victim. The Gardai (7%), counselling services (6%), other Victim Support services/branches (4%) and Women's Aid (4%) all featured. In 10% of cases, information was given on more than one topic. In 14% of cases, the volunteer had to actually liaise with the Gardai for the victim.

Volunteers were asked how long they spent with each victim. The mean time spent on the first visit to the victim was 0.59 of an hour, i.e. 35 minutes. The standard deviation was 0.5, i.e. 30 minutes. There was quite a range in the time spent on the first visit. Some volunteers reported that they had spent 0 minutes, so perhaps the victim did not wish to talk at all. Of those who reported at least some minutes, the length of the visit ranged from 3 minutes to 1.5 hours.

Time spent with victims was further broken down into branches and services. The special services tended to spend more time on the first visit – the mean length of time was 66 minutes (standard deviation 42 mins). For the branches, the mean length of visit 1 was 27 minutes (standard deviation 24 mins). The mean length of time for the second visit was 42 mins (standard deviation 31 mins). Of the 18 reports of second visits, three came from the special services and seven came from the National Office. Eight came from local branches (particularly Togher, Cork, where five out of twelve reports indicated that the victim had been visited more than once).

Some victims were offered third, or even fourth, visits, but these tended to be the special services or the National Office.

5. Special Services

It was intended to gather specific information on the type of victims in contact with each of the special services. It was intended to draw up a profile of the users of each special service. For example, it was intended to investigate variables like:

- a) The relationship between the family members in contact with the Families of Murder Victims Service and the deceased
- b) The proportions of victims to witnesses in the Court Victim/Witness Service
- c) The numbers of victims being supported by Tourist Victim Support in an average contact.

The information that was returned on these sections of the forms, however, tended to be rather incomplete. Indeed, very little information was given in relation to any service and a profile of the kind of victims being supported was unable to be compiled.

It is possible that, despite the fact that the researcher had presented the questionnaire and the study to the volunteers at the Victim Support National Conference, and that time had been made available prior to the study for any questions to be posed and answered, volunteers in the special services may not have understood the entire questionnaire, leading to incomplete information.

Specific issues relating to the support offered by the special services were investigated. For "Crime in the Workplace" volunteers, they were asked if they had to liaise with management for the victim. Court Victim/Witness volunteers were asked about the length of the trial and how often they met with the victim(s). However, it turned out the number of questionnaires received over the one-month period was not enough to build a profile on

individual services. Therefore, summaries of these final variables were not compiled.

Section 4: Discussion

Using the results of the study, a number of variables of the work in Victim Support can be identified, regardless of the type of victims in contact with the organisation, and the areas of the support offered to them.

1. Profile of victims

There were 189 victims identified by the Victim Support system, spread over the 17 branches of the organisation in the greater Dublin area. Contacts with, however, fewer than 10 victims in each branch. This led to the concentration of all branches in the greater Dublin area, and a small number of victims in the greater Dublin area. Spotted, the victims of the crimes were to be living in cities and suburbs, this was not a rural area.

Generally, it was found that the majority of victims were young, although two or more victims were found in each branch. Occupational and living circumstances were also found to be quite varied, but more commonly supported by the system. The majority of victims were in the 16 to 35 age group. Certain types of crimes, such as sexual assault, however, took place, the type of the victims was found to be in Victim Support being an elderly person, and the majority of victims were over the age of 35.

The crime most frequently reported by victims was burglary. Theft and sexual assault were also frequently reported. Other crimes were present but in very small numbers. Generally, the profile of all crime types is the same, although the majority of the Victim Support does deal with a wide variety of crime types, the majority of the victims are only in minor injury or minor theft, as well as sexual assault. Injury was found to have taken place in nearly one out of five cases.

Service Assessment

Section 4: Discussion

Using the results of the *Service Assessment*, two profiles of the work of Victim Support can be drawn up; a profile of the type of victims in contact with the organisation and a profile of the support offered to them.

1. Profile of victims

There were 180 contacts reported by the *Service Assessment*, spread over the 17 branches and services included in the study. Contacts were, however, biased towards the Dublin region. This is due to the concentration of a) branches, b) population and c) crime that exist in the greater Dublin area. Similarly, the vast majority of victims tended to be living in cities and indeed, this was where most of the crime had taken place.

Generally, it was one victim that needed supporting in each case, although two or more victims needing support was not uncommon. Occupation and living circumstances were unknown. Female victims were more commonly supported than males. Age was spread fairly evenly across the 16 to 55 age group. Certainly within the month that the *Service Assessment* took place, the myth of the average victim supported by Victim Support being an elderly person was dispelled; only 14% were over the age of 55.

The crime most frequently experienced by victims was burglary. Theft and assault also featured, but less frequently. Other crimes were present but in very small numbers. However, the presence of all crime types in the *Service Assessment* indicates that Victim Support does deal with a wide variety of crime types and is not restricted only to residential burglary or minor theft, as some may believe. Injury was found to have taken place in nearly one case out of four.

2. Profile of support

Most cases were contacted once, although a substantial minority of reports (almost 1 in 5) stated that this contact was the second contact. Although most second contacts tended to come from the special services or the National Office, some branches were found to be offering second contacts to victims.

Most contacts between victim and volunteer were by personal visit, although a substantial minority of 1 in 5 were supported by telephone. Initially, the method of the first contact was usually by unannounced visit, but in 39% of cases, the victim was telephoned first.

Personal contact was made with the victim in most cases (70%) and generally the victim had been willing to talk to the volunteer(s). However, sometimes it took more than one visit to achieve personal contact. In 36% of cases (more than one case in three), volunteers had to return more than one time to achieve personal contact. Bearing in mind that the average distance travelled on a visit was 7.4 miles, the organisation might want to look at unannounced visits in terms of economic viability.

If personal contact had not been achieved, volunteers appeared diligent in leaving a calling card.

The average contact involved one volunteer, although two volunteers also happened regularly (39% of cases). It is generally the policy of Victim Support to send two volunteers out to visit victims (Victim Support Code of Practice, 1997) and indeed for the personal safety of both volunteers and victims, it is a recommendation that this policy continue. The organisation may wish to investigate the situations where volunteers are visiting victims alone as this may be an area where manpower or policy needs to improve.

For the branches, the average length of contact with the victim was just under half an hour. For the special services, the average length was just over an hour. However, contacts ranged from three minutes to an hour and a half, so there appeared to be no hard and fast rule about how long any particular contact would take.

Almost all victims had reported the crime to the Gardai but it that the Gardai had informed the victim about Victim Support in only one out of two cases. A similar finding was discovered in the results of the *Service Users' Satisfaction Survey* and is further discussed in Chapter 3). At the time of writing this thesis, Victim Support does request that the Gardai advise victims on the Victim Support service wherever possible. From the results of the *Service Assessment*, the organisation may wish to aim to increase the number of Gardai who inform victims about the service.

Although most victims had reported the crime, referrals did not solely come from the Gardai: 25% came from other sources such as friends, family members or other third parties. Although it cannot be confirmed with certainty without further research, it may be due to knowledge of Victim Support amongst the general population that such referrals occurred. It may be helpful for the organisation to use this third-party referral figure as a benchmark with which future third-party referral figures can be compared.

A further recommendation from the *Service Assessment* comes from the delay it uncovered between the date of the crime and the date that the victim actually received contact from Victim Support. It took an average of just over 16 days for the victim to receive a visit, although most of the delay (13 days) occurred before the crime was referred to the local branch co-ordinator. Results of the *Service Users' Satisfaction Survey* (Chapter 3) will show that almost one in three respondents would indeed prefer the

Victim Support visit to be sooner. If Victim Support aims to be effective in providing emotional "first aid" to victims, it may wish to investigate the reason for such a delay in referrals.

In terms of how the volunteer(s) had to support the victim during the contact, most of the support was emotional. However, in almost one case in three, information had to be provided on other organisations, the criminal justice system, other Victim Support services or branches, or crime prevention. It appears that such practical support is a large part of Victim Support work, and volunteers would need to be up-to-date and well-informed about the practical issues that victims may enquire about.

Service Assessment

Section 5: Recommendations

Six specific recommendations emerged from the *Service Assessment*.

1. There appeared to be a fairly high occurrence of “unsuccessful visits”, i.e. visits where the volunteer had been unable to establish personal contact with the victim. The occurrence of unsuccessful visits was 36%. With an average distance travelled of 7.4 miles, it may not be economically viable for the volunteer to call out to a victim unannounced. The organisation may wish to weigh up the pros and cons of its visitation policy rather carefully.
2. It is the policy of Victim Support that a pair of volunteers makes contact with crime victims. The *Service Assessment* showed that this, however, is not always the case and that there are often instances where volunteers visit alone. The organisation may wish to investigate such occurrences for the personal safety of both victim and volunteer.
3. The Gardai appeared to be informing the victim about the Victim Support service in only 50% of cases. To ensure that victims are forewarned about the possibility of the visit, and to ensure they do not feel that their confidentiality has been compromised, the organisation may wish to take steps to encourage more Gardai to advise victims about Victim Support.
4. Self referrals or referrals from third parties stood at 25%. In the case of the Gardai ever having to cease referring victims to Victim Support in the future (due to a breakdown in inter-agency relations, the Data Protection Act or some other reason), Victim Support may wish to target victims of crime via other means. The organisation may wish to

monitor the percentage of referrals received from sources outside the Gardai to ensure that it is known amongst other agencies and the general population.

5. A delay of almost two weeks exists between when the crime is committed and when it is referred to the local Victim Support co-ordinator. Victim Support may wish to investigate the reason for such a delay and take steps to shorten the time that a victim is waiting to receive a visit from the organisation.
6. In almost one case in three, practical information on other agencies or on the criminal justice system was asked of the volunteers. Victim Support may wish to ensure that its volunteers are fully briefed and trained on such practical matters. Indeed, the results of the *Service Assessment* lend support to the organisation's continuing to have "practical information" as a large component of the volunteer training programme.

CHAPTER 3

SERVICE USERS' SATISFACTION SURVEY

The Service Users' Satisfaction Survey was a quantitative, questionnaire-based study. It was designed to investigate Victim Support's service users' satisfaction or dissatisfaction with the service they received from the organisation. Matters such as the logistics of the contact with the organisation, the service that was received and the crime that had been experienced were investigated. Univariate and bivariate data analyses enabled areas of satisfaction or dissatisfaction, and potential areas for change, to be highlighted. These were organised under the headings "Satisfaction with Logistics of Contact" and "Satisfaction with Service Received" and organisational recommendations were made accordingly. Results were placed in light of the contemporary theory that service users' satisfaction levels are related to the fulfilment of their needs and the association between the two states was highlighted.

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Service Users' Satisfaction Survey

Section 1: Introduction

Chapter 1 – *Introduction* outlined the organisational focus of the thesis and introduced one of its objectives; to evaluate the service offered to victims of crime in Ireland by Victim Support. Chapter 2 – *Service Assessment*, provided an empirical assessment the scope and nature of the work currently being carried out by the organisation.

The purpose of the *Service Users' Satisfaction Survey* was to assess the service users' satisfaction or dissatisfaction with what they received from Victim Support. The results of the satisfaction survey could then be used:

1. To ensure that the service being provided by Victim Support was actually to the satisfaction of the people receiving it.
2. To provide a "benchmark" of the perceived satisfaction of the service users on which to build in the future, or with which to compare any future service users' satisfaction surveys.
3. To identify areas of dissatisfaction where the organisation might need to improve and/or change volunteer training.
4. To be used as an alternative indicator of the organisation's performance in addition to simply reporting the number of referrals that the organisation receives over a given period.

In the voluntary sector, service users' satisfaction can be seen as a *performance indicator*. The number of referrals that an organisation such as Victim Support deals with may be influenced by factors such as the rise or fall of crime levels during that period or the willingness of the Gardai to refer potential service users to Victim Support. Indeed, it could often be the case that referral figures alone do not reflect the effectiveness of the organisation. Referral figures may show the industriousness of the

organisation over a certain period, but in the person-oriented voluntary sector, quality performance does not and should not end there.

Factors such as quality of service offered, satisfaction of service users, awareness of Victim Support amongst the general public, presence/absence of waiting list for service and percentage of those referred that are actually offered assistance are all valuable indicators of an organisation's performance.

The objective of this particular study was to assess service users' satisfaction or dissatisfaction with the service they received from Victim Support. It would have been helpful to have similar studies in other organisations with which to compare the results, but it proved difficult to find published satisfaction studies within the voluntary sector *at all*, let alone from organisations that were very similar to Victim Support. The closest example was the research carried out by Maguire and Corbett (1987). They used an interview technique to assess the satisfaction of people who had used the Victim Support service in the U.K. Overall, the results that they found were positive and service users were, in the main, satisfied with what they received. Specific results and comparisons of Maguire and Corbett's study with the results of the *Service Users' Satisfaction Survey* can be found in the discussion.

Service Users' Satisfaction Survey

Section 2: Methodology

The *Service Users' Satisfaction Survey* was designed as a postal survey to be sent out to victims of crime who had been in contact with Victim Support branches. (The reader will recall the referral system from Chapter 2 – *Service Assessment*). Although initially planned as a national survey, many branches within the organisation did not participate in the survey. (The reader will recall the reluctance of the volunteers to participate in research, as outlined in Chapter 1 – *Introduction*.) In the end, the *Service Users' Satisfaction Survey* was carried out on crime victims referred to branches in the Dublin and Bray areas, which included 6 branches.

Branch co-ordinators sent in details of victims in their area to the researcher on a regular basis. To achieve a balance between sending the questionnaire out too soon after the crime, when victims might still be feeling very distressed, and too late, by which time some of the details of the visit might be forgotten, it was decided to post the questionnaire to victims between 2 and 4 weeks after their contact with Victim Support.

The postal survey was designed and carried out using Dillman's (1978) "Total Design Method". This method included reducing the questionnaire to an A5 booklet, with the most interesting questions appearing first and more sensitive and demographic questions appearing last. The "Total Design Method" also involved sending a reminder letter 1-2 weeks after the original questionnaire booklet was sent out, and the questionnaire booklet 1-2 weeks after that again, if still no response was received. The "Total Design Method" suggested that if no reply was received after the third try, to wait a further 7 weeks, and to send the package again by registered mail. It was decided not to use the final, fourth stage in the *Service Users' Satisfaction Survey*, because it was agreed that some victims might be

feeling distressed after their experience. It was felt that contacting victims three times was sufficient. Confidentiality was assured to each respondent by giving each an identity number, printed on the back of the questionnaire. The real identity of each respondent was known only to the researcher.

The original questionnaire was shown to the Gardai in Garda Headquarters, to ensure that all crime types had been adequately covered in Section 3 of the questionnaire, relating to crime experience. It was also shown to experienced volunteers in the Victim Support National Office, to check that the wording of the questionnaire was easy to understand.

The survey was piloted over a one-month period from July to August 1998. Once it was determined that the survey was running successfully, it was decided to include the questionnaires from the pilot in the overall survey. 160 questionnaires were sent out using the Total Design Method, and 60 were received, giving a response rate of 37.5%, which was perceived as satisfactory. The response rate was slow, however. Results of the *Service Assessment* (Chapter 2) indicated that there were 180 contacts from 17 branches and services over a one-month period. During the *Service Users' Satisfaction Survey* period, it took six months (July 1998 – January 1999) to collect 160 names of victims from 6 branches, to whom questionnaires could be sent out. This was once again due to the reluctance of some volunteers to add to their workload by participating in research.

A copy of the *Service Users' Satisfaction Survey* questionnaire can be found in Appendix 2.

Service Users' Satisfaction Survey

Section 3: Results

From July 1998 to January 1999, 169 questionnaires were distributed. 60 were received giving a response rate of 37.5%. It was not known why 62.5% of victims who received a questionnaire chose not to respond to the survey, but it was an ethical feature of the research design that recipients were reminded that they did not have to respond to the questionnaire if they did not wish to. It is impossible to comment on the victims who chose not to respond to the survey, on their level of satisfaction or dissatisfaction with Victim Support, or on their level of crime impact. The following results are an analysis of the 53% of victims contacted by the *Service Users' Satisfaction Survey* that chose to respond.

Results were divided into three parts:

1. The Visit
2. The Victim Support Service
3. The Crime Experience
4. Demographics
5. Comparative Analyses

Results, Part 1: The Visit

The first section of the questionnaire referred to the visit that the respondent received.

Number of visits

Respondents were asked how many visits they had received. The data are represented in Fig. 3.1.

Number of Visits Received

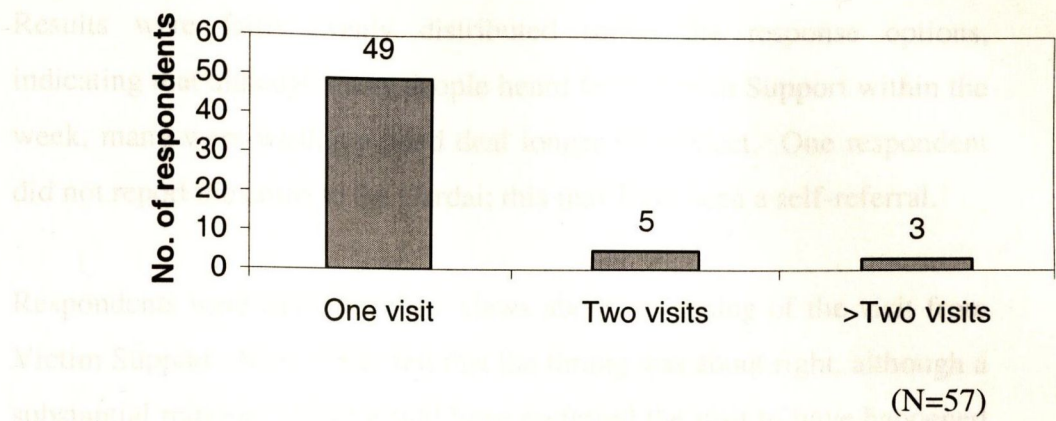


Fig. 3.1

Number of visits that victims received.

One visit was also the mean and the modal value, and the standard deviation was 0.68.

Speed and timing of referral

Respondents were asked how soon after reporting the crime to the Gardai did they hear from Victim Support (Fig.3.2).

Length of time it took to hear from Victim Support

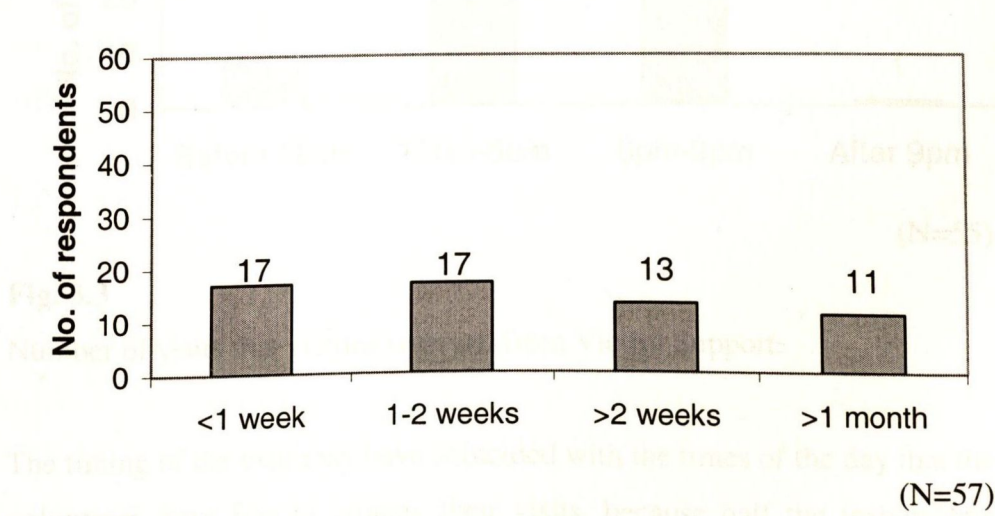


Fig. 3.2

Length of time it took for victims to hear from Victim Support. Most respondents (59%) were told that the timing was about right, most

Results were fairly evenly distributed across the response options, indicating that although many people heard from Victim Support within the week, many were waiting a good deal longer for contact. One respondent did not report the crime to the Gardai; this may have been a self-referral.

Respondents were asked for their views about the timing of the visit from Victim Support. Most (65%) felt that the timing was about right, although a substantial minority (31%) would have preferred the visit to have happened some days sooner. Only 4% would have preferred some days later. (N=51)
Respondents were asked the time of the day that the volunteers called at and whether or not this time was convenient (Fig.3.3).

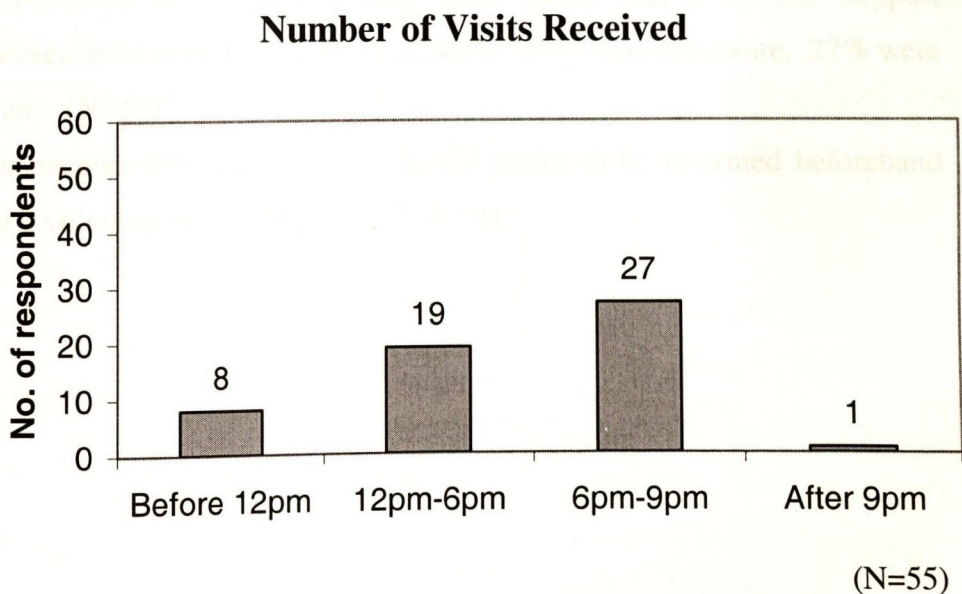


Fig. 3.3
Number of visits that victims received from Victim Support.

The timing of the visit may have coincided with the times of the day that the volunteers were free to arrange their visits, because half the respondents were visited outside working hours (after 6pm).

In response to being asked whether or not the timing was convenient, most respondents (89%, n=48) felt that the timing was convenient and 11% (n=6) felt that it was not. Of those who felt that the timing was not convenient (n=6), one respondent did not recall the time of the visit, one was visited before 12.00 midday, one after 9pm and three in the afternoon between 12.00 and 6.00pm.

Prior knowledge of contact

Respondents were asked if the Gardai had informed them of the Victim Support service. Responses were fairly evenly split between those who were told (48%) and those who were not (52%). (N=58)

Respondents were also asked whether or not they had heard of Victim Support before they experienced the crime. Responses were exactly split between those who had not (50%) and those who had (50%). (N=58)

Respondents were asked if they were aware that a Victim Support representative would call out to visit them. 73% were not aware. 27% were aware. (N=55)

Respondents were asked if they would prefer to be informed beforehand that a volunteer would be calling (Fig.3.4).

Preference to being informed of visit beforehand

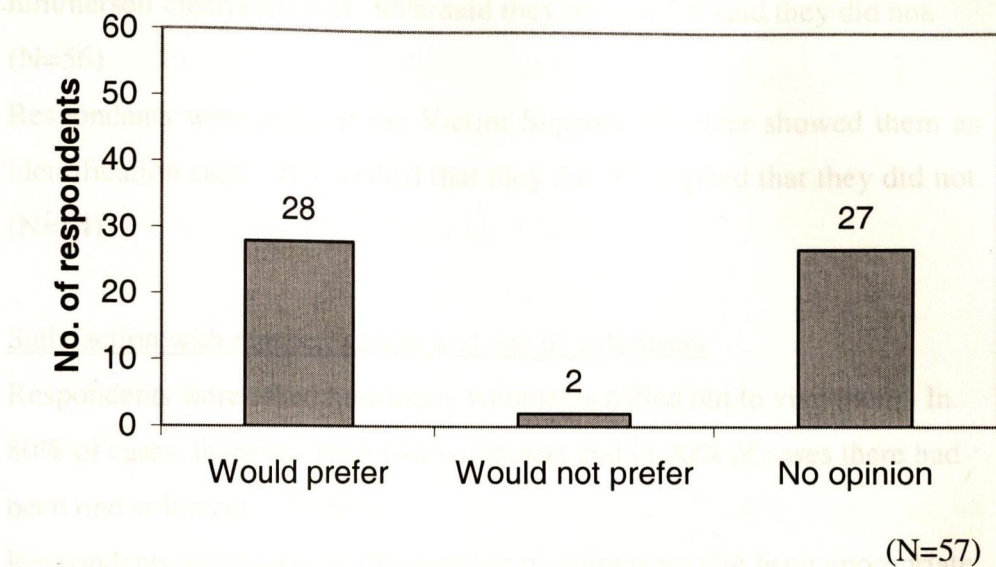


Fig. 3.4

Victims' preference of being informed of visit beforehand.

Almost half the respondents indicated a preference for being informed about the visit beforehand.

Methods of contact

In terms of the methods that Victim Support used to contact the victim, 72% were first contacted by an unannounced visit to the victim's home, 23% were contacted by letter and 5% were contacted by telephone. (N=56)

Reactions to contact

Respondents were asked about their initial reaction to the call. Most (71%) replied that it was positive, 7% replied that it was negative and 22% replied that their response was neither positive nor negative. (N=55)

Identification of volunteer

Respondents were asked if the Victim Support volunteer identified him/herself clearly to them: 98% said they did and 2% said they did not. (N=56)

Respondents were asked if the Victim Support volunteer showed them an identification card: 91% replied that they did, 9% replied that they did not. (N=54)

Satisfaction with number, gender and age of volunteers

Respondents were asked how many volunteers called out to visit them. In 80% of cases, there had been two volunteers and in 20% of cases there had been one volunteer. (N=56)

Respondents were asked if this number of volunteers had been appropriate. Most (86%) replied that it had been appropriate. One respondent (2%) replied that it was not appropriate. The rest (12%) had no opinion. (N=56)

Of the one respondent who felt that the number of volunteers had not been appropriate, the victim had been visited by one male. The victim was a female victim of burglary and theft.

Similarly, respondents were asked the gender of the volunteers that called out to see them. In 73% of cases the volunteer(s) had been female, in 16% of cases the volunteers had been one male and one female, and in 11% of cases the volunteer(s) had been male.

Respondents were asked if this was satisfactory. Again, 98% said it was satisfactory and 2% said it was not. (N=56) The respondent who said it was not satisfactory was visited by two females. This respondent did not indicate his/her gender but was a burglary victim who had had some sort of contact with the offender.

Respondents were asked the age of the volunteers who called out to see them: 4% of respondents said they were under 20, 35% said they were 21-40 years, 56% said they were 41-60 years and 5% said they were over 60 years. (N=55)

Age did not matter to 98% of respondents. Only 1.8% of respondents (one respondent) replied that they would like the volunteers to have been older. In this case, the respondent had been visited by volunteers in the 21-40 age group and the respondent was a male in the 66+ age group.

Results, Part 2: The Victim Support Service

Overall satisfaction

Respondents were asked to rate their satisfaction with the overall service. Most (46%) were “very satisfied”, 27% were “satisfied”, and 27% were neither satisfied nor dissatisfied. No respondents reported themselves as being “dissatisfied” or “very dissatisfied”. The data are represented in Fig. 3.5.

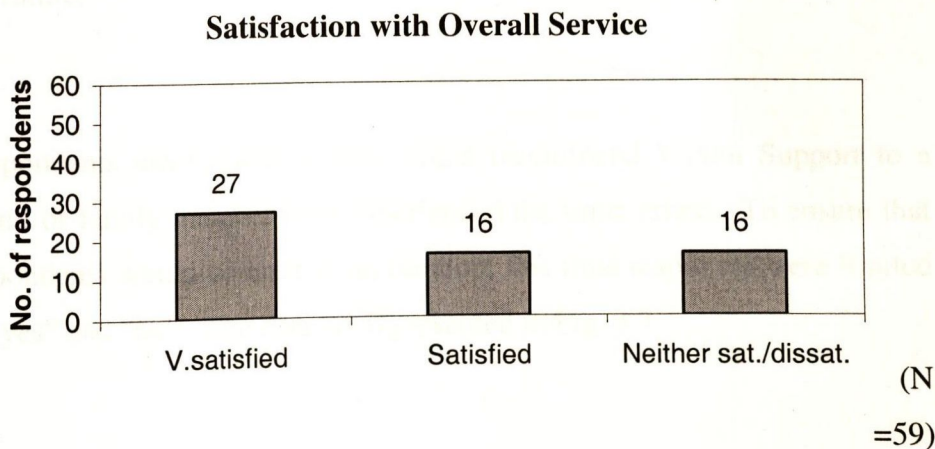


Fig. 3.5
Victims’ satisfaction with overall service.

As another indicator of general satisfaction, respondents were asked if they would contact Victim Support again in the future (see Fig. 3.6).

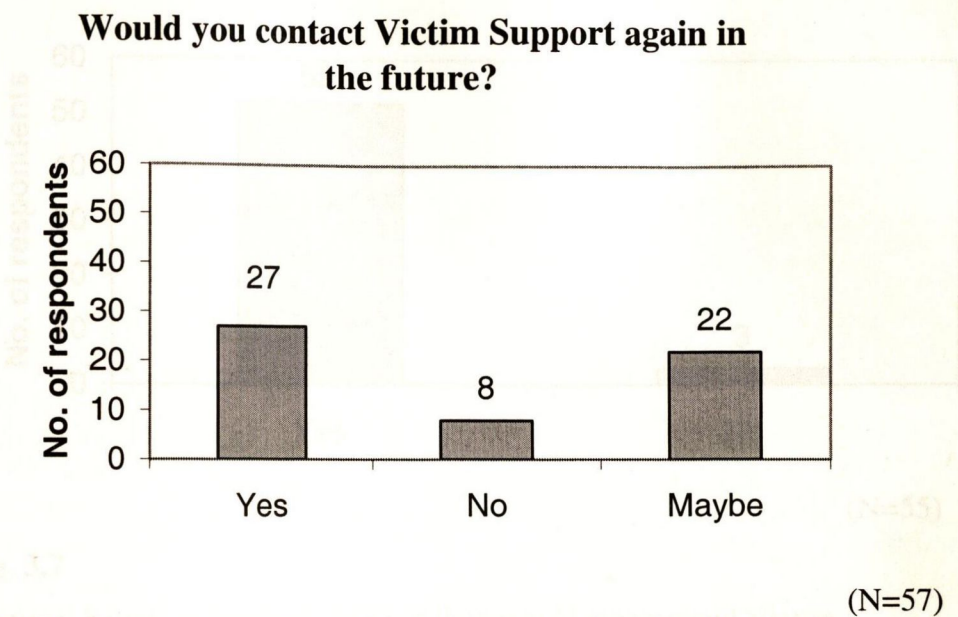


Fig. 3.6
Victims’ beliefs as to whether or not they would contact Victim Support in the future.

Respondents were asked if they would recommend Victim Support to a friend or family member who experienced the same crime. To ensure that respondents would commit to an opinion, this time responses were limited to “yes” and “no”. The data are represented in Fig. 3.7.

Would you recommend Victim Support to a friend or family member?

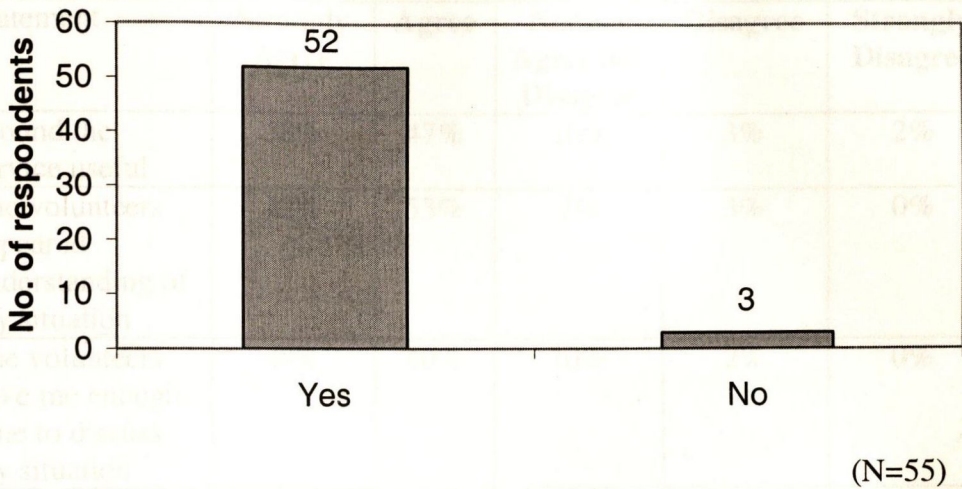


Fig. 3.7

Victims' beliefs as to whether or not they would recommend Victim Support to a friend or family member.

Respondents were asked to indicate their agreement or disagreement with the following statements. The results were as follows (Table 3.1).

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I found the service useful	38%	47%	10%	3%	2%
The volunteers appeared understanding of my situation	42%	53%	2%	3%	0%
The volunteers gave me enough time to discuss my situation	48%	40%	10%	2%	0%
I felt that I could talk to them	42%	46%	7%	5%	0%
I found talking to them helpful	40%	35%	15%	10%	0%
The volunteers listened attentively to what I told them	46%	46%	8%	0%	0%
The volunteers were competent in handling my fears, needs or questions	42%	42%	15%	1%	0%
The volunteers were courteous and helpful	50%	47%	3%	0%	0%
The volunteers respected my rights as a victim of crime	47%	50%	3%	0%	0%
The volunteers explained clearly to me why they were there	53%	45%	0%	2%	0%

(N= 59 or 60)

Table 3.1
Victims' statements about volunteer service

Respondents were asked to tick boxes relating to the following characteristics of the volunteers (Table 3.2):

Characteristic	Ticked	Not Ticked
Friendly	90%	10%
Helpful	69%	31%
Warm	52%	48%
Cold	0%	100%
Polite	56%	44%
Concerned	55%	45%
Rude	0%	100%
Professional	46%	54%
Rushed	2%	98%
Caring	59%	41%

(N=between 54 and 60)

Table 3.2
Victims' impressions of personal characteristics of volunteers.

Perceived effectiveness of visit in relieving psychological distress

Respondents were asked how they felt after the visit from Victim Support (see Fig. 3.8). Results indicated that 39% felt “much better”, 32% felt “slightly better”, and 29% felt “no difference”. No respondent ticked “worse”. (N=59)

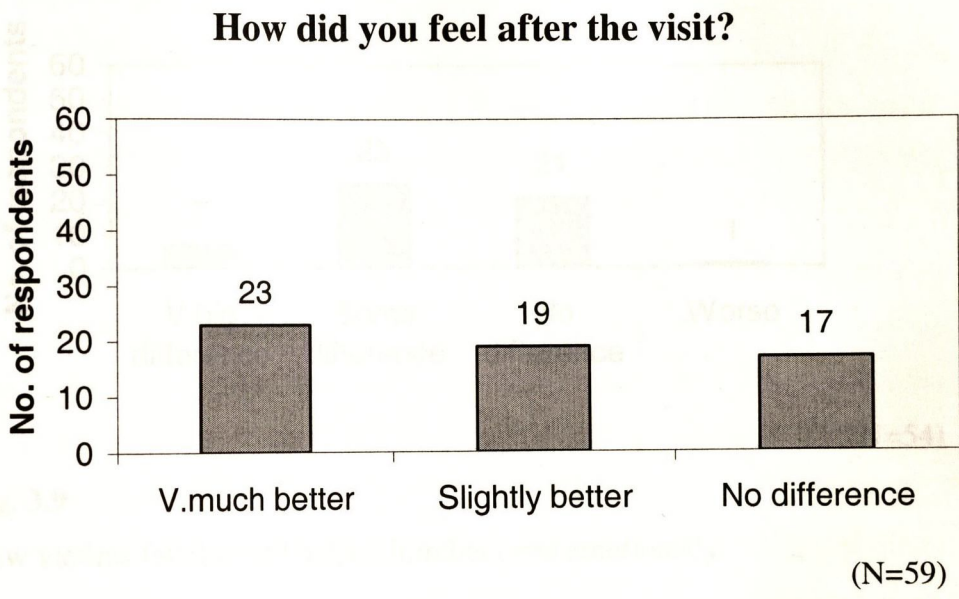


Fig. 3.8
How victims felt after the visit from Victim Support.

Respondents were asked the kind of difference the visit had made in helping them to cope emotionally. The data are represented in Fig. 3.9.

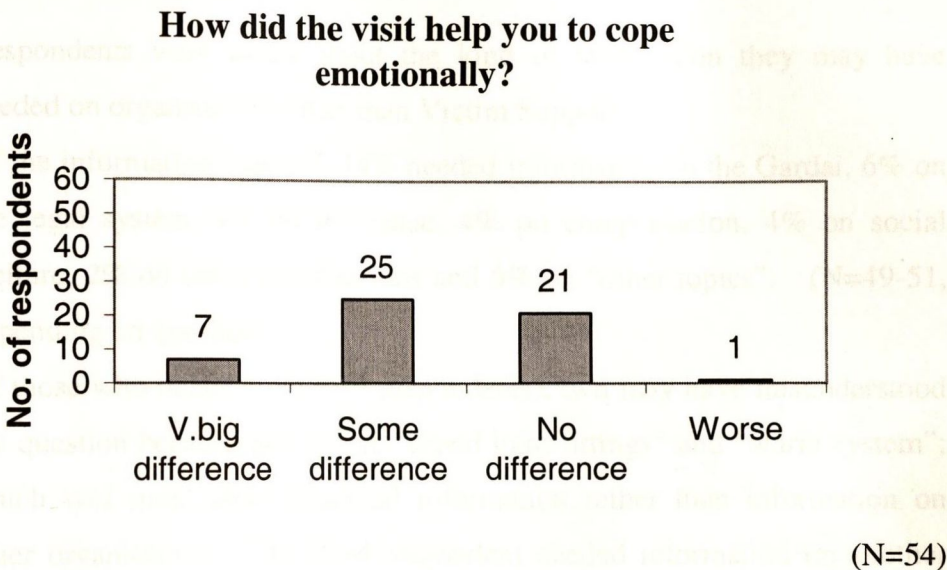


Fig. 3.9
How victims felt the visit helped him/her cope emotionally.

Perceived practical support needs

Respondents were asked whether or not they felt they needed practical support after the crime (see Fig. 3.10).

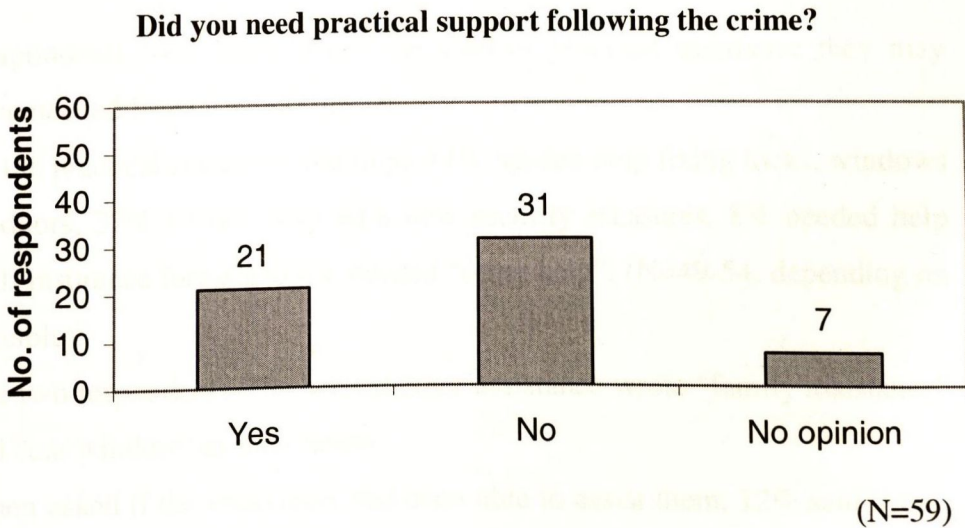


Fig. 3.10

Whether or not victims needed practical support.

Just over half of all respondents (n=31, 52%) replied that they did not need practical support after the crime.

Respondents were asked about the kind of information they may have needed on organisations other than Victim Support.

Of the information required, 14% needed information on the Gardai, 6% on the legal system, 4% on insurance, 4% on compensation, 4% on social welfare, 2% on other organisations and 6% on “other topics”. (N=49-51, depending on question)

Of those who ticked “other” (3 respondents), two may have misunderstood the question because they wrote “timed light fittings” and “alarm system”; which was more about practical information rather than information on other organisations. The third respondent needed information on another Victim Support service or branch.

When asked if the volunteers were able to supply the information required, 19% said “yes”, 4% said “no” and 77% did not need any information. (N=57)

When asked if the information provided had been helpful, 29% said “yes”, 2% said “no” and 69% did not need/receive any information. (N=52)

Respondents were asked about the kind of practical assistance they may have needed from Victim Support.

Of the practical assistance required, 41% needed help fixing locks, windows or doors, 32% needed help with new security measures, 8% needed help with insurance forms and 4% needed “other help”. (N=49-54, depending on variable).

The two respondents who needed other assistance wrote “family assistance” and “car window” as their needs.

When asked if the volunteers had been able to assist them, 12% said “yes”, 5% said “no” and 83% did not need any practical assistance. (N=57)

N.B. This is a different question to the one asked in Section 1, Question 2.

Perceived emotional support needs

Respondents were asked whether or not they felt they needed emotional support after the crime (see Fig.3.11). About half (n=29, 49%) replied in the affirmative.

Did you need emotional support following the crime?

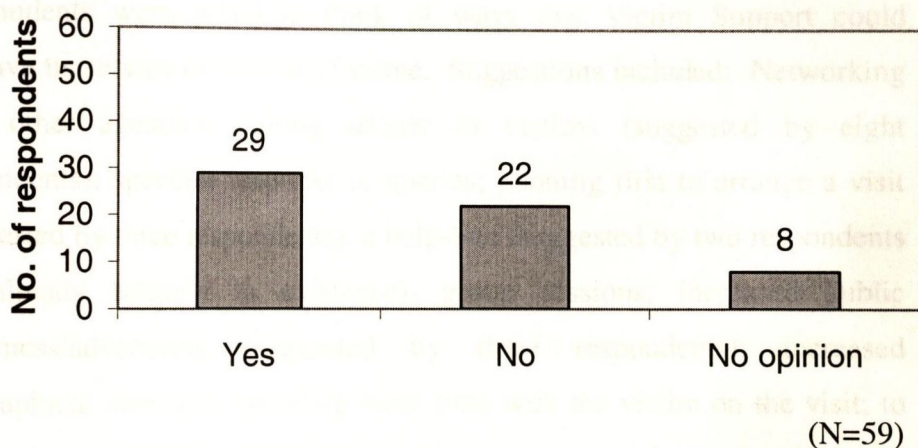


Fig. 3.11

Whether or not victims needed emotional support.

Respondents were asked whether or not they would have sought out emotional or practical support had it not been offered to them. The results showed that 72% would not have gone looking for support, 19% would have gone looking and 9% had no opinion. (N=58)

Number of visits received

Respondents were asked again how many visits they had received from Victim Support. This was to help them remember if the number of visits had been satisfactory. The respondents replied that 2% had received no visit, 79% had received one visit, 11% had received two visits, 7% had received three visits and 2% had received five visits. (N=57)

N.B. This is a different result to the one obtained in Section 1, Question 2. Reasons for the difference are suggested in the discussion section.

Respondents were asked if they would prefer more visits or less visits. 12% would have preferred more, 9% would have preferred less, but most (79%) were satisfied with the number of visits they received. (N=57)

Ways of improving service

Respondents were asked to think of ways that Victim Support could improve its service to victims of crime. Suggestions included: Networking with other agencies; calling sooner to victims (suggested by eight respondents); speedier response to queries; phoning first to arrange a visit (suggested by three respondents); a help-line (suggested by two respondents but already actually in existence); group sessions; increased public awareness/advertising (suggested by three respondents); increased geographical coverage; spending more time with the victim on the visit; to call back again if necessary (suggested by two respondents); to allow the victim to talk about the crime more fully (suggested in the context of there being perhaps a time constraint during this respondent's visit); to have a Victim Support office outside of Dublin (already in existence); more information on the Garda service; more practical information.

Results, Part 3: The Crime Experience

Respondents were asked about the type of crime they had experienced. The data are represented in Fig. 3.12.

Because they were allowed to tick more than one box, and because the number of crime categories provided was rather large (15), responses were re-coded into 5 new categories using SPSS syntax: Mugging or assault (18%); Sexual or domestic crimes (2%); Burglary where victim encountered offender (7%); Burglary or theft where victim did not encounter offender (68%); Other crime type (5%). (N=48-54, depending on the question).

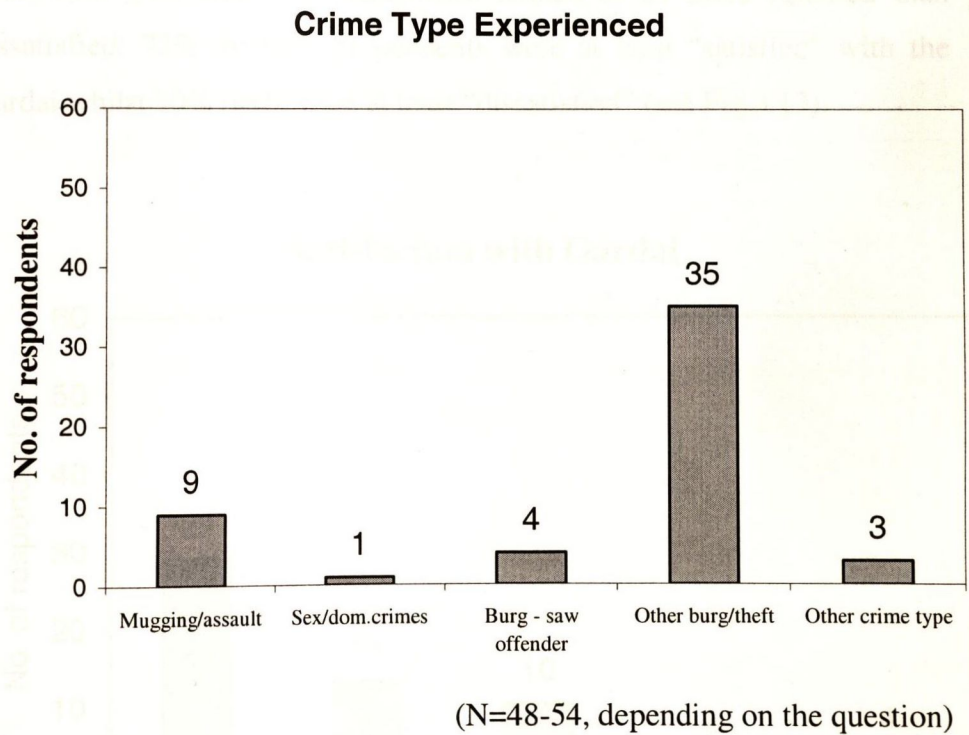


Fig. 3.12
Crime type experienced by victims.

Respondents were asked the date of the crime because it was originally proposed that the exact time between crime date and visit date could be established. However, in reality, most respondents were unsure about exact dates, and results for the time difference were taken from victims' own

responses to Section 1, Question 3, “If you reported the crime to the Gardai, how many days after reporting it did you hear from Victim Support?”

In response to asking if there had been injury as a result of the crime, 95% had not been injured and 5% had been injured (N=56).

The Gardai

Most (98%) had reported the crime to the Gardai, while 2% had not. (N=58)

Respondents were asked how satisfied they were with the way the Gardai dealt with their situation. Responses tended to be more satisfied than dissatisfied; 72% (n=42) of respondents were at least “satisfied” with the Gardai whilst 10% (n=6) were at least “dissatisfied” (see Fig.3.13).

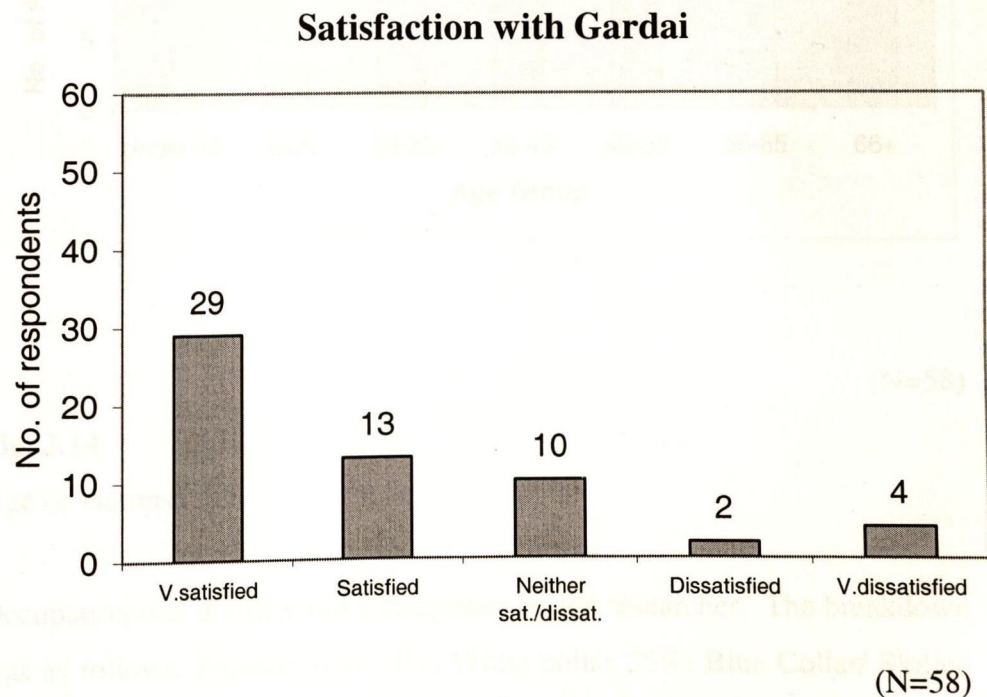
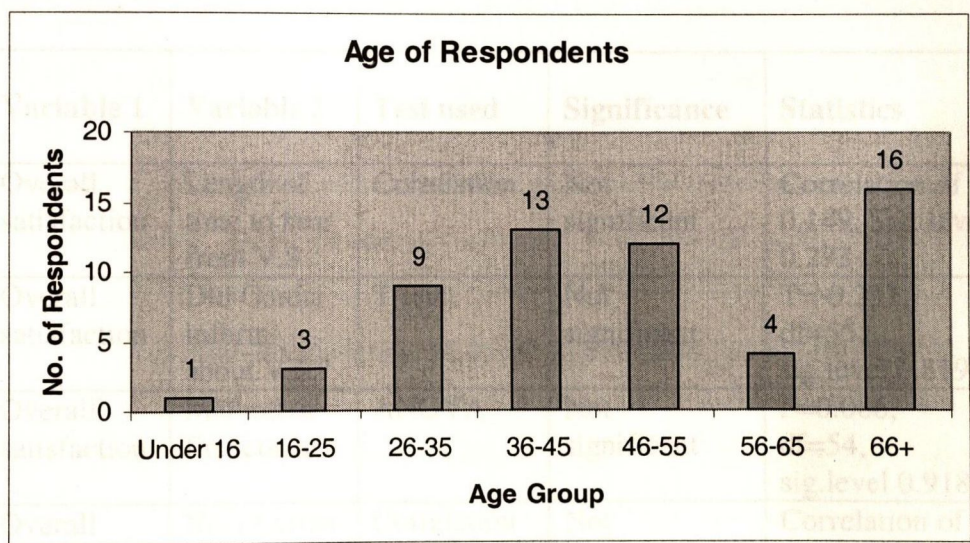


Fig. 3.13
Victims’ satisfaction with Gardai.

Results, Part 4: Demographic Details

The gender breakdown was 25% male and 75% female. (N=57)

Age was fairly evenly distributed amongst the different age categories, although the under 25-age group was somewhat under-represented. The breakdown was as follows: Up to 16 (2%), 17-25 (5%), 26-35 (15%), 36-45 (22%), 46-55 (21%), 56-65 (7%), over 65 (28%).



(N=58)

Fig. 3.14
Age of victims.

Occupation was divided into 6 categories by the researcher. The breakdown was as follows: Professionals 31%; White collar 25%; Blue Collar/ Skilled Manual 26%, Homemaker/Carer 16%; Unemployed 2%. (N=51)

Respondents were asked about their marital status: 20% were single, 52% were married or cohabiting and 28% were separated or divorced. (N=54)

The results (Table 3.3) showed that respondents' satisfaction levels were

In terms of living status, 32% were living alone, 20% were living with a partner only, 46% were living with family and 2% ticked "other". (N=54)

the method by which they were first contacted, the type of visits they had received or whether they had heard of the crime before the support

Results, Part 5: Comparative Analyses

Satisfaction levels were tested for a possible association with

Respondents' overall satisfaction levels were tested for a possible association with specific aspects of the visit (see Table 3.3).

the pending visit was not considered that as a consequence of Victim

Variable 1	Variable 2	Test used	Significance	Statistics
Overall satisfaction	Length of time to hear from V.S.	Correlation	Not significant	Correlation of 0.149, Sig..level 0.273
Overall satisfaction	Did Gardai inform about V.S.?	T-test	Not significant	T=-0.231, df=55, sig.level 0.819
Overall satisfaction	Method of first contact	ANOVA	Not significant	F=0.086, df=54, sig.level 0.918
Overall satisfaction	No. of visits received	Correlation	Not significant	Correlation of 0.128, Sig.level of 0.349
Overall satisfaction	Heard of V.S. before crime?	T-test	Not significant	T=0.76, Df=55, Sig.level 0.45
Overall satisfaction	Preference of being informed beforehand	T-test	Significant	T=5.037, Df=27, Sig.level 0.000

Table 3.3
Victims' satisfaction levels tested for possible associations with different aspects of the visit.

The results (Table 3.3) showed that respondents' satisfaction levels were not related to the length of time it took to hear from Victim Support, whether or not the Gardai had informed respondents about Victim Support, the method by which they were first contact, the number of visits they had received or whether or not they had heard of Victim Support before the crime.

Satisfaction levels were, however, tested for a possible association with respondents' preference to being informed beforehand. The results were significant. Respondents who had a preference for being informed about the pending visit before it occurred (but as a consequence of Victim Support's policy not to pre-arrange their visits, would not have been informed) showed lower levels of satisfaction than those who had no preference to being informed beforehand that a visit would take place.

This is quite an important result, bearing in mind from Results, Part 1 that almost half of the respondents indicated a preference for being informed beforehand. Satisfaction levels in general, therefore, would be markedly reduced by the respondents who had a preference to being informed about the visit beforehand, but were not informed. The implications of this finding will be re-visited when recommendations are made to Victim Support at the end of the chapter.

Respondents' preferences to being informed about the visit beforehand were tested for a possible association with specific aspects of the visit such as whether or not the Gardai informed the respondents about the pending Victim Support visit, whether or not respondents had any prior awareness of Victim Support, whether or not the respondents were aware that a volunteer would be calling and the method of contact used for this particular visit. None of the results proved significant (Table 3.4).

Variable 1	Variable 2	Test used	Significance	Statistics
Preference to being informed beforehand	Did Gardai inform of V.S. service ?	Chi-square	Not significant	Chi-square 3.349, df=2, sig.level 0.187
Preference to being informed beforehand	Prior awareness of V.S. ?	Chi-square	Not significant	Chi-square 2.754, df=2, sig.level 0.252
Preference to being informed beforehand	Awareness that a volunteer would call ?	Chi-square	Not significant	Chi-square 5.072, df=2, sig.level 0.079
Preference to being informed beforehand	Method of contact by V.S.	Chi-square	Not significant	Chi square 6.187, df=4, sig.level 0.186

Table 3.4

Victims' preferences of being informed of visit beforehand, tested for possible association with their awareness of Victim Support.

Timing of the visit was tested for a possible association with perceived convenience of this timing. The result was not significant (Table 3.5).

Variable 1	Variable 2	Test used	Significance	Statistics
Timing of the visit	Convenience of the time of visit	T-test	Not significant	T=1.212, df=47, sig. level=0.232

Table 3.5

Timing of visit tested for a possible association with victims' perceived convenience of timing

Crime type was tested for a possible association with practical and emotional assistance needs (see Table 3.6). None of the results was significant.

Variable 1	Variable 2	Test used	Significance	Statistics
Crime Type	Info. req'd on other agencies ?	Chi-square	Not significant	Chi-sq.=7.500 Df=10 Sig.level=0.678
Crime Type	Other practical info req'd ?	Chi-square	Not significant	Chi-sq.=4.102 Df=9 Sig.level=0.905
Crime Type	Voiced need for practical support	Chi-square	Not significant	Chi-sq.=2.59 Df=4 Sig.level=0.629
Crime Type	Voiced need for emotional support	Chi-square	Not significant	Chi-sq.=2.126 Df=4 Sig.level=0.713

Table 3.6

Crime experience tested for a possible association with practical and emotional assistance needs.

Satisfaction levels in relation to need fulfilment

Results of questions relating to needs and need fulfilment were tested for a possible association with results of questions relating to service users' satisfaction. It was hypothesised that a relationship would be found between need fulfilment and satisfaction with service.

Questions relating to needs were:

- a) Were the volunteers able to provide you with information? (Need fulfilment)
- b) If you were given information, was it helpful to you? (Need fulfilment)

- c) Were the volunteers able to assist you (with practical matters)?
(Need fulfilment)
- d) Did you feel you needed emotional support after the crime? (Need assessment)
- e) Did you feel you needed practical assistance after the crime? (Need assessment)

Questions relating to service users' satisfaction were:

- a) How satisfied were you with the overall service?
- b) Do you think you would contact Victim Support again in the future?
- c) Would you recommend Victim Support to a close friend or family member who experienced the same crime?

The results did not generally support the hypothesis. Most comparisons of needs and satisfaction levels did not approach the significance level required of 0.05. The only exception was when whether or not volunteers were able to provide information was tested for a possible association with whether or not respondents would contact Victim Support again in the future (Pearson's chi-square 3.349, $df=4$, sig.level 0.029). It appeared that when the volunteers *were* able to provide information to the respondents, the respondents were more likely to say that they would contact Victim Support again. Conversely, when no information was needed, results became more evenly split over whether respondents would, would not, or would maybe contact Victim Support again in the future. It appeared that the fulfilment of information needs led to a tendency to report oneself more satisfied with the Victim Support service. However, the small numbers of respondents who reported that the volunteers were *not* able to provide them with information (2 out of 54) meant that these "significant" results might not contain enough data in each category to make the results truly meaningful.

Service Users' Satisfaction Survey

Section 4: Discussion

Demographic data analysis showed that the sample of respondents was a good mixture of age and occupation. Respondents were predominantly female (75%), but this is in fact normal with Victim Support's service user group. In comparison with information from Victim Support's own records (Victim Support, 1999a), and the results of the *Service Assessment* (Chapter 2), which had found that 71% of contacts had been with female service users, it was decided that the subject sample was gender-representative. All but one respondent had reported the crime to the Gardai.

The following discussion will group the results of the *Service Users' Satisfaction Survey* into two headings; satisfaction with logistics of contact and satisfaction with service received. Finally, results will be placed in light of contemporary views of consumer satisfaction.

Satisfaction with logistics of contact

The 1984 British Crime Survey asked members of the British General Public if they would like a visit from Victim Support in the aftermath of a crime. Of the respondents who replied that they would like a visit, 80% replied that they would like it the day of the crime or the day after (Maguire and Corbett, 1987). From their own research, Maguire and Corbett (1987) found that nearly two-thirds of their sample would have liked contact within the first three days of the crime. No comparative figures for an Irish population are available at present.

The results of the *Service Users' Satisfaction Survey* showed that a substantial number of respondents (18%) were waiting over a month after they reported the crime to hear from Victim Support. Indeed, 41% were waiting at least three weeks for a visit. When asked if the delay had been

satisfactory, most respondents were satisfied, but a substantial minority (31%) would have preferred the visit to be sooner.

The *Service Users' Satisfaction Survey* also asked respondents on page 5 if they could think of any areas where Victim Support could improve its service to victims of crime. Eight respondents (13%) spontaneously replied that Victim Support should call out sooner to visit the victims and there were some comments that a visit too late, however nice the gesture, is of little benefit to the victim.

A possible delay in referrals reflects the results of the *Service Assessment* (Chapter 2), which discovered that the mean duration from crime date to visit date was 16 days. In other words, it took an average of 16 days from the time that the crime was committed, for the victim to hear from Victim Support.

It is difficult to know why such delays happened, and whether it was due to a slow system within Victim Support or a slow method of communication between Victim Support and the Gardai. It does appear, however, that speed of response is an area that the organisation could target for improvement.

Most respondents (56%), however, were visited within two weeks of reporting the crime to the Gardai. This is still lower than the Victim Support U.K. figure of over 66% that were visited *within two days* (Maguire and Corbett, 1987). However, in the comparative analyses section, length of time it took to hear from Victim Support was tested for a possible association with subjects' overall satisfaction scores and it was found that the length of time it took to receive a visit did not affect how satisfied the respondents were with the overall service they received.

Respondents were asked twice on the questionnaire how many visits they had received from Victim Support. Each time, the question was relative to other questions in that section. However, the answers to the two questions were different. The first time, 86% of respondents had received one visit and 9% had received two. The second time, 79% replied that they had received one visit and 11% said they had received two. In any event, most were satisfied with what they received but a substantial minority (12%) would have preferred more visits. This was also one of the spontaneous suggestions for improvement that respondents filled out on page 5 of the questionnaire; that it would be nice if the volunteers called back a further time to see how the victim was doing.

It appeared from the results that some victims would have liked more visits but did not contact Victim Support to let the volunteers know. It would perhaps be helpful to victims if they were more strongly encouraged to contact Victim Support again if they would like another visit. It may be the case that very few victims are distressed enough to need another visit, but it would be important that the option be clearly extended to them.

In the comparative analyses section, number of visits received from Victim Support was tested for a possible association with subjects' overall satisfaction scores. It was found that number of visits received did not affect how satisfied the respondents were with the service they received.

In terms of awareness of Victim Support, it was found to be an almost 50-50 chance that the Gardai would mention Victim Support to the respondent, because 48% did mention the organisation to the victim, but 52% did not. It was also a 50-50 chance as to whether or not the respondent had ever heard of the organisation before the crime: 50% had and 50% had not. This finding echoes that of the *Service Assessment* (Chapter 2), which also indicated a 50-50 chance that the Gardai would inform the victim about the

Victim Support service. Seeing as respondents to the *Service Users' Satisfaction Survey* came from areas where a Victim Support branch was actually in existence, it appears that the organisation may need to do some work in the area of advertising and public awareness-raising. It might also benefit from increased communication with the Gardai, to ensure that all members of the Gardai inform the victims about Victim Support.

Similarly, most respondents were not aware that a Victim Support representative would be calling out to see them. And when asked, almost half the respondents said they would prefer to be informed beforehand that a volunteer would be calling out. It may be especially important to inform victims beforehand if they have never even heard of Victim Support, or what the organisation does.

Comparative analyses were carried out involving preference to being informed beforehand that a volunteer would call with a) whether or not the Gardai informed the victim of Victim Support beforehand, b) whether or not the victim had heard of Victim Support before the crime, c) whether or not the victim was aware that a volunteer would be calling and d) the method of first contact. No result was significant. It appeared that although many people would prefer to be informed beforehand that a volunteer would be calling, this was not significantly affected by, nor associated with, whether or not the victim had heard of Victim Support before, or the method of contact used.

However, it was found that preference of being informed beforehand did significantly affect overall satisfaction with service. Those who would prefer to be informed beforehand that a volunteer would be calling out to see them were significantly less satisfied with the overall service than those who did not state a preference for being informed beforehand. It would have been interesting to have been able to carry out a multivariate analysis

on a) whether or not the respondent was aware that they would be visited, b) whether or not they had a preference of being informed beforehand and c) overall satisfaction with service. Unfortunately, however, respondent numbers were too low (N=60) to allow multivariate analyses to be carried out.

A similar cross-tabulation of data from the survey users' Satisfaction

It remains that 49% of respondents would have preferred to be informed beforehand that a volunteer would be calling. Victim Support might like to look at this area further and perhaps either send out advance notice to victims by post or ensure that the Gardai increase the number of victims they tell about the Victim Support service from 48% to 100%.

The method of contact was also investigated by Maguire and Corbett (1987). Comparing method of contact with victims' initial reactions to the contact, they produced the following cross-tabulation from their qualitative interview data.

	Positive Reaction	Negative Reaction	No Reaction / Other Reaction
Unannounced visit	50%	23%	28%
Telephone	38%	29%	33%
Letter	50%	11%	39%
All	48%	22%	30%

Data courtesy of Maguire and Corbett (1987)

Table 3.7
Victims' reactions to Victim Support visit:(Maguire and Corbett, 1987)

reactions to the visit

method of contact was also used for a possible association with overall satisfaction levels. In the comparative analysis section, the

Maguire and Corbett’s data suggest that there were more positive reactions to the contact than negative ones. No statistical analysis was carried out on the data. However, it was telephone contact that appeared to produce the highest percentage of negative reactions.

A similar cross-tabulation with data from the *Service Users’ Satisfaction Survey* produced the following:

	Positive Reaction	Negative Reaction	Neither Positive nor Negative, or question left unanswered
Unannounced visit	49%	3%	19%
Telephone	19%	2%	2%
Letter	2%	2%	2%
Total	70%	7%	23%

Table 3.8
Victims’ reactions to Victim Support visit: *Service Users’ Satisfaction Survey*

There appeared to be far fewer negative reactions to contact by Victim Support in the *Service Users’ Satisfaction Survey* than in Maguire and Corbett’s study. The highest level of “neither positive nor negative” reactions were to an unannounced visit, but there does not appear to be any obvious reason as to why this should be so. A chi-square test on the cross-tabulation was not significant (chi-square value 5.275, df=4, sig. level 0.26), meaning that the method of contact did not statistically affect people’s reactions to the contact.

Indeed, method of first contact was also tested for a possible association with overall satisfaction levels in the comparative analysis section, but the

result was not significant. This indicated that again, the method of contact did not significantly affect people's overall satisfaction with the service.

rating themselves as "very satisfied".

In terms of the timing of the visit, the vast majority of respondents were visited between the hours of 12 midday and 9pm. Although a minority of respondents (11%) felt that the time they were visited was inconvenient, comparative analysis revealed that there did not appear to be any pattern for dissatisfaction. Those who were dissatisfied were visited at various times rather than one particular time of the day. This is perhaps just as well, as the nature of voluntary work means that volunteers often have to visit victims in the time they have available during their own day. It appears from the *Service Users' Satisfaction Survey* that one time is as convenient as the next.

respondents' satisfaction with the service and believed that a volunteer

High levels of satisfaction were reported for volunteers identifying themselves clearly, although 9% believed that they were not specifically shown an identification card.

what phase was the victim in and what they were

Similarly, the number, gender and age of the volunteers was generally satisfactory to respondents. There was only one victim in the study who was a victim of any sexual crime or domestic violence. She was a victim of domestic violence and was visited by a male and female volunteer pair. Although, no conclusions or recommendations about the gender of the volunteers who visit a sexual or domestic violence victim can be made conclusively from one case example, it is a recommendation that such victims are always visited by at least one female within the volunteer pair and never two males.

in the case of victims of sexual crime support is somebody that the victim

Satisfaction with service received

In general, the results of the *Service Users' Satisfaction Survey* indicated satisfaction amongst service users with what they received from Victim

Support. When asked to rate their overall satisfaction/dissatisfaction with the service, 73% were at least “satisfied” with what they received, with 46% rating themselves as “very satisfied”.

As mentioned previously, overall satisfaction was measured against six aspects of the visit: a) the time it took for the respondents to actually receive a visit from Victim Support, b) whether or not the Gardai informed the respondents about Victim Support, c) the method of first contact, d) preference of being informed of the visit beforehand, e) the number of visits received and f) whether or not respondents had heard of Victim Support before the crime.

The only variable that did affect overall satisfaction scores was respondents’ preference to being informed beforehand that a volunteer would call out to see them. It was found that it was the respondents who would have preferred to be informed beforehand that a volunteer would call out to visit them were the least satisfied with the service, whilst those who were more satisfied had no preference as to whether or not they were contacted beforehand. However, the distribution of respondents’ awareness that a volunteer was going to call out was rather heavily skewed in favour of those respondents who were not aware (73% were not aware that a volunteer was going to call out, 27% were aware). Some caution may therefore need to be exercised in relation to this result.

Other general satisfaction questions were whether or not the respondent would contact Victim Support again in the future and whether or not they would recommend Victim Support to a friend or family member. Certainly, in the case of recommending Victim Support to somebody else, the vast majority (95%) said that they would. 47% thought for sure that they themselves would contact Victim Support again in the future.

As far as the behaviours and the listening skills of the volunteers went, responses to the matrix in Section 2 of the questionnaire (Question 2) were overwhelmingly positive. For each of the twelve statements contained in the matrix, responses of “agree”/”strongly agree” ranged from 75% to 98%. Responses of “disagree”/”strongly disagree” ranged from 10% right down to 0%. The highest number of negative responses (10%) was to the statement “I found talking to (the volunteers) helpful”.

Similarly, responses to the characteristics of the volunteers were very positive. Of the 7 positive attributes (friendly, helpful, warm, polite, concerned, professional, caring), those who responded that the attributes were present ranged from 46% (professional) to 90% (friendly). Three negative attributes were presented and these were only ticked in 0% (cold, rude) - 2% (rushed) of cases.

In Maguire and Corbett’s (1987) study, opinions were also very positive, with 71% of respondents saying that the volunteers made it “very easy” to talk to them

After the visit, 71% of respondents felt “slightly” or “very much” better. However, 29% felt no different. A comparison with the same question posed by Maguire and Corbett is as follows (see Table 3.9, overleaf):

	<u>Service Users'</u> <u>Satisfaction Survey</u>	<u>Maguire and Corbett's</u> <u>UK (1987) study</u>
Very much better	39%	11%
Slightly better	32%	71%
No different	29%	16%
Worse	0%	2%

Table 3.9

Comparison of psychological distress alleviation between UK study and *Service Users' Satisfaction Survey*

In terms of feeling better after the visit, scores were higher in the U.K. study than in the *Service Users' Satisfaction Survey*. In the U.K study, 82% felt at least "slightly better", but in the current study the level was 71%. Of those who did report themselves as feeling better, however, 39% of respondents in the current study said they felt "very much better", compared to only 11% of U.K. respondents. Although general levels of distress alleviation were higher in the U.K., more respondents in the current study placed themselves in the "very much better" bracket than in the U.K. study.

In the U.K. study, only 16% reported that they had felt "no different" after the visit. The Irish figure was almost twice as high (29%). Indeed, the amount in the current study that felt "no different" was a sizeable minority of almost one in three.

The results generally indicate that victims in the U.K. felt that the visit from Victim Support had made them feel better in greater numbers than those in the current study. However, it must be remembered that not only are these cross-country comparisons, which often imply language and culture differences, but they are also comparisons of data with an interim period of 11 years. In the 11 years since Maguire and Corbett carried out their study,

the type and the effects of victimisation could have changed. Indeed, the type and effects of victimisation could be quite different from one country to another. Either reason could influence the perceived effectiveness of the Victim Support visit in alleviating distress.

In terms of emotional support, 49% of *Service Users' Satisfaction Survey* respondents said that they felt they needed emotional support after the crime. Furthermore, an overwhelming 98% of respondents felt that the visit had made at least some difference in helping them to cope with the emotional effects of the crime. In the U.K., 79% of the subjects in Maguire and Corbett's study felt that the visit by Victim Support had made at least a little difference in helping them to cope emotionally. As far as emotionally supporting the victim goes, it appears that the need is there and that satisfaction is high.

In terms of practical support, 36% of respondents replied that they needed some sort of practical assistance after the crime. A minority of respondents needed information on other agencies. The information most often requested was on the Gardai (14%) although insurance companies, compensation and social welfare also featured to a lesser extent. In terms of other kinds of practical assistance, a sizeable amount of respondents needed help with fixing locks, windows, doors and other security measures. Help with insurance forms also featured.

Of those who needed practical assistance, the information and help they got was supplied to them and was helpful to them. The voiced need for practical assistance may have been a little less than the voiced need for emotional support, but what was received appeared satisfactory to those who needed it.

It appears an important and positive feature of the Victim Support service that such support is actually offered to the victim. Although over one in three needed practical assistance and almost one in two needed emotional support, 79% of those respondents said they would not have sought out the support had it not been offered to them. This highlights the importance of an outreach service and emphasises the fact that those in need of assistance or support in society are often the ones who voice their needs least.

Finally, respondents were given the opportunity of suggesting areas where Victim Support could improve its service to victims of crime. The areas most frequently suggested were:

- Calling out sooner to victims
- Contacting victim first to arrange a visit, or advising them of visit in advance
- Increased public awareness/advertising
- Calling back again to those who need it
- Setting up a helpline (already in existence)

The other suggestions were only made once, so it would be perhaps unwise to make recommendations on the basis of one opinion only. However, Victim Support may like to take a look at the first four suggestions, as it appears that they are areas requested by victims that may be of benefit to victims.

In terms of the crime that victims experienced, results were rather biased towards burglary/theft (68% of respondents). This, together with the small subject number, means that some reservation must be held when using comparative analysis techniques.

This said, however, it was interesting to note that Maguire and Corbett (1987) found a slight difference between the quality and the quantity of

practical difficulties encountered between different groups of victim. Being a qualitative style study, the differences were hard to quantify. They did note, however, that 25% of burglary victims and around 15% of victims of violence encountered at least one practical problem that had not been resolved several weeks later.

Bivariate analyses using data from the *Service Users' Satisfaction Survey* investigated whether or not there was a relationship between crime type and a) information required on other agencies, b) other practical assistance needs, c) whether respondent felt they needed practical assistance and d) whether respondent felt they needed emotional support. Results were statistically non-significant for each analysis, indicating that at least in the *Service Users' Satisfaction Survey*, crime type did not influence the practical or emotional support needs of the respondents.

Satisfaction with the Gardai was high. The Gardai are further discussed in Chapter 4 - *Crime Impact Survey*.

Psychological components of satisfaction

Much of what is known about the psychological components of satisfaction comes from the areas of market research and consumer behaviour, where the importance of maintaining high levels of consumer satisfaction is critical. To ensure a firm's competitive advantage, the satisfaction of the customer is paramount. Dissatisfied customers will take their business elsewhere, and it is more expensive to attract new customers than to keep existing ones (Gerson, 1993).

Results of the *Crime Impact Survey* (Chapter 4) will demonstrate the high level of repeat victimisation among crime victims^{*}. Within Victim Support,

^{*} Results of the Crime Impact Survey indicated that 63% of respondents had previously been victimised.

then, a high level of service user satisfaction means that if victims evaluate the Victim Support service favourably this time, they will be more likely to contact the organisation again in the future. And due to the high level of repeat victimisation, repeat victims could potentially comprise a large group of the Victim Support “clientele”.

Traditionally, client satisfaction is measured in terms of client expectancies. Satisfaction has been defined as:

“The consumer’s response to the evaluation of the perceived discrepancy between prior expectations and actual performance of the product, as perceived after its consumption.” (Oliver, 1997, p.12; quoting Tse and Wilton, 1988). In other words, the discrepancy between what was expected and what was actually received produces the level of satisfaction or dissatisfaction attained.

Expectations Vs What was received → Satisfaction

But how does one define or measure expectancy? Furthermore, while the above definition may be appropriate for purchased products and services, it becomes more problematic when applied to services provided by the voluntary sector.

It was important to bear three things in mind when relating service users’ satisfaction to the Victim Support agency.

1. The Victim Support visit is a service, not a product. “Performance” in relation to products and “performance” in relation to services would necessarily involve different methods of measurement.

2. The Victim Support service is free, which may affect the recipients' expectations of that service. It is possible that paying customers could have higher (or indeed, lower) expectations of a service than those who receive it for free.
3. Results of the *Service Users' Satisfaction Survey* showed that 75% of Victim Support service users were not aware that a volunteer would be calling out to see them. In such cases, there may not have been prior expectancies of the service, *per se*.

Bearing these aspects in mind, it may be prudent to move away from the older, more traditional concepts of satisfaction towards definitions that might more readily be applied to the voluntary sector.

Another way of defining the satisfaction concept is by way of clients' needs. Satisfaction can be seen as what occurs when needs are fulfilled (Oliver, 1997). In other words, service users who feel that their needs have been met will feel more satisfied with what they received than those whose needs have not been met.

Needs analyses can readily be applied to the voluntary sector. Indeed, Chapter 5 will describe a full *Needs Analysis Study* that used qualitative research methods to investigate the voiced needs of victims of crime. If satisfaction is defined in relation to needs fulfilment, then satisfaction surveys and needs analysis studies go hand-in-hand.

However, the results of the *Service Users' Satisfaction Survey* did not generally support the hypothesis that a strong relationship would be found between needs and satisfaction levels, but it does appear from other research that a relationship can exist (Oliver, 1997). In any case, it is important for any support organisation to investigate the voiced needs of its service user group, and for victimologists to be aware of what the voiced needs of crime

victims are. Victims' needs will be re-visited in Chapter 5 – *Needs Analysis Study*.

Section 3: Summary

Maguire and Crockett (1997) concluded that the group seemed to be appreciated for a) being in their shared situation, somebody to listen, and to have come with the explicit purpose of listening and b) the value of talking to an outsider.

The level of satisfaction measured by the *Victim Users' Satisfaction Survey* was very high and clearly for the listening skills, behaviour and characteristics of the volunteers. Most participants felt better after the visit and almost all of them felt the plan had made a difference in helping them to cope with their personal reaction to the crime with Victim Support were very satisfied. For those who needed practical assistance, satisfaction was only 50% of what was reported. The vast majority would recommend the support to a friend or family member who had been through a similar experience.

The study of the volunteers' experience of victims who would not have sought out support or needed support, but it was not offered them. This allowed the researchers to see if the listening approach provided a simultaneous opportunity for the victims to provide and receive support of the visit.

It should be noted that the Victim Support service may not be needed or valued by every victim. Although 71% were at least "satisfied" with the service, 29% were either neutral or dissatisfied. Although 71% did feel better after the visit, 29% felt no difference. Although 49% felt they needed emotional support after the crime, 37% felt that they did not. Although 36% felt they needed practical support, 32% felt they did not. And although 55% said the plan had made at least "some difference" in helping them to cope emotionally, 19% felt "no difference".

Service Users' Satisfaction Survey

Section 5: Summary

Maguire and Corbett (1987) concluded that two things seemed to be appreciated from the victims in their study: a) having somebody to listen, and to have come with the express *purpose* of listening and b) the value of talking to an outsider.

The level of satisfaction discovered by the *Service Users' Satisfaction Survey* was very high, particularly for the listening skills, behaviours and characteristics of the volunteers. Most respondents felt better after the visit and almost all of them felt that the visit had made a difference in helping them to cope emotionally. Initial reactions to the contact with Victim Support were very positive and for those who needed practical assistance, satisfaction was very high with what was received. The vast majority would recommend Victim Support to a friend or family member who had been through something similar.

The study discovered a large proportion of victims who would not have sought out practical or emotional support, had it not been offered them. This discovery emphasises the value of the outreach approach, provided it simultaneously respects people's privacy and forewarns them of the visit.

It should be noted, however, that the Victim Support service may not be needed or valued by *every* victim. Although 73% were at least "satisfied" with the service, 27% were neither satisfied nor dissatisfied. Although 71% did feel better afterwards, 29% felt no different. Although 49% felt they needed emotional support after the crime, 37% felt that they did not. Although 36% felt they needed practical support, 52% felt they did not. And although 85% said the visit had made at least "some difference" in helping them to cope emotionally, 39% felt "no difference".

Responses to such questions imply that around one in three victims visited by Victim Support may not be in need of the service. These responses did not generally lead to complaints, however. It may simply mean that not all victims are very distressed or in need of outside support after a crime. (Responses and effects of crime are further discussed in Chapter 4 – *Crime Impact Survey*).

To return to the question of whether victims need more visits and to

This finding was similarly noted by Denkers (1996, p. 123). *“Many victims exhibit excellent coping skills and not all are traumatised or debilitated following their experience. However, some are able to cope better than others. Some, as a consequence of individual and social differences, do suffer negative psychological outcomes.”*

service they receive. Although the results of the Service Users'

However, if a) some victims are in need of support, b) most of those victims would not necessarily seek out that support for themselves, and c) among those who felt they did need the service or support, satisfaction was high it remains to conclude that the Victim Support service is a satisfactory, and often beneficial, one. Furthermore, it should be recalled here that in 1998, the organisation received 5862 referrals and in 1999, the figure rose to 7714. If roughly two-thirds of the crime victims in contact with the organisation both appreciated and needed the service, then that amounts to 5143 individuals who benefited from the service in 1999.

The recommendations of the *Service Users' Satisfaction Survey* to Victim Support are those voiced by the service users themselves. These are:

- To make contact with the victims sooner after the crime
- To ensure that the Gardai inform all victims of the Victim Support service
- To inform the victim in advance of the visit, either by letter, through the Gardai or by some other means
- To remind the victim that he/she can avail of more visits and to ensure that the victim knows how to get in touch with the organisation if necessary.

It has been shown by previous research that a direct link can exist between the fulfilment of the needs of service users and their satisfaction with the service they received. Although the results of the *Service Users' Satisfaction Survey* did not generally show a relationship between needs and satisfaction levels, the association between needs and satisfaction cannot be overlooked. Levels of satisfaction reported by service users and areas of service that could be improved were borne in mind when drawing up the protocol for the *Needs Analysis Study* and assisted in making the recommendations for organisational change that can be found in Chapter 5.

CHAPTER 4

CRIME IMPACT SURVEY

The Crime Impact Survey investigated the effects of crime on a sample of Irish victims. Firstly, from the review of the contemporary victimological literature, a Model of Aetiology and Manifestation of Crime Impact was produced (Fig. 1.7). Then, using a quantitative, questionnaire-based methodology, respondents' pre-crime, crime and post-crime experiences were examined. Tests of possible association were made with respondents' general, emotional, behavioural, cognitive and mental health effects, using both bivariate and multivariate analysis techniques. It was concluded that crime impact is multi-factorial, both in cause and in expression, thereby supporting the Model of Aetiology and Manifestation of Crime Impact.

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Crime Impact Survey

Section 1: Introduction

Crime exerts a certain impact on the victims who experience it, and the effects of crime can be manifested on several levels. Similarly, there can be many factors involved in the experience of crime that can alter just how affected a victim is in its aftermath. A discussion of the causes and manifestations of crime impact was presented in Chapter 1 – *Introduction*, leading to the proposal of the Model of Aetiology and Manifestation of Crime Impact (Fig.1.7).

The objective of the Crime Impact Survey was to test the proposed Model. In doing so, victims' pre-crime, crime and post-crime experiences would be considered and their general, emotional, behavioural, cognitive and mental health effects would be explored. Results could then be compared with concurrent studies on crime experience and crime impact, both at home and abroad, with a view to the advancement of knowledge of the effects of crime on victims in an Irish context.

Pre-crime, crime and post-crime aspects of victims' crime experiences were the independent variables to be tested in the study. The different manifestations of crime impact were to be the dependent variables. In this way, age, gender, occupation and education of victim, concurrent life stressors, type of crime experienced, presence of injury or loss, social support available, previous victimisation history, relationship of victim to offender, media use, involvement with the criminal justice system, and use of the belief in a just world to attribute self-blame were the independent variables and general, emotional, behavioural, cognitive and mental health effects were the dependent variables.

Concurrent life stressors, the use of coping mechanisms and victims' belief in a just world were to be tested by the *Crime Impact Survey* for the first time. The use of the Model of Aetiology and Manifestation of Crime Impact (Fig. 1.7) enabled possible associations between the independent variables and the dependent variables to be tested in a systematic and methodological fashion.

The objective of the *Crime Impact Survey* was to test the proposed Model through an investigation of the experiences of crime victims in contact with Victim Support. The aim was to draw out both unique aspects of victims and generalising findings that have been put forward by Denkers (1996, Page 10):

Denkers (1996) has argued that the effects of criminal victimisation. He noted that there is a "victim complex" that develops in victims, such as a feeling of helplessness, isolation, a loss of self-esteem. Although another aspect of the victim's experience is the sense of loss of major practical aspects of their lives, it is not until we look at the findings of specific case studies that we can begin to describe the evolution of the total population of crime victims. Denkers (1996) has argued on the basis of psychological research that not all victims require ongoing support who receive treatment in other ways. As a result of a presentation to the total population of crime victims, it is suggested that the following factors are relevant:

Denkers' (1996) is well worth a read. However, it is the majority of victims who will refer to Victim Support. The majority of referrals come from the Garda, who pass details of the crime victim to the local Victim Support branch. Results of the *Crime Impact Survey* (Chapter 2) indicated that the level of Garda referrals to Victim Support was 73% of the total for that

Crime Impact Survey

Section 2: Methodology

Using the “Model of Aetiology and Manifestation of Crime Impact” (Fig. 1.7), a *Crime Impact Survey* questionnaire was drawn up, using questions specifically designed to test each independent, mediating and dependent variable. (A copy of the *Crime Impact Survey* questionnaire can be found in Appendix 3.)

The objective of the *Crime Impact Survey* was to test the proposed Model through an investigation the experiences of crime victims in contact with Victim Support. A criticism of using one such sample of victims and generalising to victims as a whole has been put forward by Denkers (1996, Page 10).

Denkens reviewed several studies on the effects of criminal victimisation. He noted that many studies “*report findings from distinctive victim-samples, such as victims who ... undergo treatment in a ... crisis centre. Although studies exploring the reactions in such distinctive samples are of major practical interest for the people who work with such victims, the findings of specific-sample studies do not necessarily describe the reactions of the total population of crime victims. Especially if self-selection on the basis of psychological impact is involved, as in studies among victims who receive treatment in rape crisis centres, the validity of a generalisation to the total population of crime victims seems doubtful.*”

Denkens’ criticism is well-founded. However, it is the minority of clients who self-refer to Victim Support. The majority of referrals come through the Gardaí, who pass details of the crime victim to the local Victim Support branch. Results of the *Service Assessment* (Chapter 2) indicated that the level of Garda referrals to Victim Support was 73% of the total for that

victim sample. Furthermore, the contact that victims in this sample received from Victim Support was short-term, crisis intervention only. No “treatment” or “therapy” was provided to subjects by Victim Support. Victim Support is a voluntary organisation which offers informal support and information only.

When the questionnaire was drawn up, it first appeared in A4 format. It was informally shown to a member of the Garda Síochána at Garda Headquarters, Harcourt Square, to ensure that the section on crime experience adequately covered all aspects of crime that a victim in contact with Victim Support might encounter. It was also shown to experienced volunteers in the Victim Support National Office, to ensure that the wording of the questionnaire was easy to understand.

The *Crime Impact Survey* was designed as a postal survey to be sent out to victims of crime who had been in contact with Victim Support branches. (The reader will recall the referral system from Chapter 2 – *Service Assessment*.) Although initially planned as a national survey, reluctance of volunteers to participate in research meant that many branches within the organisation did not participate in the survey. In the end, the *Crime Impact Survey* was carried out on crime victims referred to the six branches in the Dublin and Bray area.

Branch co-ordinators sent in details of victims in their area to the researcher on a regular basis. To achieve a balance between sending the questionnaire out too soon after the crime, when victims might still be feeling very distressed, and too late, by which time some of the details might be forgotten, it was decided to post the questionnaire to victims between 2 and 4 weeks after their contact with Victim Support.

The postal survey was designed and carried out using Dillman's (1978) "Total Design Method". This method included reducing the questionnaire to an A5 booklet, with the most interesting questions appearing first and more sensitive and demographic questions appearing last. The "Total Design Method" also involved sending a reminder letter 1-2 weeks after the original questionnaire booklet was sent out, and the questionnaire booklet 1-2 weeks after that again, if still no response was received. The "Total Design Method" suggested that if no reply was received after the third try, to wait a further 7 weeks, and to send the package again by registered mail. It was decided not to use the final, fourth stage in the *Crime Impact Survey*, because it was agreed that some victims might be feeling distressed after their experience. It was felt that contacting victims three times was sufficient. Confidentiality was assured to each respondent by giving each an identity number, printed on the back of the questionnaire. The real identity of each respondent was known only to the researcher.

The survey was piloted over a one-month period of June 1998. The pilot survey ran successfully, and it was decided to include the data on the returned questionnaires in the final results. The main study began in July 1998 and ran until June 1999. The Total Design Method was used to send out 250 questionnaires. 132 were received, giving a response rate of 53%, which was perceived as satisfactory. As noted in the *Service Users' Satisfaction Survey*, however, the response rate was slow in comparison to the number of referrals that branches were receiving (See Results of *Service Assessment*, Chapter 2). This was once again due to the research-shyness of some of the volunteers in the organisation.

Methodological Cautionary Notes

Due to the fact that the different measures of crime impact are not mutually exclusive categories, it was acknowledged that effects of crime could be manifested across several dependent variables. It was decided that the five measures of crime impact (general, emotional, behavioural, cognitive and mental health) would be summarily described for the entire victim sample, but that additionally any correlations between the five dependent variables would be investigated. The results of the correlations can be found in the results and discussion sections, and a copy of the correlation data can be found in Appendix 5.

The Model of Aetiology and Manifestation of Crime Impact (Fig.1.7) was designed to be an all-encompassing model, including most variables that have been shown to have, or are hypothesised to have, a direct bearing on the impact of crime victimisation. The Model was all-inclusive by design, to enable all causes and effects of crime impact to be conceptualised and investigated. However, due to the number of independent and dependent variables included in the Model, it was impossible for the Crime Impact Survey to investigate every one of the variables in extreme detail. To this end, although all variables were tested, questions relating to each variable on the questionnaire sometimes had to be reduced in scope and number. For this reason, a test of the belief in a just world to infer self-blame had to be reduced to the question "Looking back, was there anything that you could have done to prevent the crime from happening?" (Crime Impact Survey Questionnaire, Section 5, Question 6) Similarly, the mental health effect variable was measured by a shortened, although standardised, version of the General Health Questionnaire, the "GHQ-12" (Crime Impact Survey Questionnaire, Section 3).

It should also be noted that although a standardised mental health measurement tool was used to investigate mental health effects, it was not

the purpose of the *Crime Impact Survey* to diagnose or to investigate the incidence of mental disorder in the subject sample. The GHQ-12 is obviously rather limited as a mental health scale and was used as a comparative tool only, whereby different scores on the GHQ could be measured against victims' pre-crime, crime and post-crime factors. In addition to the advantage of being able to compare it with the independent variables, subjects' scores on the GHQ-12 produced a set of purely continuous, rather than categorical or Likert-scale, data which, it was felt, was advantageous to bivariate and multivariate data analysis techniques.

tested for possible associations with dependent variables (effects of crime).

The results will be presented in three sections: Part 1, General Overview;

Part 2, Univariate Analysis; and Part 3, Multivariate Analysis.

Results - Part 1: General Overview:

The following analysis is divided into four sections: Pre-crime factors, crime factors, post-crime factors, and effects of crime.

1. Pre-crime factors

Demographics

The demographic characteristics of the sample are as follows (see Figures 4.1 (Gender) and 4.2 (Age)).

Crime Impact Survey

Section 3: Results

Of the 250 questionnaires sent out, 132 were received, giving a response rate of 53%.

From the Model of Aetiology and Manifestation of Crime Impact (Fig.1.7), independent variables (pre-crime factors, crime factors, post-crime factors) and mediating variables (coping mechanisms, belief in a just world) were tested for possible associations with dependent variables (effects of crime).

The results will be organised into three sections: Part 1, General Overview; Part 2, Linear Relationships and Part 3, Multivariate Analyses.

Results - Part 1: General overview*:

The following data overview is divided into four sections: Pre-crime factors, crime factors, post-crime factors, and effects of crime.

1. Pre-crime Factors

Demographics

The demographic spread for gender and age was as follows (see Figures 4.1 (Gender) and 4.2 (Age)):

* Not all respondents answered all questions. Numbers and percentages of respondents refer to the number of respondents who answered that particular question, denoted as "N".

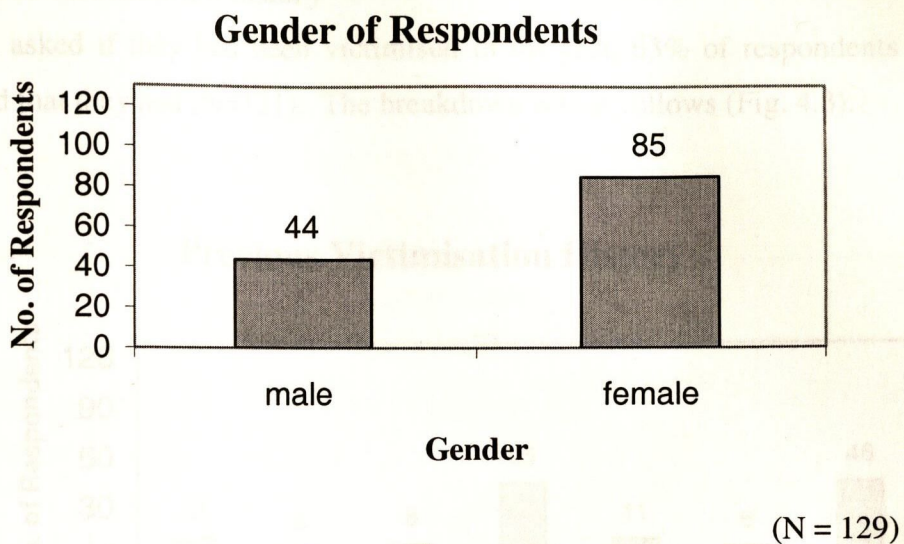


Fig. 4.1
Gender of victims.

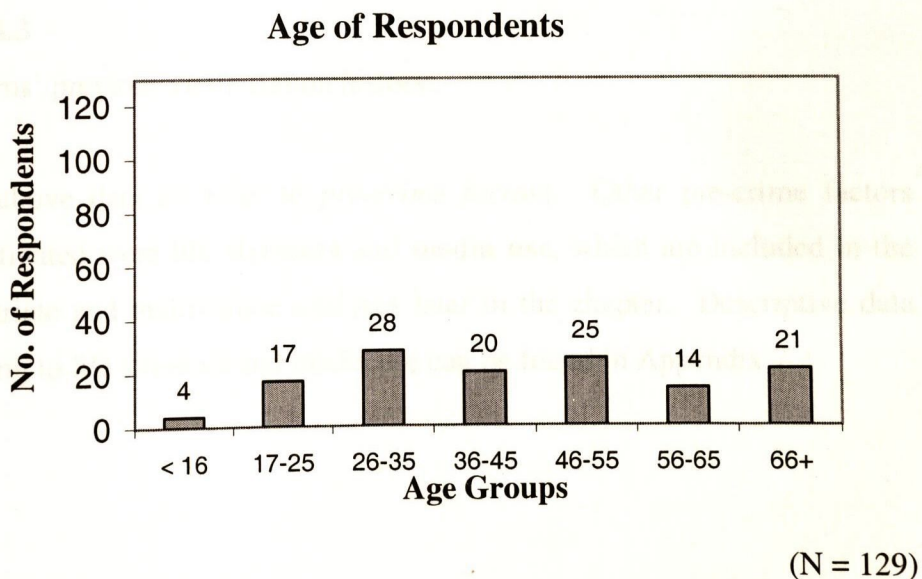


Fig. 4.2
Age of victims.

There was a fairly even spread of socio-economic group, denoted by educational and occupational characteristics (see Appendix 6).

2. Crime Type

Previous victimisation history

When asked if they had been victimised in the past, 63% of respondents replied that they had (N=131). The breakdown was as follows (Fig. 4.3):

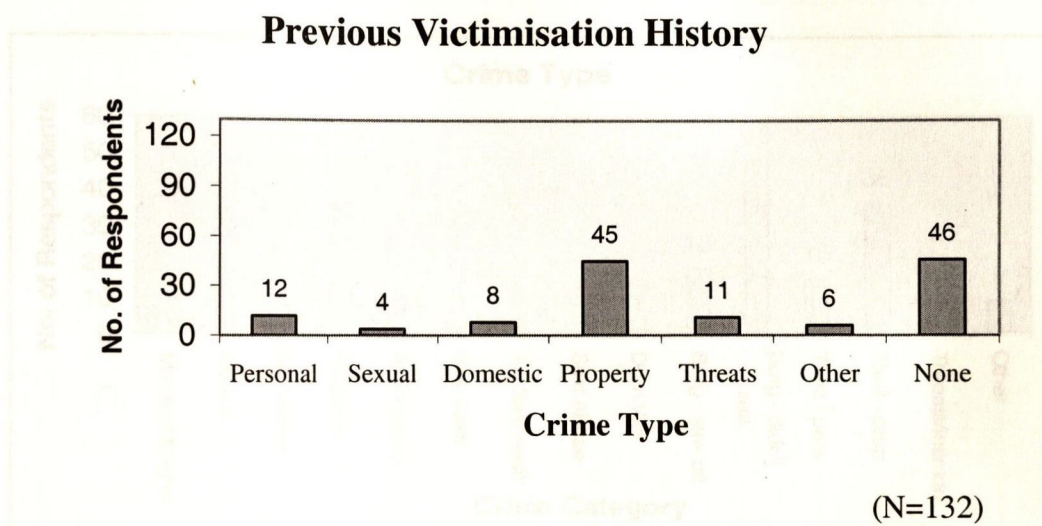


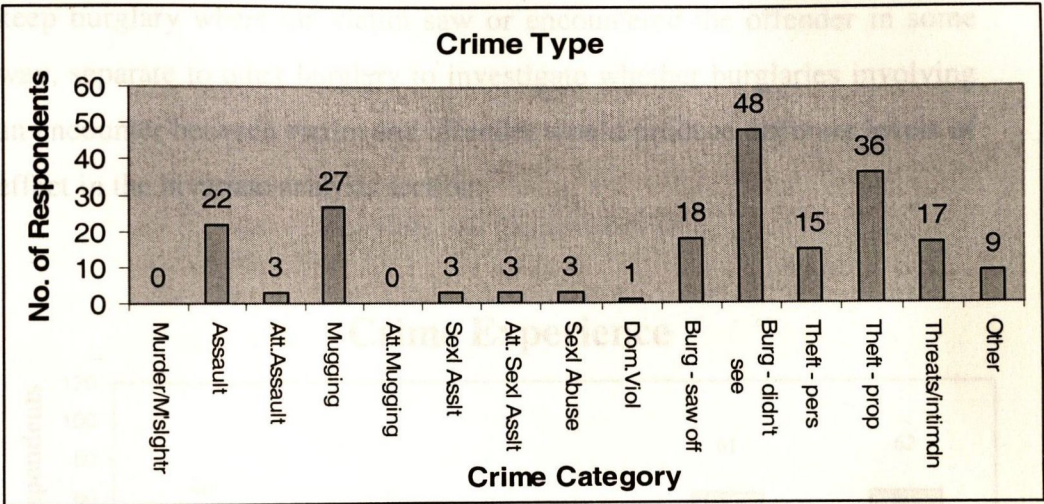
Fig. 4.3

Victims' previous victimisation history.

The above data all refer to *pre-crime factors*. Other pre-crime factors investigated were **life stressors** and **media use**, which are included in the univariate and multivariate analyses later in the chapter. Descriptive data relating to life stressors and media use can be found in Appendix 7.

2. Crime Type

An overview of crime type that the victims experienced produced the following (Fig.4.4):



(N = 128)

Fig. 4.4
Crime type experienced by victims.

For analysis purposes, crime type was further broken down into five categories: Crimes against the person (muggings, larceny from the person, assaults, intimidation); sexual or domestic crimes; burglary where the victim saw or encountered the offender; property crime (burglary where the victim did not see or encounter the offender or theft of property) and other crime types not listed in the questionnaire (see Fig, 4.5). It was decided to keep burglary where the victim saw or encountered the offender in some way, separate to other burglary to investigate whether burglaries involving an encounter between victim and offender would produce different levels of effect in the bivariate analysis section.

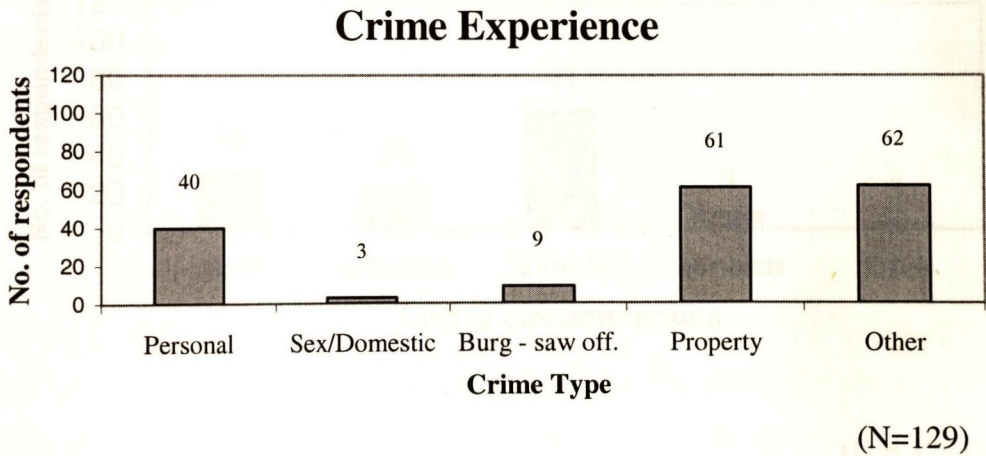


Fig. 4.5
Crime type experienced (recoded - 5 categories).

Respondents were asked if they suffered **injury** as a result of the crime; 29% of them had suffered injury (N = 127).

Respondents were asked about **loss**; 82.1% of respondents had had something stolen (N = 112). Respondents were asked whether they had lost anything financial as a result of the crime; 70% of respondents replied that they had lost something of value and the results of **loss** are included in the univariate and multivariate analyses later in the chapter.

Respondents were asked if they **knew the offender**; 17.3% knew the offender and 81.9% did not know the offender (N = 126).

3. Post-crime Factors

An overview of *post-crime factors* was as follows:

Social support – living circumstances. The following figure (Fig.4.6) indicates the breakdown of the respondents' living circumstances.

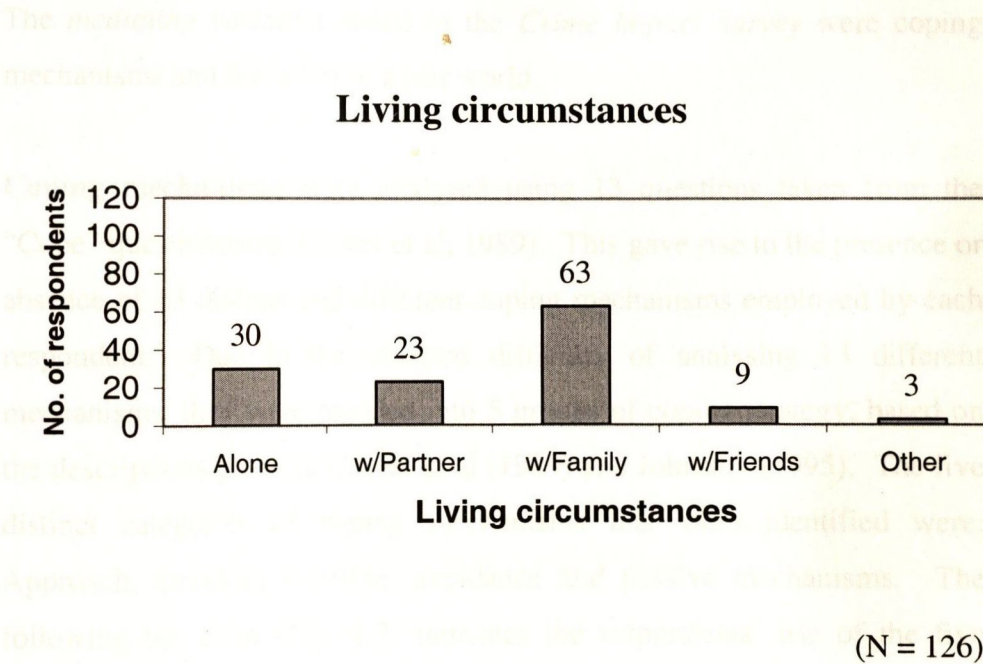


Fig. 4.6
Victims' living circumstances.

Further in relation to **social support**, respondents were also asked if they spoke to anybody after the crime. The majority of them did (n=108, 83.1%) but some did not (n=21, 16.2%). They were asked who they spoke to and whether these people were sympathetic towards them, the results of which are included in the univariate and multivariate analyses later in the chapter.

Most respondents (96.9%)reported the crime to the **Gardai**, but 2.3% did not report it (N=128).

Respondents were also asked about their **involvement with the Criminal Justice System**. In 67.7% of cases (n=84), the offender had not been caught. (N=121). Of those cases where the offender had not been caught, 66.7% thought that it was “not at all likely” that the offender would ever be caught, whilst only 33.4% thought it was “a little”, “quite” or “very” likely that the offender would ever be caught. (N=96).

The *mediating variables* tested in the *Crime Impact Survey* were coping mechanisms and the belief in a just world. (N=110)

Coping mechanisms were analysed using 13 questions taken from the “Cope” questionnaire (Carver et al, 1989). This gave rise to the presence or absence of 13 distinct and different coping mechanisms employed by each respondent. Due to the inherent difficulty of analysing 13 different mechanisms, they were recoded into 5 groups of coping strategy, based on the descriptions given in Carver et al (1989) and Johnston (1995). The five distinct categories of coping mechanisms that were identified were: Approach, emotion, negative, avoidance and passive mechanisms. The following bar chart (Fig. 4.7) indicates the respondents’ use of the five particular coping mechanisms.



Fig. 4.8

Victims' belief in a just world as they could have prevented the crime.

4. Effects of crime

An overview of the dependent variables, or effects of crime, gave rise to the following:

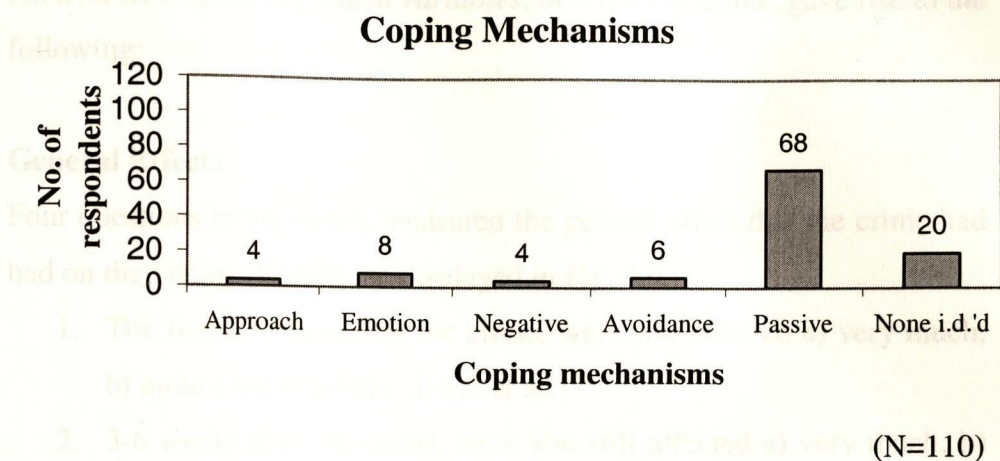


Fig. 4.7

Coping mechanisms employed by victims.

The **belief in a just world** was assessed by asking respondents if there was anything they could have done to prevent the crime from happening (Fig.4.8).

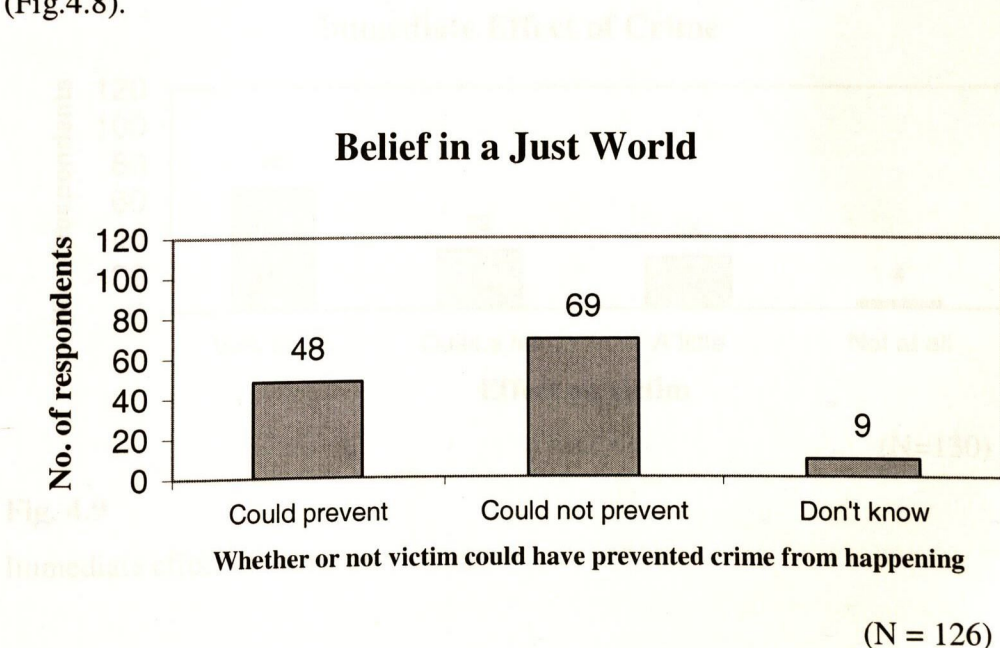


Fig. 4.8

Victims' belief as to whether or not they could have prevented the crime.

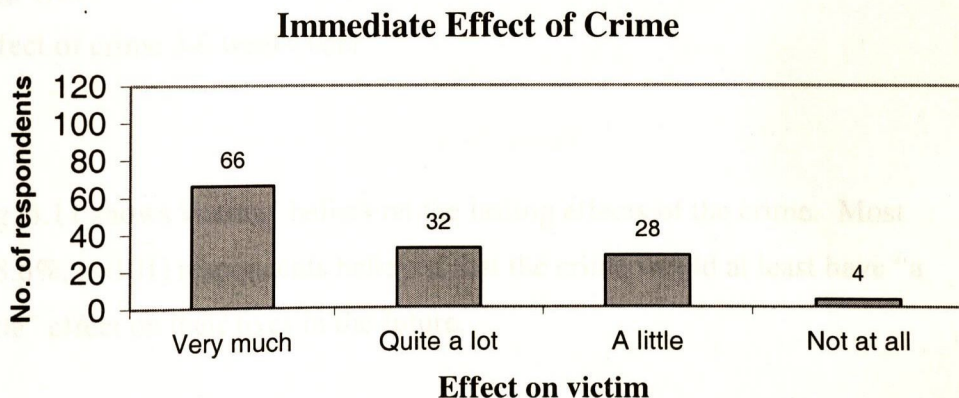
4. Effects of crime

An overview of the *dependent variables*, or effects of crime, gave rise to the following:

General Effects

Four questions in the survey measured the general effect that the crime had had on the victim. Results are displayed in Fig. 4.9.

1. The first few days after the crime, were you affected a) very much, b) quite a lot, c) a little, d) not at all?
2. 3-6 weeks after the crime, were you still affected a) very much, b) quite a lot, c) a little, d) not at all?
3. Do you think this crime will have a lasting effect on your life in the future a) very much, b) quite a lot, c) a little, d) not at all?
4. When did you feel at your lowest point?



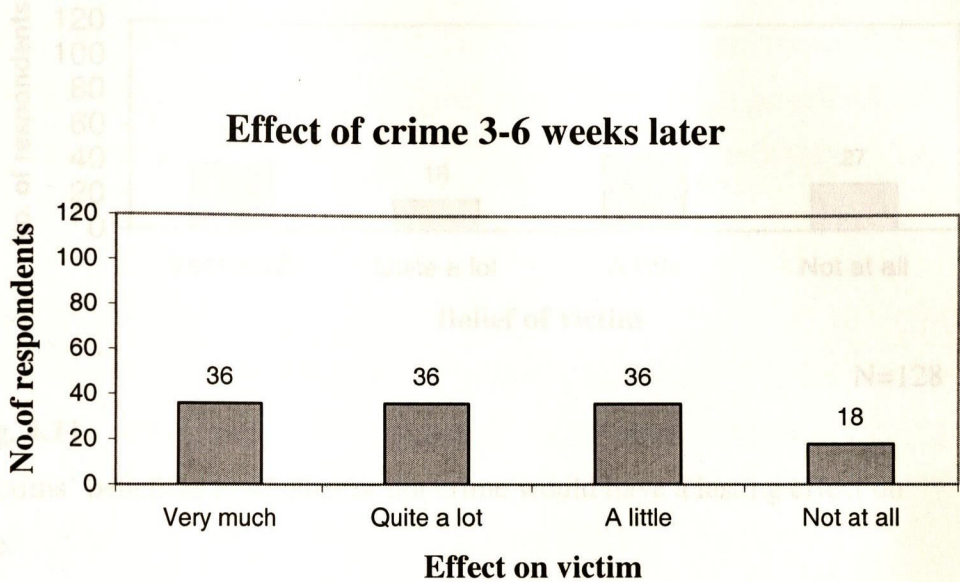
(N=130)

Fig. 4.9

Immediate effect of crime on victims

Most (75.4%, n=98) respondents were at least “quite a lot” affected immediately after the crime.

Fig. 4.10 shows how victims were affected three to six weeks after the crime. The results showed that 56.3% of respondents were still at least “quite a lot” affected.

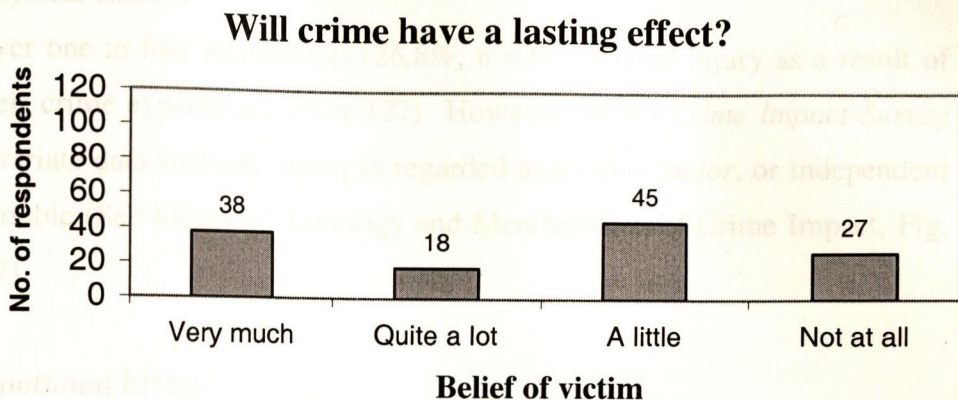


(N=126)

Fig. 4.10

Effect of crime 3-6 weeks later.

Fig. 4.11 shows victims’ beliefs on the lasting effects of the crime. Most (78.6%, n=101) respondents believed that the crime would at least have “a little” effect on their lives in the future.

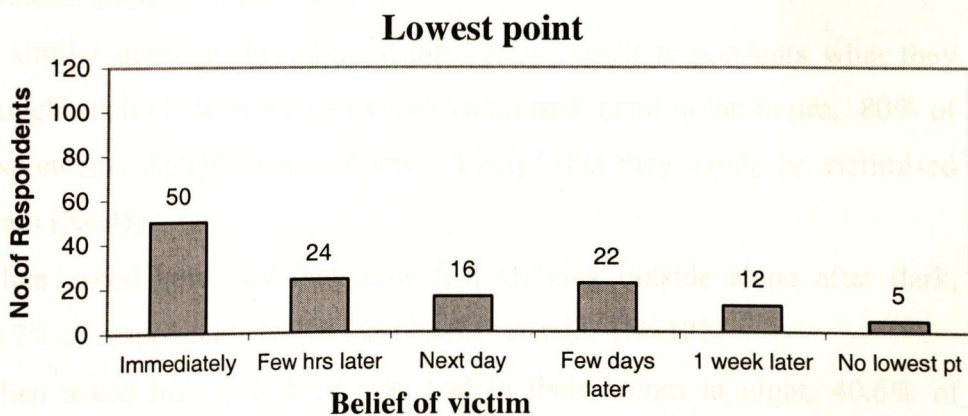


N=128

Fig. 4.11

Victims' beliefs as to whether or not crime would have a lasting effect on life.

Respondents were asked when they felt at their lowest point (Fig. 4.12).



(N=129)

Fig. 4.12

When victims felt at lowest point.

Most (85.3%, n=112) respondents were at their lowest point within the first few days following the crime.

Physical Effects

Over one in four respondents (26.8%, $n = 34$) suffered injury as a result of their crime experience. ($N = 127$) However, in the *Crime Impact Survey* bivariate data analyses, injury is regarded as a *crime factor*, or independent variable (See Model of Aetiology and Manifestation of Crime Impact, Fig. 1.7).

Emotional Effects

Respondents were provided with an emotions checklist and asked to tick the emotional symptoms that they suffered. The checklist consisted of 28 possible emotions. The mean number of emotional effects ticked was 7 (standard deviation 5.81). The mode was 4. ($N=125$)

Respondents were also asked questions relating to **fear** and **worry**.

When asked if they would be afraid of another crime in future, 89.8% said they would be at least "a little afraid". Only 10.2% said they would not be afraid of another crime. ($N=127$)

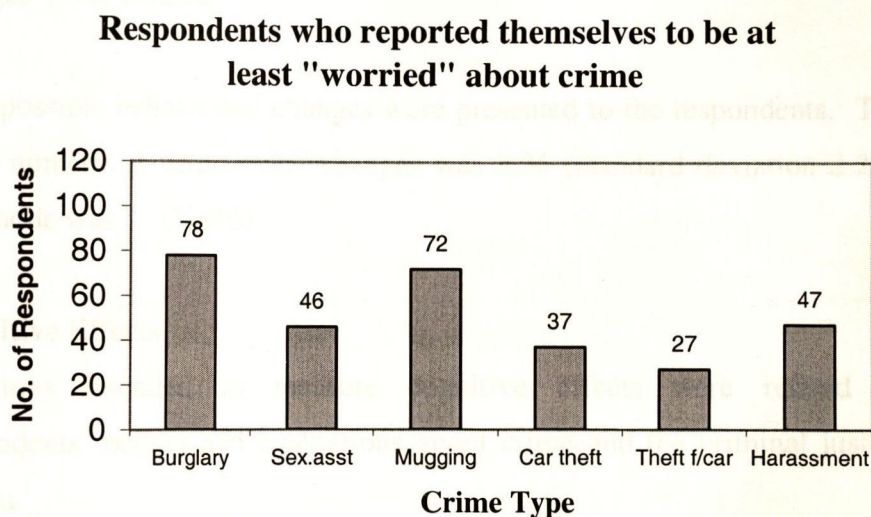
A similar question, but phrased differently, asked respondents what they thought their chances were of being victimised again in the future. 80% of respondents thought it was at least "likely" that they would be victimised again ($N=94$).

When asked how safe they now feel walking outside alone after dark, 73.7% of respondents feel at least "a bit" unsafe. ($N=122$)

When asked how safe they now feel in their homes at night, 40.6% of respondents feel at least "a bit" unsafe. ($N=128$)

When asked what they thought their chances were of future victimisation, This time, 80% of respondents thought it was at least "likely" that they would be victimised again ($N=94$).

Respondents were asked questions in relation to worry: Worry about burglary, sexual assault, mugging, car theft, theft from car and harassment respectively. Respondents could choose their response from “very worried”, “worried”, “not worried” and “no opinion”. The following bar chart (Fig.4.13) shows the percentage of respondents who ticked either “very worried” or “worried”; i.e. they were *at least* “worried”.



N=122-129

Fig. 4.13

Respondents who reported themselves to be at least "worried" about crime.

A total worry score was created, which took into account respondents' worry about all six crime types. Respondents were also asked how worried they were about things in general. When total worry about crime was tested for a possible association with worry about things in general, however, a weak correlation was discovered (Pearson's Correlation of 0.440, $p < 0.001$), indicating that respondents who worried most about crime tended to worry more about things in general as well.

Behavioural Effects

Respondents were asked if they had changed their behaviour patterns. They were asked to tick “yes” or “no” in relation to changes in frequency of going out, avoidance of certain situations, carrying a weapon, going to self-defence classes or changes in vigilance about security. Each behavioural change or modification was noted and a new variable, “total behavioural changes”, was created.

Nine possible behavioural changes were presented to the respondents. The mean number of behavioural changes was 3.36 (standard deviation 2.29). The mode was 1. (N=80)

Cognitive Effects

Questions intended to measure cognitive effects were related to respondents’ beliefs and evaluations about crime and the criminal justice system.

Satisfaction with the Gardai was quite high (see Fig.4.14):

Satisfaction with Gardai

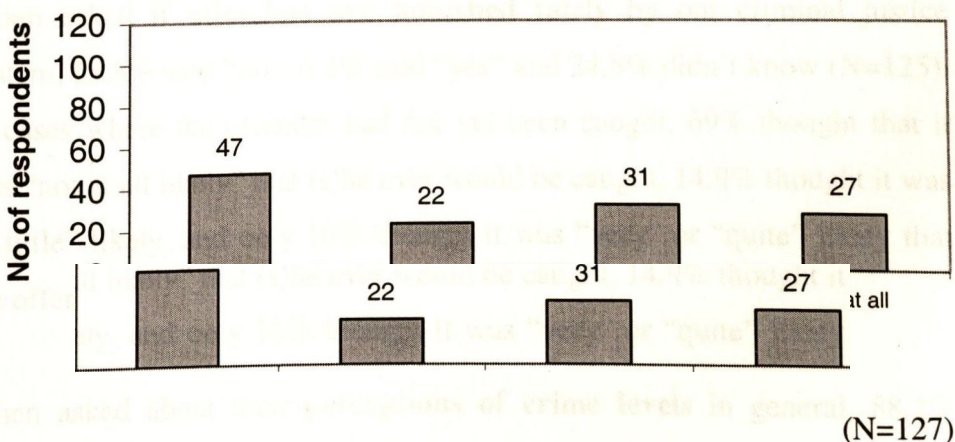


Fig. 4.14

Satisfaction with Gardai.

The results indicated that 54.3% (n=69) were at least “quite” satisfied with the Garda service.

Respondents were asked if they thought the Gardaí did a good job (Fig.4.15).

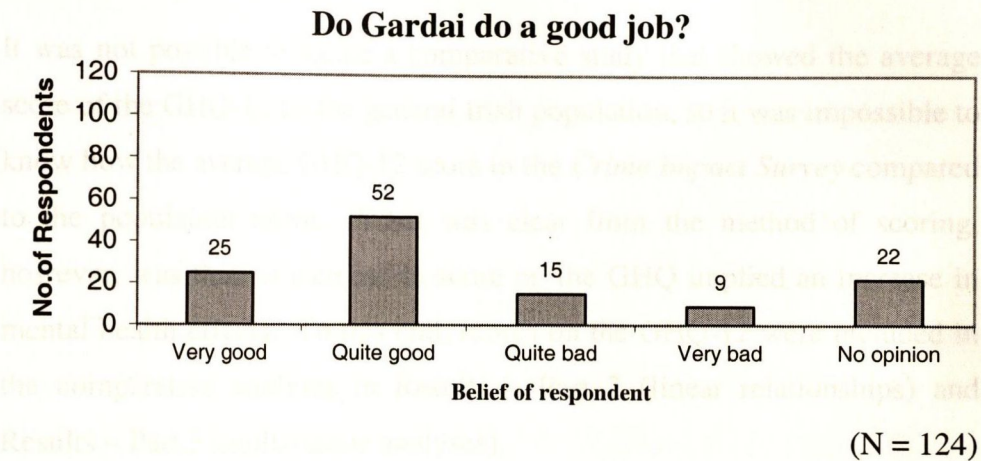


Fig. 4.15
Victims’ beliefs as to whether or not Gardaí do a good job.

The results indicated that 62% (n=77) of respondents thought the Gardaí did a “very” or “quite good” job.

When asked **if offenders are punished fairly** by our criminal justice system, 68.8% said “no”, 6.4% said “yes” and 24.8% didn’t know (N=125). In cases where the offender had not yet been caught, 69% thought that it was “not at all likely” that (s)he ever would be caught, 14.9% thought it was “a little” likely, and only 16% thought it was “very” or “quite” likely that the offender would be caught.

When asked about their **perceptions of crime levels** in general, 88.2% thought that crime in general had “much” or “a little” increased. In their own areas, 82.9% thought crime had “much” or “a little” increased.

Results - Part 2: Linear Relationships

Mental Health Effects

In the *Crime Impact Survey*, respondents' mental health was measured using the GHQ-12. The mean GHQ score was 14.26 (standard deviation 8.49) and the mode was 8.

It was not possible to locate a comparative study that showed the average score of the GHQ-12 on the general Irish population, so it was impossible to know how the average GHQ-12 score in the *Crime Impact Survey* compared to the population norm. What was clear from the method of scoring, however, was that an increase in score on the GHQ implied an increase in mental health effects. To this end, scores on the GHQ-12 were included in the comparative analyses in Results – Part 2 (linear relationships) and Results – Part 3 (multivariate analyses).

Results - Part 2: Linear Relationships

The next level of analysis involved investigating the simple, linear relationships of independent or mediating variables on the five dependent variables. (Refer to Model of Aetiology and Manifestation of Crime Impact, Fig.1.7)

Firstly, demographic variables (*pre-crime factors*) were tested with the five dependent variables: General, emotional, behavioural, cognitive and mental health.

Demographics and general effect

Gender was assessed for its impact on three of the “general effect questions”; How respondents were affected the first few days after the crime, how respondents were affected 3-6 weeks later and whether or not respondents thought the crime would have a lasting effect on their lives. Independent t-tests were carried out on all three assessments, but the results were not significant.

Age was assessed for its impact on the three measures of general effect. Due to the categorical nature of the variable “age”, a one-way ANOVA was used in each assessment. None of the results was significant.

Education levels were assessed for their impact on the three measures of general effect. Due to the categorical nature of the variable “education”, a one-way ANOVA was used in each assessment. None of the results was significant.

Some significant results were found when testing the association between occupation type and general measures of effect. A one-way ANOVA between occupation type and immediate effect of crime was not significant ($f=1.684$, $d.f.= 111$, $p<0.102$), but an ANOVA between occupation and

effect 3-6 weeks later was significant ($f=3.033$, $d.f.= 109$, $p<0.003$) and between occupation and lasting effect on life was significant ($f=2.449$, $d.f.= 112$, $p<0.014$). Where occupation was found to be a factor influencing how badly affected victims were 3-6 weeks later and whether or not the crime would have a lasting effect on their lives, those not at work, those employed in the civil service, homemakers, and those in manual jobs were, in that order, the worst affected.

Demographics and emotional effects

Gender, age and education levels were assessed for their impact on the number of emotional symptoms reported, but the results were not significant.

Occupation type was assessed for its impact on emotional effects using a one-way ANOVA. The results were significant ($f=2.117$, $d.f.= 108$, $p<0.041$), indicating that those out of work, and in semi-skilled and manual jobs had the highest respective number of emotional symptoms. Conversely, those with skilled, managerial, professional or civil service employment reported lower numbers of emotional symptoms.

In relation to fear and worry, an independent t-test between gender and safety walking alone after dark indicated that female respondents felt considerably less safe walking alone after dark than males ($t=2.881$, $d.f.= 64$, $p<0.005$). There did not appear to be any significant difference between males and females when it came to being in their homes at night.

Respondents were asked if they were worried about the following crimes happening to them: Burglary, sexual assault, mugging, car theft, theft from car, or harassment. Females were found to be more worried about sexual assault ($t=5.297$, $d.f.= 119$, $p<0.001$) and mugging ($t=2.513$, $d.f.= 127$, $p<0.013$), but no more worried than males about the other four crime types. However, when all six crime categories were added together and an overall “worry about crime” figure calculated, females were found to be

considerably more worried about crime than males ($t=2.681$, $d.f.=118$, $p<0.008$). It should also be noted, however, that when asked how worried they were in general about bad things happening to them, the females were found to be more worried than the males ($t=2.426$, $d.f.=127$, $p<0.017$), indicating that the females in the sample may simply be more prone to worry in general than the males. Furthermore, the results to the “worry about sexual assault” question may have biased the results in favour of female respondents as very few males reported themselves as worried about this particular crime.

In relation to chances of future victimisation (perception of risk), no significant difference was found between males and females.

Age, occupation type and education level of respondent were assessed for their impact on fear and worry about crime, but the results were not significant.

Age, occupation type and education level of respondent were assessed for their impact on chances of future victimisation (perception of risk), but the results were not significant.

Demographics and behavioural changes

Gender, age and education level of respondent were assessed for their impact on number of behavioural changes but the results were not significant.

A one-way ANOVA found an association between occupation type and behavioural changes ($f=2.432$, $d.f.=70$, $p<0.029$). Those not at work and those working at home reported the highest level of behavioural changes.

Demographics and cognitive effects

Gender was assessed for its impact on the five questions relating to cognitive effect: Do the Gardai do a good job?; Are offenders punished

fairly?; It is likely the offender will be caught?; How are the crime levels in general in comparison with 5 years ago?; How are the crime levels in your area compared with 5 years ago? The results were mostly not significant. The only association that was discovered between the scores was in relation to whether or not the Gardai do a good job and gender (independent samples t-test (2-tailed), $t=2.880$, $d.f.=121$, $p<0.005$); male respondents thought the Gardai did a better job than female respondents.

Age was assessed for its impact on the five cognitive measures. None of the results was significant.

The effect of education was examined across the five cognitive measures, but had no significant impact.

The effect of occupation type was examined across the five cognitive measures. In the main, the results were not significant. The only significant result was found when testing the association between occupation and whether or not the Gardai do a good job (one way ANOVA, $f=2.199$, $d.f.=108$, $p<0.028$), indicating that those not at work and those in semi-skilled professions thought that the Gardai did less of a good job than those in professional jobs.

Demographics and mental health

Gender and age were assessed for their impact on respondents' scores on the GHQ-12. The results were not significant.

The effect of education level was assessed on GHQ scores and a significant result was found (one-way ANOVA, $f=3.939$, $d.f.=122$, $p<0.022$). Those with less education showed a higher level of mental illness.

Although the results obtained when comparing occupation with mental health were not strictly significant (one-way ANOVA, $f=1.889$, $d.f.=112$, $p<0.062$), they did approach the statistical significance level required in the study of 0.05%. Once again, it was those out of work and those in semi-skilled professions that had lower mental health scores.

Life stressors (*pre-crime factor*) were then assessed for their impact on the five outcome measures of effect of crime: General, emotional, behavioural, cognitive and mental health.

The three questions concerned with life stressors were Q's 2, 3 and 4 in Section 3 of the questionnaire:

Q.2 How stressful was life at (the time of the crime)? (Likert scale response)

Q.3 Had you experienced any changes or major events? (Prompted responses)

Q.4 What were the most stressful experiences? (Unprompted responses)

Life stressors and general effect

The three stress questions outlined above were the "life stressor measures". Using Pearson's Correlations, they were tested for association with the three measures of general effect - immediate effect, effect 3-6 weeks later and lasting effect on life. In general, life stressor questions 2 and 4 (How stressful was life? and What were the most stressful experiences (unprompted)?), when tested for possible associations with general effect measures, were not significant.

However, when Q.3 (Had you experienced any changes or major events (prompted)) was tested for a possible association with the three measures of general effect, the results were all significant.

A Pearson's Correlation between life stressors (prompted) and immediate effect was -0.381 ($n=104$, $p<0.001$). Although the correlation was rather weak, the result indicated that the more prompted life stressors that respondents ticked, the higher the immediate level of effect of crime.

A Pearson's Correlation between life stressors (prompted) and effect 3-6 weeks later was -0.414 ($n=102$, $p<0.001$). Again, although the correlation was rather weak, the more prompted life stressors that respondents ticked, the higher the level of effect of crime 3-6 weeks later.

A Pearson's Correlation between life stressors (prompted) and whether the crime will have a lasting effect was -0.422 ($n=106$, $p<0.001$). The more prompted life stressors that respondents ticked, the more the respondents thought the crime would have a lasting effect on their lives.

Life stressors and behavioural effects

Life stressors and emotional effects

Life stressors appeared to influence the number of emotional symptoms that respondents ticked.

A Pearson's Correlation between how stressful life was at the time of the crime (stress q.2) and number of emotional symptoms reported was -0.281 ($n=122$, $p<0.002$). The more stressful a victim's life was at the time of the crime, the more emotional symptoms they reported.

A Pearson's Correlation between life stressors (prompted) and emotional symptoms was 0.493 ($n=100$, $p<0.001$). The more life stressors a victim ticked when prompted, the more emotional symptoms they reported.

A Pearson's Correlation between life stressors (unprompted) and emotional symptoms was 0.257 ($n=110$, $p<0.007$). It appeared that the more life stressors a victim ticked, even unprompted, the more emotional symptoms they reported.

Due to the weakness of the above correlations, however, some caution may need to be exercised when interpreting the results.

Life stressors and fear of future crime

Pearson's Correlations were carried out between the stress measures and the measures of fear, worry and safety. In the main, results were not significant, although a weak correlation was found between life stressors (prompted) and whether or not respondents were afraid of another crime in future (correlation of -0.243 , $n=103$, $p<0.013$). This indicated that the more stressful experiences the respondents remembered when prompted, the more they were afraid of crime happening again in the future.

GHQ-12 was not significantly correlated with the above measures.

Pearson's Correlations were carried out between the three stress measures and chances of future victimisation (perception of risk), but the associations were not significant.

Life stressors and behavioural effects

Similar to the results obtained when comparing life stressors and general effect, it was only stress question 3 (life stressors – prompted) that was strongly correlated with behavioural effects. A Pearson's Correlation between life stressors (prompted) and number of behavioural changes ticked was 0.321 ($n=71$, $p<0.006$), i.e. the more life stressors a victim ticked when prompted, the more behavioural changes they reported.

Pearson's Correlations between life stressors (unprompted) and behavioural changes, and how stressful life was and behavioural changes, were not significant.

Life stressors and cognitive effects

The impact of life stress was assessed on questions relating to beliefs and evaluations, but most of the results were not significant. The only significant association was life stressors (unprompted) with Are offenders punished fairly? (one-way ANOVA, $f=5.365$, $d.f.=109$, $p<0.006$), indicating that most respondents who recalled life stressors (unprompted) thought that offenders were not punished fairly.

Life stressors and mental health

Generally, the presence of life stressors was correlated with lower mental health levels. There was a Pearson's Correlation of 0.437 ($n=106$, $p<0.001$) between score on GHQ-12 and life stressors when prompted, and a weaker correlation of 0.204 ($n=115$, $p<0.029$) between score on GHQ-12 and life stressors unprompted. The correlation between 'How stressful was life' and GHQ-12 was not strictly significant, but did approach the level required,

although the Pearson's Correlation was weak (correlation of -0.159 , $n=126$, $p<0.075$).

The next *pre-crime factor* to be tested against each outcome measure was previous victimisation. There were two ways of measuring previous victimisation. Section 6, q.1 asked if respondents had been previously victimised (yes/no answer). Section 6, q.2 asked the respondent to specify the previous victimisation type (response coded into crime categories). Both previous victimisation measures were tested for possible associations with the five outcome measures: General effect, emotional effects, behavioural effects, cognitive effects and mental health effects.

Previous victimisation and general effect

Using an independent samples t-test, the presence or absence of previous victimisation was tested for a possible association with each of the three measures of general effect: Immediate effect, effect 3-6 weeks later and whether the crime will have lasting effect on life.

None of the results was significant.

Using a one-way ANOVA, previous victimisation type was tested for a possible association with each of the three measures of general effect. Again, none of the results was significant.

Previous victimisation and emotional effects

Using an independent samples t-test, the presence or absence of previous victimisation was tested for a possible association with the number of emotional symptoms reported. The results were not significant ($t=0.394$, $d.f.=121$, $p<0.695$). The presence or absence of previous victimisation was also tested for a possible association with fear of crime, worry about crime and safety issues, but none of the results was significant.

Using a one-way ANOVA, the impact of previous victimisation type on emotional symptoms was assessed, but the results were not significant ($f=1.094$, $d.f.= 124$, $p<0.370$)

The effect of previous victimisation type on fear and worry was assessed. Results were significant when previous victimisation type was tested for a possible association with worry about burglary ($f=2.262$, $d.f.= 131$, $p<0.042$) and when previous victimisation type was tested for a possible association with worry about theft of car ($f=2.284$, $d.f.= 131$, $p<0.040$), but in general previous victimisation type was not related to fear of future victimisation or fear of crime in general.

Indeed, of the two results that were significant (previous victimisation and burglary, car theft), the two previous victimisation types that appeared to be the most worried were “other crime type” and “domestic violence”. “Other crime type” is difficult to talk about, because although the respondent believed him/herself to be a previous victim, the victimisation type could not be categorised into any of the extensive crime categories provided, casting some doubt on what the victimisation could possibly be. The “domestic violence” category had very low numbers so caution would definitely need to be exercised if commenting on such a result.

Using an independent t-test, presence or absence of previous victimisation was found to be related to perception of risk ($t=2.313$, $d.f.= 51$, $p<0.025$). Those who had been victimised in the past felt that it was more likely that they would be victimised again in the future.

Using a one-way ANOVA, the effect of previous victimisation type on perception of future risk was assessed. The results ($f=2.994$, $d.f.= 93$, $p<0.010$), indicated that those who suffered “other” victimisation type and those who suffered previous property crime were the ones who felt that crime would most likely visit them again.

Previous victimisation and behavioural effects

Using an independent samples t-test, the presence or absence of previous victimisation was tested for association with the number of behavioural changes reported. The results were not significant. ($t=1.062$, $d.f.=75$, $p<0.292$)

Using a one-way ANOVA, previous victimisation type was assessed for its impact on behavioural effects, but the results were not significant ($f=1.068$, $d.f.=79$, $p<0.390$)

Previous victimisation and cognitive effects

Using an independent samples t-test, the presence or absence of previous victimisation was tested for association with the five questions relating to beliefs and evaluations, namely: Do the Gardai do a good job?; Are offenders punished fairly?; How likely is it that the offender will be caught?; Perceptions of crime levels (general) compared to 5 years ago; Perceptions of crime levels (in own area) compared to 5 years ago. In the main, the results were not significant. The only significant result was when previous victimisation was tested for a possible association with the likelihood of the offender being caught. Previous victims thought it *more* likely that the offender would be caught than those who were not previous victims ($t=2.406$, $d.f.=57$, $p<0.019$).

Previous victimisation type was assessed for its impact on respondents' beliefs and evaluations about crime and the criminal justice system. Some significant effects were found.

A one-way ANOVA between previous victimisation type and whether or not it is likely that the offender would be caught was significant ($f=2.685$, $d.f.=93$, $p<0.019$). Those who were previous victims of "other crime" type felt it was most *unlikely* that the offender would ever be caught, followed by previous victims of domestic violence, property crimes and personal crimes, respectively. This is a different result to that obtained above in the previous paragraph. When the association between presence/absence of previous

victimisation and likelihood of the offender being caught was tested, previous victims thought it more *likely* that the offender would be caught. The reason for the different results is unclear, but the fact that the victims featured in the discrepancy were victims of the rather nebulous “other crime type” may be a feature.

A one-way ANOVA between previous victimisation type and perceptions of crime levels in respondents’ own area was significant ($f=2.803$, $d.f.=122$, $p<0.014$). Those who were previous victims of “other crime” type felt that crime had increased, followed by previous victims of sexual crimes.

However, when previous victimisation type was assessed for its impact on perceptions of crime levels in general, the effect was not significant. Similarly, when previous victimisation type assessed for its impact on a) opinions on whether offenders are punished fairly, and b) whether the Gardai do a good job, results were not significant.

Previous victimisation and mental health effects

The presence or absence of previous victimisation was assessed for its impact on respondents’ scores on the GHQ-12 using an independent samples t-test, but the result was not significant.

Previous victimisation type was assessed for its impact on scores on the GHQ-12 using a one-way ANOVA, but the result was not significant.

Respondents’ use of the media (*pre-crime factor*) was assessed for its impact on each of the five outcome measures of crime effect. Media use was measured by asking respondents which newspaper they read, and how often they read it.

Media use and general effect

Type of newspaper was assessed for its impact on the three questions relating to general effect: Severity of effect during first few days; Severity of effect 3-6 weeks later; Whether or not crime would have lasting effect.

The results were mixed. A one-way ANOVA between newspaper type and whether or not the crime would have a lasting effect was significant ($f=3.231$, $d.f.=118$, $p<0.043$). This indicated that those who read local papers were more likely to feel that the crime would have a lasting effect on their lives, followed by tabloid/evening paper readers.

The other two ANOVAS were not strictly significant but did approach the level required (newspaper type and immediate effect resulted in $f=2.909$, $d.f.=116$, $p<0.059$; newspaper type and effect 3-6 weeks later resulted in $f=2.812$, $d.f.=114$, $p<0.064$). Again, it was local paper readers who suffered the most, followed by tabloid/evening paper readers.

Media use and emotional effects

The type of newspaper read was assessed for its impact on the number of emotional symptoms reported using a one-way ANOVA. Although the results were not significant, they did approach the level of significance required of $p<0.05$ ($f=2.008$, $d.f.=114$, $p<0.083$).

How often the paper was read was assessed for its impact on the number of emotional symptoms reported but the results were not significant.

The type of newspaper read and how often it was read was assessed for its impact on fear of crime, worry about crime and safety issues, but the results were not found to be significant.

The type of newspaper read and how often it was read was assessed for its impact on perception of future victimisation but the results were not found to be significant.

Media use and behavioural changes

The type of newspaper read was assessed for its impact on the number of behavioural changes reported using a one-way ANOVA. The results were significant ($f=2.478$, $d.f.=74$, $p<0.040$). Tabloid newspaper readers and local newspaper readers reported the first and second highest number of behavioural changes, respectively.

How often the paper was read was assessed for its impact on the number of behavioural changes reported, but the results were not significant.

Media use and cognitive effects

The type of newspaper and how often it was read were assessed for their impact on beliefs and evaluations of crime and the criminal justice system, but the results were not found to be significant.

Media use and mental health effects

The type of newspaper and how often it was read were tested for possible associations with respondents' scores on the GHQ-12. The results were not significant.

It was hypothesised that *crime factors* would have a large effect on the effect of crime. To be able to analyse the data in any meaningful way, crime experience was categorised into 5 categories (see Results – Part 1; Data Overview). This enabled easier manipulation of the previously large number of crime categories. Crime was then tested for a possible association with general effect, emotional effects, behavioural effects, cognitive effects and mental health effects.

Crime and general effects

Crime type was assessed for its impact on the effect on the victim 3-6 weeks later using a one-way ANOVA. The results were found to be significant ($f=2.552$, $d.f.= 119$, $p<0.043$). The victims who were worst affected were victims of “other crime”, “personal crime” and “sexual crime/domestic violence”, in that order.

Crime type was assessed for its impact on whether the crime would have a lasting effect, using a one-way ANOVA. The results were found to be significant ($f=4.187$, $d.f.= 122$, $p<0.003$). The victims who were worst

affected were victims of “other crime”, “personal crime” and “property crime”, in that order.

Crime type was assessed for its impact on the immediate effect of the crime, but the result was not found to be significant. All crime types had almost equal effects.

Crime type and emotional effects

Crime type was assessed for its impact on emotional symptoms reported using a one-way ANOVA. The results were significant ($f=3.536$, $d.f.= 117$, $p<0.009$). Victims of sexual crimes or domestic violence reported by far the highest level of emotional effect, but the number of this type of victim who answered the question was too low ($n=3$) to extract any meaningful interpretation from the data. After sexual crime/domestic violence, the highest level of emotional effect was reported by “other” victims and “personal crime” victims, respectively.

Crime type was assessed for its impact on other results relating to fear, worry and safety issues but none of the results was significant.

Crime type was assessed for its impact on perception of future victimisation and the results were significant (one-way ANOVA, $f=3.173$, $d.f.= 88$, $p<0.018$), indicating that those who were victims of “other” crime and “property” crime were the most certain that they would be victimised again.

Crime type and behavioural effects

Crime type was assessed for its impact on behavioural changes using a one-way ANOVA, but the results were not found to be significant ($f=1.281$, $d.f.= 75$, $p<0.286$).

Crime type and cognitive effects

Crime type was assessed for its impact on respondents' views, beliefs and evaluations about crime and the criminal justice system, but none of the results was significant.

Crime type and mental health effects

Using a one-way ANOVA, crime type was assessed for its impact on respondents' scores on the GHQ-12. The results were significant ($f=3.041$, $d.f.= 120$, $p<0.020$). It appeared to be the same result as obtained when comparing crime type with emotional effects: Victims of sexual crimes or domestic violence reported by far the highest level of mental illness, but the number of this type of victim who answered the question was too low ($n=3$) to extract anything meaningful. After sexual crime/domestic violence, the highest level of mental illness was reported by "other" victims and "personal crime" victims, respectively.

The respondents' relationship to the offender (*crime factor*) was then assessed for its impact on all five outcome measures: General effects, emotional effects, behavioural effects, cognitive effects and mental health effects.

Relationship to offender and general effect

Independent samples t-tests were performed on relationship to offender and the three questions relating to general effect: Immediate effect, effect 3-6 weeks later and lasting effect in future. Relationship to offender & effect 3-6 weeks later produced significant results ($t=2.838$, $d.f.= 121$, $p<0.005$). However, a test for association between relationship to offender & immediate effect was not significant and a test for association between relationship to offender & lasting effect on life was not significant.

Relationship to offender and emotional effects

An independent t-test was performed on relationship to offender and number of emotional effects reported. The results were found to be significant ($t=2.342$, $d.f.= 25$, $p<0.027$). Victims who knew the offender reported considerably more emotional symptoms than those who did not know the offender.

Whether victim knew offender was assessed for its impact on the questions relating to fear, worry and safety issues. In general, the results were not found to be significant.

Whether or not victim knew offender was assessed for its impact on perception of risk, but the results were not significant.

Relationship to offender and behavioural effects

An independent t-test was carried out on relationship to offender and number of behavioural changes reported. The results were found to be significant ($t=2.310$, $d.f.= 76$, $p<0.024$). Victims who knew the offender reported significantly more behavioural changes than victims who did not know the offender.

Relationship to offender and cognitive effects

Whether or not the victim knew the offender was assessed for its impact on the five measures of cognitive effect: Do the Gardai do a good job?; Are offenders punished fairly?; Is it likely that the offender will be caught?; Perceptions of crime levels in general; Perceptions of crime levels in own area.

Results were not significant.

Relationship to offender and mental health effects

An independent t-test was carried out on relationship to offender and score on GHQ-12. The results were found to be significant ($t=2.007$, $d.f.= 122$,

$p < 0.047$). Victims who knew the offender had lower mental health levels than victims who did not know the offender.

Presence or absence of injury (*crime factor*) was tested for association with all five outcome measures: General effects, emotional effects, behavioural effects, cognitive effects and mental health effects.

Injury and general effect

Presence or absence of injury was assessed for its impact on immediate effect of crime, using an independent samples t-test. The result was significant ($t = 3.676$, $d.f. = 124$, $p < 0.001$).

Injury was then assessed for its impact on effect of crime 3-6 weeks later, and the result was again significant ($t = 4.867$, $d.f. = 70$, $p < 0.001$).

Injury was further assessed for its impact on whether or not the crime would have a lasting effect on life. The result was significant ($t = 4.966$, $d.f. = 125$, $p < 0.001$).

Victims who were injured as a result of the crime were far worse affected generally than those who were not injured.

Injury and emotional effects

Presence or absence of injury was assessed for its impact on the number of emotional symptoms reported, using an independent samples t-test. The results were significant ($t = 4.090$, $d.f. = 49$, $p < 0.001$). Victims who suffered injury reported far more emotional effects than victims who did not suffer injury.

Presence or absence of injury was assessed for its impact on measures of fear, worry and safety issues. An independent samples t-test found that those who were injured from the crime were more fearful of a crime happening again in the future ($t = 3.158$, $d.f. = 121$, $p < 0.002$). They also tended to feel less safe walking alone after dark, although this result was a

little over the confidence interval required of 95% ($t=1.942$, $d.f.= 115$, $p<0.055$).

Presence or absence of injury was tested for possible association with perception of future risk, but the results were not found to be significant.

Injury and behavioural effects

Presence or absence of injury was assessed for its impact on the number of behavioural changes reported, using an independent samples t-test. The results were significant ($t=2.867$, $d.f.= 74$, $p<0.010$). Victims who suffered injury reported far more behavioural changes than victims who did not suffer injury.

Injury and cognitive effects

Presence or absence of injury was assessed for its impact on the five measures of cognitive effect: Do the Gardai do a good job?; Are offenders punished fairly?; Is it likely that the offender will be caught?; Perceptions of crime levels in general; Perceptions of crime levels in own area.

The results were not significant.

Injury and mental health effects

Presence or absence of injury was assessed for its impact on respondents' scores on the GHQ-12, using an independent samples t-test. The results were significant ($t=2.876$, $d.f.= 122$, $p<0.005$). Victims who suffered injury had lower mental health scores than victims who did not suffer injury.

Loss (*crime factor*) was tested for an association with all five outcome measures: General effects, emotional effects, behavioural effects, cognitive effects and mental health effects. Loss was measured by asking respondents if they had lost anything as a result of the crime, and the value of the loss.

Loss and general effect

Presence or absence of loss was assessed for its impact on the three measures of general effect: Immediate effect, effect 3-6 weeks later and whether or not the crime will have a lasting effect on life. The results were not significant.

Loss and emotional effects

Presence or absence of loss was assessed for its impact on number of emotional symptoms using an independent samples t-test. The results were surprising, because although they were significant ($t=2.057$, $d.f.=104$, $p<0.042$), they indicated that those who had something stolen during the crime actually suffered less emotional effects than those who had nothing stolen. To investigate further, the amount that people had lost was categorised and tested for association with emotional symptoms using both a one-way ANOVA (loss categorised into several categories) and an independent samples t-test (loss categorised into above £1000 and below £1000 respectively). Neither result was significant.

Presence or absence of loss was assessed for its impact on questions relating to fear, worry and safety issues, but the results were not significant.

Presence or absence of loss was also assessed for its impact on perception of future victimisation, but the results were not significant.

Loss and behavioural effects

Presence or absence of loss was assessed for its impact on behavioural changes, but the results were not significant.

Loss and cognitive effects

Presence or absence of loss was tested for an association with the five measures of cognitive effect: Do the Gardai do a good job?; Are offenders punished fairly?; Is it likely that the offender will be caught?; Perceptions of

crime levels in general; Perceptions of crime levels in own area. The results were not significant.

Loss and mental health effects

Presence of absence of loss was assessed for its impact on respondents' scores on the GHQ-12 using an independent t-test, but the results were not significant.

The amount stolen was assessed for its impact on respondents' scores on the GHQ, but again the results were not significant.

Social support (*post-crime factor*) was assessed for its impact on all five outcome measures: General effects, emotional effects, behavioural effects, cognitive effects and mental health effects.

Social support was measured by asking respondents their living circumstances, marital status, whether or not they spoke to anyone about the crime, and whether or not that person was sympathetic.

Social support and general effect

Social support was measured by a) living circumstances, b) marital status, c) whether or not the respondent had spoken to anyone about the crime, d) who they spoke to and e) whether or not that person was sympathetic. Social support was assessed for its impact on the three measures of general effect: Immediate effect, effect 3-6 weeks later and whether or not the crime would have a lasting effect on life.

Living circumstances were assessed for their impact on the three measures of general effect. Only in association with whether or not the respondent thought the crime would have a lasting effect, were the results were significant (One-way ANOVA, $f=2.864$, $d.f.=124$, $p<0.026$). Those who lived alone felt that the crime would have more of a lasting effect on their lives than those who lived with others.

Marital status was assessed for its impact on the three measures of general effect, but the results were not significant.

Whether or not the respondent had spoken to anyone was assessed for its impact on the three measures of general effect, but the results were not significant.

Who they spoke to was assessed for its impact on the three measures of general effect; the results were not significant.

Whether or not that person was sympathetic was assessed for its impact on the three measures of general effect: Only in comparison with immediate effect was the result significant (independent samples t-test, $t=2.961$, $d.f.=109$, $p<0.004$).

Social support and emotional effects

Living circumstances were assessed for its impact on the number of emotional effects reported and questions relating to fear, worry and safety issues. A one-way ANOVA found that those living alone reported more emotional symptoms than those living in circumstances with other people ($f=3.672$, $d.f.=119$, $p<0.028$). An ANOVA also found that those living alone felt less safe in their homes at night ($f=4.166$, $d.f.=121$, $p<0.018$). The other results were not significant.

Whether or not the victim was married or co-habiting only influenced how safe they felt alone in their homes at night; those who were not married felt less safe in their homes than those who were living with a partner (t-test, $t=2.137$, $d.f.=119$, $p<0.031$). Marital status did not affect the number of emotional effects reported, or other fear, worry or safety outcomes.

Testing a possible association between emotional effects and whether or not the respondent had spoken to anyone, who they spoke to and whether or not that person was sympathetic did not generally produce significant results.

Testing a possible association between the number of emotional symptoms reported and perception of risk of future victimisation did not produce significant results.

Social support and behavioural effects

Living circumstances, marital status and social support from other people were assessed for their impact on behavioural effects, but the results were not significant.

Social support and cognitive effects

Testing for a possible association between any of the social support responses and beliefs and evaluations about crime and the criminal justice system did not generally produce significant results.

Social support and mental health effects

Living circumstances appeared to be associated with respondents' scores on the GHQ, with those living alone having lower mental health levels (one-way ANOVA, $f=3.561$, $d.f.=125$, $p<0.031$).

Testing for a possible association between the score on the GHQ-12 and a) marital status, b) whether or not the respondents had spoken to anyone, c) who they spoke to and d) whether or not that person was sympathetic did not produce significant results.

Respondents' involvement with the criminal justice system (*post-crime factor*) was assessed for its impact on all five outcome measures: General effects, emotional effects, behavioural effects, cognitive effects and mental health effects.

Involvement with criminal justice system was measured by asking whether the offender had been caught, satisfaction with Garda service, and satisfaction with information received from Gardai.

Criminal Justice System and general effects

Involvement with the criminal justice system was assessed for its impact on the three measures of general effect: Immediate effect, effect 3-6 weeks later and whether or not the crime will have a lasting effect. None of the results was found to be significant.

Criminal Justice System and emotional effects

Whether or not the offender had been caught was assessed for its impact on emotional symptoms, but the results were not significant.

A Pearson's Correlation of 0.181 ($n=122$, $p<0.045$) was found between satisfaction with Garda service and number of emotional symptoms reported. Although the correlation was very weak, the result indicated that those who were less satisfied with the way the Gardai had handled the case, reported a little more emotional effects than those who were more satisfied. No significant correlation was found between satisfaction with information received and emotional symptoms reported.

No significant correlation was found between involvement with criminal justice system and perception of risk of future victimisation.

Whether or not the offender had been caught was assessed for its impact on questions relating to fear, worry and safety. The results were not significant.

Satisfaction with Garda service and satisfaction with information received were assessed for their impact on fear, worry and safety issues using Pearson's Correlations. The only significant result obtained was a rather weak negative correlation of -0.205 ($n=123$, $p<0.023$) between satisfaction with information received from Gardai and fear of crime in future, indicating that those who were less satisfied with the information they received also showed slightly higher levels of fear. The other results were not significant.

Criminal Justice System and behavioural effects

Whether or not the offender had been caught was assessed for its impact on number of behavioural effects reported, but the results were not significant. Satisfaction with Garda service and with information received was assessed for their impact on behavioural effects, but the results were not significant.

Criminal Justice System and cognitive effects

Whether or not the offender had been caught was assessed for its impact on questions relating to beliefs and evaluations. The results were not significant.

Satisfaction with Garda service and with information received were assessed for their impact on beliefs and evaluations. Significant associations between evaluations of current crime levels and satisfaction with the Gardai were not found.

However, satisfaction with Garda service was correlated with whether or not the Gardai do a good job (correlation of 0.530, $n=124$, $p<0.001$) and with whether it was likely that the offender would be caught (correlation of 0.298, $n=94$, $p<0.004$).

Satisfaction with information received was correlated with whether or not the Gardai do a good job (correlation of 0.433, $n=117$, $p<0.001$) and with whether it was likely that the offender would be caught (correlation of 0.237, $n=89$, $p<0.025$).

However, such significant results were not very surprising, bearing in mind the similarity of the questions involved.

Criminal Justice System and mental health effects

Subjects' involvement with the criminal justice system was assessed for its impact on subject's scores on the GHQ-12, but none of the results was significant.

Coping mechanisms (*mediating variable*) were coded into distinct categories:

1. Approach/problem-focused/positive	20.3	Cumulative
2. Emotion-focused	0.0	Percent
3. Negative	3.3	37
4. Avoidance	3.3	7.3
5. Passive		
6. No particular mechanism identified.		15.3
Negative	3.3	20.0
Positive		
Total (not missing values)	110	100.0

The distribution of coping mechanisms employed by the sample was extremely skewed. 81 out of the 110 (74%) who answered the question appeared to employ the “passive” mechanism. The remaining responses (26%) were fairly evenly distributed over the remaining possible coping strategies. Some caution must be exercised, therefore, when commenting on coping mechanisms (see Table 4.1 overleaf).

Table 4.1
Coping mechanisms employed

Coping mechanisms were coded into six distinct categories as follows:

Coping mechanisms and their effect

Using a seven-point scale, the type of coping mechanism employed was assessed for its effect on the three measures of general effect: immediate effect, short-term effect and long-term effect. If our respondents thought the coping mechanism had a positive effect, they would select a high score.

Coping mechanisms were coded into six distinct categories as follows:

	Frequency	Percent	Valid Percent	Cumulative Percent
No particular strategy identified	3	2.3	2.7	2.7
Approach/problem-focused/+ve	5	3.8	4.5	7.3
Emotion-focused	9	6.8	8.2	15.5
Negative	5	3.8	4.5	20.0
Avoidance	7	5.3	6.4	26.4
Passive	81	61.4	73.6	100.0
Total	110	83.3	100.0	
System Missing	22	16.7		
Total incl. missing values	132	100.0		

Table 4.1

Coping mechanisms categorised.

Coping mechanisms were assessed for their impact on the five outcome measures of crime effect as follows:

Coping mechanisms and general effect

Using one-way ANOVAs, type of coping mechanism employed was assessed for its impact on the three measures of general effect: Immediate effect, effect 3-6 weeks later and whether or not respondents thought that the crime would have a lasting effect.

Coping mechanism did appear to be related to immediate effect ($f=2.511$, $d.f.= 108$, $p<0.035$) indicating that those who used approach/problem focused/positive coping mechanisms were more likely to be suffering a high

level of immediate effect than those who used other mechanisms. Although testing for a possible association between coping mechanisms and both a) effect on victim 3-6 weeks later and b) whether or not the crime would have a lasting effect did not produce statistically significant results, it was those who used the approach/problem-focused/positive coping mechanism who again appeared to be reporting the highest levels of general effect.

Coping mechanisms and emotional effects

Coping mechanisms were assessed for their impact on a) number of emotional symptoms reported, b) fear of crime in future, c) how safe respondents feel when out walking alone after dark, d) how safe respondents feel in their homes at night and e) how worried they are about crime happening to them.

None of the results was significant.

Coping mechanisms were also assessed for their impact on respondents' perception of risk, but the results were not significant.

Coping mechanisms and behavioural effects

Coping mechanisms were assessed for their impact on behavioural changes but the results were not significant.

Coping mechanisms and cognitive effects

Coping mechanisms were assessed for their impact on beliefs and evaluations about crime, but none of the results was significant.

Coping mechanisms and mental health effects

Coping mechanisms were assessed for their impact on respondents' scores on the GHQ-12, but the results were not significant.

The belief in a just world (BJW), mediating variable, was assessed for its impact on the five outcome measures of effect of crime as follows:

BJW and general effect

Using the “select cases” feature of SPSS, two BJW categories were selected: those who thought there was something they could have done to prevent the crime from happening, and those who thought there was nothing they could do. Independent t-tests were used to test a possible association between the belief in a just world and:

- a) immediate effect – significant result ($t=2.040$, $d.f.=113$, $p<0.044$)
- b) effect 3-6 weeks later – significant result ($t=2.988$, $d.f.=112$, $p<0.003$)
- c) whether or not crime will have lasting effect – significant result ($t=2.287$, $d.f.=108$, $p<0.024$)

In all cases, those who thought there was something they could have done to prevent the crime from happening showed less general effect than those who didn't think there was anything they could have done.

BJW and emotional effects

Firstly, whether or not respondents could have done anything to prevent the crime from happening was assessed for its impact on the number of emotional effects reported. The result was not significant (t-test, $t=2.170$, $d.f.=110$, $p<0.086$).

Whether or not respondents could have done anything to prevent the crime from happening was assessed for its impact on the questions relating to fear, worry and safety. In general the results were not significant, with the exception of BJW and fear of crime in future ($t=2.170$, $d.f.=112$, $p<0.032$). This indicated that those who felt there was something they could have done were less afraid of another crime happening in future than those who didn't think there was anything they could have done or didn't know.

BJW was also assessed for its impact on perception of risk of future victimisation, but the results were not significant.

BJW and behavioural effects, cognitive effects and mental health effects

Whether or not respondents could have done anything to prevent the crime from happening was assessed for its impact on behavioural changes, beliefs and evaluations about crime and subjects' scores on the GHQ-12, but the results were not significant in any comparison.

Other interesting correlations

Whilst not being analyses of independent variables against dependent variables, other interesting correlations were found during the univariate analyses.

A Pearson's Correlation of 0.440 ($n=132$, $p<0.001$) was found between worry about *crime* in general and worry about *things* in general, indicating that those who worry about crime may be the kind of people who worry about things anyway, regardless of their victimisation.

Indeed, worry about things in general was correlated with fear of another crime in future (correlation of -0.508 , $n=127$, $p<0.001$), and weakly correlated with feelings of safety (or rather, lack of safety) walking alone after dark (correlation of 0.294 , $n=122$, $p<0.001$) and lack of safety in home at night (correlation of 0.249 , $n=128$, $p<0.005$).

In previous research, a strong correlation has been found between one's perception of own risk and fear. The results of the *Crime Impact Survey* endorse this correlation, although the correlation was rather weak; a correlation of 0.279 was found between respondents' perception of risk of future victimisation and fear of crime in future ($n=92$, $p<0.007$).

It has been noted that the five measures of crime impact (dependent variables) may not be mutually exclusive categories. Indeed, there may be a strong degree of overlap between subjects' scores on each dependent

variable. Table 4.4 later in the chapter will show the mean scores for three effect measures: Emotional, behavioural and mental health.

To investigate the degree of overlap between the five dependent variables, correlations were performed. Correlations were found between most of the measures of the dependent variables, indicating a high level of interaction between them (see Appendix 5). General effects were correlated with emotional, behavioural and mental health effects. General effects were also correlated with the cognitive evaluations of crime levels in general and in respondents' own areas. Emotional effects were correlated with general, behavioural and mental health effects, as well as some cognitive evaluations. Behavioural effects were correlated with general, emotional and mental health effects and with perceptions of crime levels in general and in own area. Mental health effects were correlated with general, emotional and behavioural effects, although not correlated with the measures of cognitive effect. Finally, cognitive beliefs and evaluations were generally correlated with all the other measures of the dependent variable, effect of crime.

Results - Part 3: Multivariate Analyses

The next stage of the analysis was to investigate the interaction of two or more independent/mediating variables on any dependent variable.

Some data were continuous (as in number of emotional or behavioural changes), some were pseudo-continuous (as in Likert-scale data) and some were strictly categorical (as in occupation of subject).

To encompass all the different types of data, the General Linear Model was used to perform ANOVAs or regressions, respectively. Continuous variables were entered as covariates and categorical variables were entered as factors. SPSS's GLM option assesses the type of data being tested and runs an ANOVA or a regression depending on the types of independent variable.* The following details of results all refer to ANOVAs run using the General Linear Model.

It would be lengthy and difficult to investigate the interaction of all the different combinations of independent variables. As it was, there were 15 different independent variables analysed in the bivariate section. It was decided to select which interactions were to be measured.

Crime factors were seen as pivotal independent variables. Investigating different victims' experiences of crime was, after all, the core of the entire study. It was thought that the interactions between crime factors and other variables were the most important. Indeed, Denkers (1996) found in his analyses of crime, pre-crime and post-crime factors, that crime factors most significantly affected the dependent variable, "reactions of victims". Multivariate analyses were therefore carried out as follows:

* Scatterplots were drawn up prior to the analyses, but due to the nature of the categorical data, data fell into categories rather than a display of linear relationships. Some caution may need to be used when interpreting the results of the data.

- Interaction of *crime factors* and *pre-crime factors* on the five measures of the dependent variable; general, emotional, behavioural, cognitive and mental health effects.
- Interaction of *crime factors* and *post-crime factors* on the five measures of the dependent variable.
- Interaction of *crime factors* and *mediating variables* on the five measures of the dependent variable.

Within the “crime factors” category, crime type was omitted from the multivariate analyses for two reasons. Firstly, it should be remembered that the sample in this study is not a general population sample. It is a sample of crime victims. Therefore, in the aforementioned bivariate analyses (Results – Section 2), assessments of the effects of the independent variable on the dependent variable are really assessments of the effects of experience of crime + independent variable on the dependent variable. It is true that the results of such bivariate analyses will not examine the effect of each crime type in interaction with the other independent variable, but the effect of each crime type has already been examined when crime type was tested on its own against each dependent variable. Indeed, when crime type was included in the multivariate analyses, it served only to confuse the issue and make the exact relationships and interactions unclear.

Secondly, crime type was categorised into five distinct crime types. It was difficult, and even perceived as inaccurate, to narrow these down. When including crime type in the multivariate analyses, sometimes the second independent variable had several categories as well. This resulted in a complex “descriptives” table, from which very few meaningful results could be extracted.

To this end, it was decided to omit crime type from the multivariate analyses.

The Model of Aetiology and Manifestation of Crime Impact (Fig. 1.7) indicated that there were five outcome measures of effect of crime: General, emotional, behavioural, cognitive and mental health effects. Of all these outcome measures, the cognitive measure was the least clearly defined and the hardest to measure. It did not involve a clear checklist or a standardised questionnaire. When investigating the interactions of two independent variables on the various outcome measures, it was decided to omit cognitive effects due to the lack of a concrete and specific measurement of cognitive effects. The outcome measures investigated, therefore, were general, emotional, behavioural and mental health effects.

Interaction of life stressors and injury on outcome measures

Investigating the interaction between life stressors (prompted) and injury on subjects' scores on the GHQ-12 produced significant results ($df=2$, $n=102$, $f=3.125$, $p<0.048$). The lowest mental health levels were for respondents who were injured from the crime and reported at least two life stressors when prompted. Indeed, of the two independent variables, life stressors had the stronger effect on GHQ scores ($f=7.414$, $p<0.001$).

There was no significant interaction effect between life stressors and injury on any other outcome measure.

Interaction of life stressors and loss on outcome measures

Investigating the interaction between life stressors (prompted) and amount of loss on subjects' scores on the GHQ-12 produced significant results ($df=2$, $n=76$, $f=3.491$, $p<0.036$). The lowest mental health levels were for respondents who had lost over £1000 and reported at least two life stressors when prompted. Once again, of the two independent variables, life stressors had the stronger effect on GHQ scores ($f=7.453$, $p<0.001$).

There was no significant interaction effect between life stressors and loss on any other outcome measure.

Previous victimisation and relationship to offender on outcome measures

Investigating the interaction between presence/absence of previous victimisation and relationship to offender on subjects' emotional effects did not produce strictly significant effects. However, the results did approach the level of significance required ($df=1$, $N=127$, $f=3.480$, $p<0.055$). Those who had been previously victimised showed higher levels of emotional effect. Those who knew the offender in this crime's case also showed greater levels of emotional effect. But the *highest* level of emotional effect was displayed by those who knew the offender in this crime's case and who had also been victimised by an earlier crime.

Similarly, investigating the interaction between presence/absence of previous victimisation and relationship to offender on subjects' behavioural effects did not produce strictly significant effects. However, the results did approach the level of significance required ($df=1$, $N=77$, $f=3.048$, $p<0.085$). Those who had been previously victimised showed higher levels of behavioural effect. Those who knew the offender in this crime's case also showed greater levels of behavioural effect. But the *highest* level of behavioural effect was displayed by those who knew the offender in this crime's case and who had also been victimised by an earlier crime.

Investigating the interaction between presence/absence of previous victimisation and relationship to offender on subjects' mental health effects produced significant effects ($df=1$, $N=124$, $f=7.120$, $p<0.009$). Knowing the offender produced the stronger effect on the dependent variable. Strangely enough, however, it was those who knew the offender and had not been previously victimised that showed the lower level of mental health, rather than those who knew the offender and had been previously victimised.

The interaction between previous victimisation and relationship to offender did not have an effect on the general measure of crime effect.

Interaction of previous victimisation and injury on outcome measures

Investigating the interaction between previous victimisation and injury on subjects' scores on the GHQ-12 produced significant results ($df=1$, $n=124$, $f=4.276$, $p<0.041$). Those who had experienced previous victimisation showed lower mental health levels. Those who had suffered injury in this crime showed lower mental health levels. But the lowest mental health levels were for respondents who had experienced previous victimisation and suffered injury during this crime.

There was no significant interaction effect between previous victimisation and injury on any other outcome measure.

Interaction of previous victimisation and a) loss, b) media, c) relationship to offender and d) injury on outcome measures

None of the interactions had a significant effect.

Interaction of media use and loss on outcome measures

The interaction of the type of newspaper read and whether or not they had lost anything during the crime significantly affected behavioural changes ($N=63$, $df=1$, $f=4.495$, $p<0.038$). It appeared that each independent variable on its own did not significantly affect the dependent variable, nor was either particularly stronger in effect than the other. However, in combination, it appeared that those who read tabloid or evening newspapers in general suffered more behavioural changes than those who read broadsheet or special interest papers. Further, the interaction was such that those who read tabloid or evening papers and suffered loss during the crime reported the highest level of behavioural changes of all. (There were not enough data available on those who read local papers, to be able to comment on this group.)

The interaction of the type of newspaper read and whether or not they had lost anything during the crime significantly affected how severe the

immediate effect of the crime was ($df=1$, $n=100$, $f=7.498$, $p<0.007$). Whether or not the respondent had had anything stolen had a stronger effect on the dependent variable, and it appeared that those who had something stolen and were readers of tabloid or evening papers were worse affected immediately than those who had something stolen and were readers of broadsheet or special interest papers. (There were not enough data available on those who read local papers, to be able to comment on this group.)

The interaction of the type of newspaper read and whether or not they had lost anything during the crime significantly affected how badly respondents were affected 3-6 weeks later ($df=1$, $n=97$, $f=6.322$, $p<0.014$). Whether or not the respondent had had anything stolen had a stronger effect on the dependent variable, and it appeared that those who had something stolen and were readers of tabloid or evening papers were worse affected 3-6 weeks later than those who had something stolen and were readers of broadsheet or special interest papers. (There were not enough data available on those who read local papers, to be able to comment on this group.)

Whilst not a strictly significant result, the interaction of the type of newspaper read and whether or not they had lost anything during the crime did appear to somewhat affect whether respondents thought the crime would have a lasting effect ($df=1$, $n=96$, $f=2.866$, $p<0.094$). Whether or not the respondent had had anything stolen had a stronger effect on the dependent variable (lasting effect of crime), and it appeared that those who had something stolen and were readers of tabloid or evening papers were more likely to think that the crime would have a lasting effect than those who had something stolen and were readers of broadsheet or special interest papers. (There were not enough data available on those who read local papers, to be able to comment on this group.)

The interaction of type of newspaper read and loss did not have significant effects on behavioural changes or on GHQ scores.

Interaction between social support and relationship to offender on outcome measures

1. Social support (measured by whether or not victim spoke to anyone) and relationship to offender.

There was a perceived interaction between whether or not the victim knew the offender and whether or not they spoke to anybody after the crime on emotional symptoms ($df=1$, $n=119$, $f=4.640$, $p<0.033$). However, the results were surprising. The highest level of emotional symptoms reported was from respondents who did know the offender and did speak to somebody else about the crime. After that, the highest level of emotional effect was reported by those who did speak to somebody and did not know the offender. Those who knew the offender and did not speak to anybody after the crime showed comparatively fewer emotional symptoms.

2. Social support (measured by who the respondents spoke to) and relationship to offender

There was a perceived interaction between who the respondents spoke to and relationship to offender on emotional symptoms ($df=3$, $n=104$, $f=3.545$, $p<0.018$). Whether or not the respondents knew the offender appeared to be the independent variable producing the strongest effect ($f=13.897$, $p<0.001$). Those who knew the offender and spoke to a friend reported the highest number of emotional effects and this was closely followed by those who knew the offender and spoke to a family member. Those who spoke to their partners and those who spoke to more than one person about the crime reported comparatively lower levels of emotional effect.

The interaction between who the respondents spoke to and relationship with offender was not strictly significant on behavioural changes, but the results did approach the level of significance required ($df=1$, $n=63$, $f=2.300$, $p<0.088$). The results showed the same pattern as the results obtained when comparing with emotional effects; that those who knew the offender and spoke to a friend displayed the highest level of behavioural effect, and those

who spoke to more than one person displayed lower levels of behavioural effect.

The interaction of who the respondents spoke to and the relationship to offender did not significantly affect the other outcome measures of mental health effects and general effects.

3. Social support (measured by marital status) and relationship to offender
Not significant on any outcome measure.

Interaction of social support and injury on outcome measures

1. Social support (measured by whether or not the respondent spoke to anyone after the crime) and injury

A significant interaction was found between whether or not the victims spoke to anyone after the crime and whether or not they were injured during the crime, on behavioural changes ($n=75$, $df=1$, $f=4.018$, $p<0.049$). The highest level of behavioural changes (mean of 5) was reported by those who were injured from the crime and did speak to somebody about the crime.

No significant interaction was found between whether or not the victims spoke to anyone after the crime and injury on any other outcome measure; emotional, mental health or general.

2. Social support (measured by who the respondent spoke to) and injury on outcome measures

Not significant on any outcome measure.

3. Social support (measured by marital status) and injury on outcome measures

Not significant on any outcome measure.

Interaction of social support and loss on outcome measures

1. Social support (measured by whether or not the victim spoke to anybody) and whether or not there was loss, on outcome measures. Not significant on any outcome measure.

2. Social support (measured by who they spoke to) and whether or not there was loss, on outcome measures. Not significant on any outcome measure.

3. Social support (measured by marital status) and whether or not there was loss, on outcome measures.

Whether or not the victim was married and whether or not there was loss had a significant interactive effect on emotional effects ($n=101$, $df=1$, $f=7.169$, $p<0.009$). In general, those who were married or cohabiting reported less emotional effects than those who were single, separated or widowed. However, surprisingly when loss was added to the equation, those who were single and did not lose anything showed the highest level of emotional effects (mean of 13.7 emotional effects).

The interaction between marital status and loss was not significant on behavioural, mental health or general effect measures.

Interaction of involvement with criminal justice system and relationship to offender on outcome measures

The three measures of involvement with criminal justice system were a) satisfaction with the way the Gardai handled the case, b) satisfaction with information received from the Gardai and c) whether or not the offender has been caught.

1. Interaction of satisfaction with Gardai and relationship to offender on outcome measures.

The interaction of satisfaction with Gardai and relationship to offender was significant on the immediate effect of the crime ($n=122$, $df=1$, $f=5.799$, $p<0.018$). However, these results were difficult to interpret because it appeared that those who knew the offender and were not at all satisfied with the way the Gardai handled the case showed the lowest levels of immediate effect (see Table 4.2 below).

Descriptive Statistics from SPSS

Dependent Variable: Immediate effect. Higher mean score=lower effect, lower score=higher effect.

Victim knew offender?	Satisfaction with Gardai	Mean	Std. Dev.	N
No	Not at all satisfied	1.37	.60	19
	At least a little satisfied	1.93	.93	82
	Total	1.82	.90	101
Yes	Not at all satisfied	2.00	1.26	6
	At least a little satisfied	1.40	.74	15
	Total	1.57	.93	21
Total	Not at all satisfied	1.52	.82	25
	At least a little satisfied	1.85	.92	97
	Total	1.78	.90	122

Table 4.2

Interactions of satisfaction with Gardai and relationship to offender.

The interaction of satisfaction with Gardai and relationship to offender was not significant on any other outcome measure.

2. Satisfaction with information received and relationship to offender on outcome measures.

Not significant on any outcome measure.

3. Whether or not offender had been caught and relationship to offender on outcome measures.

Not significant on any outcome measure.

Interaction of involvement with criminal justice system and injury on outcome measures

Interactions of a) satisfaction with Gardai, b) satisfaction with information received, and c) whether or not the offender had been caught with injury on effects of crime were analysed, but no results were significant.

Interaction of involvement with criminal justice system and loss on outcome measures

Interactions of a) satisfaction with Gardai, b) satisfaction with information received, and c) whether or not the offender had been caught with loss on effects of crime were analysed, but no results were significant.

Interaction of coping mechanisms and relationship to offender on outcome measures

The interaction of coping mechanisms and relationship to offender on emotional symptoms was not strictly significant but did approach the level of significance required ($n=101$, $df=3$, $f=2.559$, $p<0.06$). Generally, those who knew the offender reported more emotional symptoms than those who did not. Within the "knew offender" category, the highest level of emotional symptoms was reported by those who used a) approach/problem-focused/positive coping mechanisms or b) avoidance coping mechanisms to deal with the crime. Indeed, those who knew the offender and used approach/problem focused/positive mechanisms reported a mean of 19 emotional effects and those who knew the offender and used avoidance

coping mechanisms reported a mean of 21 emotional effects, which was very high. However, the low number of victims in these categories (total of $n=3$) means that some caution should be exercised when interpreting these results.

The interaction of coping mechanisms and relationship to offender was not significant on any other outcome measure.

Interaction of coping mechanisms and injury on outcome measures

Not significant on any outcome measure.

Interaction of coping mechanisms and loss on outcome measures

An interaction of coping mechanisms and loss was found on emotional symptoms ($n=91$, $df=4$, $f=2.799$, $p<0.031$). Whether or not anything was stolen was the independent variable more strongly associated with emotional symptoms, but surprisingly it was those who did not have anything stolen that appeared to report more emotional effects. Again, within the “didn’t have anything stolen” category, it was the victims who employed positive/problem-focused/approach mechanisms and avoidance mechanisms who reported the highest level of emotional affect, but the numbers in these categories (total $n=3$) were too small to say anything definitive about the results.

An interaction was found between coping mechanisms and loss on mental health effects ($n=95$, $df=4$, $f=3.311$, $p<0.014$). The results were surprising, and similar to those obtained when comparing with emotional effects. It appeared to be the victims who did not have anything stolen that reported the higher level of mental health effect. Within the “did not have anything stolen” category, those who employed passive coping mechanisms fared better on the GHQ-12 than those who employed other kinds of coping mechanism, but the numbers who employed approach/problem-

focused/positive, avoidance, negative or emotion mechanisms were very small (total $n=5$).

The interaction between coping mechanism and loss on behavioural effects and general effects was not significant.

Interaction of Belief in a Just World and relationship to offender on outcome measures

An interaction between whether or not the victim could have prevented the crime, and relationship to offender, was found on emotional effects ($n=107$, $df=1$, $f=5.646$, $p<0.019$). Whether or not the victim felt they could have prevented the crime from happening was more strongly associated with emotional effects. Those who felt there was nothing they could have done reported more emotional effects than those who felt there was something they could have done. Within the group of those who felt there was nothing they could have done, it was those who knew the offender who reported the highest level of emotional effects. Knowing the offender and believing there was nothing the victim could have done to prevent the crime produced the highest level of emotional effect.

The interaction of whether or not the victim could have prevented the crime, and relationship to offender, was tested against mental health effects. Although the result was not strictly significant, it did approach the level of significance required ($n=110$, $df=1$, $f=3.588$, $p<0.061$). Again, the highest level of mental health effect was reported by those who knew the offender and thought there was nothing they could do to prevent the crime from happening.

The interaction was not significant on behavioural effects or general effects.

Interaction of Belief in a Just World and injury on outcome measures

The interaction was not significant on any outcome measure.

Interaction of Belief in a Just World and loss on outcome measures

The interaction was not significant on any outcome measure.

The results of the Crime Impact Survey analysis gave support to the multi-factorial Model of Antecedents and Manifestations of Crime Impact (Fig. 1.7). The impact of crime was shown to manifest itself on several levels: General, physical, emotional, behavioural, cognitive and mental health. Univariate analysis demonstrated that many factors contributed to such victimisation events. Pre-crime, crime and post-crime factors were shown to contribute to the impact of victimisation.

The results of the Crime Impact Survey demonstrated the importance of looking at crime events in a multi-factorial context. The following discussion will summarise the results obtained in the study, examine these results in light of previous research published in the literature review and will advocate the use of such a multi-factorial approach in victim assistance programmes.

The results were reviewed in three parts. Firstly, bivariate summaries of the data obtained by each question on the questionnaire were obtained. This provided a broad picture of the characteristics of the sample and a broad summary of the univariate relations of the dependent variables, effects of crime. Secondly, bivariate relationships between dependent and independent variables were explored. Examining how variables pre-crime, crime, post-crime and recovery factors can be measured as crime impact. Finally, multivariate analyses were carried out to determine possible interactions of pre-crime, crime, post-crime and recovery variables on the various measures of the dependent variable, effect of crime.

Crime Impact Survey

Section 4 - Discussion

The results of the *Crime Impact Survey* analyses lent support to the multi-factorial Model of Aetiology and Manifestation of Crime Impact (Fig. 1.7). The impact of crime was shown to manifest itself on several levels: General, physical, emotional, behavioural, cognitive and mental health. Univariate analyses demonstrated that many factors contributed to such victimisation effects. Pre-crime, crime and post-crime factors were shown to contribute to the impact of victimisation.

The results of the *Crime Impact Survey* demonstrated the importance of looking at victimisation in a multi-factorial context. The following discussion will expand on the results obtained in the study, examine these results in light of previous research outlined in the literature review and will advocate the use of such a multi-factorial approach in victim assistance programmes.

The results were analysed in three parts. Firstly, simple summaries of the data obtained for each question on the questionnaire were obtained. This provided a broad overview of the characteristics of the sample and a broad summary of the various measures of the dependent variable, effects of crime. Secondly, linear relationships between independent and dependent variables were investigated, demonstrating how various pre-crime, crime, post-crime and mediating factors can be manifested in crime impact. Finally, multivariate analyses were carried out to examine possible interactions of pre-crime, crime, post-crime and mediating variables on the various measures of the dependent variable, effect of crime.

Discussion of Results - Part 1: Data Summaries

The response rate to the Crime Impact Survey was 53%. It was not known why 47% of victims who received a questionnaire chose not to respond to the survey, but it was an ethical feature of the research design that recipients were reminded that they did not have to respond to the questionnaire if they did not wish to. It is impossible to comment on the victims who chose not to respond to the survey, on their level of satisfaction or dissatisfaction with Victim Support, or on their level of crime impact. The following discussion pertains to the analysis of the 53% of victims contacted by the *Crime Impact Survey* that chose to respond.

Part one of the analysis dealt with simple frequencies. Such data summaries painted a broad picture of the data generated by the survey. The results showed a good demographic spread of gender, age, education and occupation, thus indicating that the sample was representative of victims in contact with Victim Support. The spread was also similar to that obtained by the *Service Assessment* and the *Service Users' Satisfaction Survey*.

The study showed a wide range of crimes experienced by the respondents. Indeed, one of the advantages of the *Crime Impact Survey* lay in the large amount of crime types that were included. Several previous studies chose to concentrate on only a few crime types (e.g. Quarterly National Household Survey 1998, E.S.R.I. Crime Victimization Surveys). Such an approach would necessarily exclude many victims, some of whom are victims of less frequently occurring crimes, or of crimes that may seem a little "unusual". The *Crime Impact Survey* tried to include victims of all crime types. The sizeable percentage (13%) of victims of intimidation or threatening behaviour serves to illustrate that one does not have to be attacked or to have anything stolen to be a crime victim. It is important to

include such a sizeable minority a) to ensure an all-encompassing study which, when discussing the impact of crime, includes victims of all crime types and b) to be able to investigate the effects of all crime types individually and to take all types into account. It is possible that there are important distinctions in the manifestation of effect of different kinds of victimisation.

Sexual and domestic crimes were included in the survey, but they appeared to have a low incidence rate. It is, as always, impossible to know whether this sample of victims had a low incidence of sexual or domestic crimes or whether the low incidence rate is due to a reluctance to report such sensitive crimes. The possible “hidden” figure of sexual crimes and domestic violence continues to haunt victimisation surveys and the fact that only 9 out of 205 ‘ticks’ were in the sexual or domestic crime boxes may not mean that this was the actual incidence of such crimes.

With regard to the use of statistical tests, there were too many crime categories to be able to make meaningful sense of the data. Crime was therefore re-coded into 5 new types using SPSS syntax: Personal crime; burglary where the victim saw or had contact with the offender; other property crime, sexual crime or domestic violence; other crime. Although this provided more manageable data, it simultaneously produced the disadvantage that if a victim ticked more than one crime type on the questionnaire, SPSS read the first tick only, thereby allocating the victim to one crime type rather randomly. For example, if a respondent ticked “victim of assault” and “theft from person”, SPSS allocated the respondent to “victim of assault”, thus ignoring the “theft” element of the crime. It is important to mention this feature of SPSS, as it may have affected the crime analysis results to some extent.

Other aspects of the crime experience were highlighted. For example, 29% of respondents suffered injury as a result of the crime. This result was similar to that obtained in the *Service Assessment*, where it was found that 23% of victims had suffered injury. In the *Crime Impact Survey*, 70% suffered loss and 17.3% knew the offender. As was discussed in the introduction, in the case of serious physical crimes, the victim and the offender are often related. These variables can confound and increase the effect that a crime can have on a victim and some of these impacts can be seen in the next section.

As is often the case with crime victimisation, the majority of victims in the *Crime Impact Survey* (63%) said that they had been victimised before. This time the incidence of sexual or domestic crimes rose from 9 ticks out of 205 (4.4%) to a previous incidence of 9.1%*. It is possible that both figures accurately reflect the incidence and previous incidence of those crimes amongst the sample, although it can also be suggested that it is easier for respondents to mention a previous account of a sensitive crime than to fully describe details of a current one. Furthermore, believing that all previous experiences of victimisation are important when examining crime impact, the *Crime Impact Survey* did not restrict respondents to previous victimisations within the last three years (e.g. British Crime Surveys, also Watson, 2000). Instead, respondents were invited to mention all instances of previous victimisation. This would give a higher chance for sexual and domestic crimes to be reported. Indeed, it was decided that it was more important to ask victims about the incidence of such serious crimes rather than whether or not they occurred within the last three years.

* Assuming the "previous victimisation" figures to be representative of the actual previous experiences of the sample, it is rather sobering to think that almost 1 in 10 who present to an organisation such as Victim Support would have experienced a sexual crime or domestic violence in the past. Victim Support's referral figures in 1999 stood at 7714, so the previous experience of serious sexual and domestic crimes could have existed in around 770 of those cases. Such a statistic could have serious implications for the organisation in terms of training, development and awareness-raising, and these are further discussed in Chapter 6 – Helping Victims of Crime.

Other victimisation surveys have uncovered similar results in that crime victims do indeed report a high level of previous victimisation (Kershaw et al, 2000; Mirrlees-Black et al, 1996; Genn, 1988). The 1996 E.S.R.I. Survey (O'Dwyer, 1997) similarly concentrated on a sample of crime victims in an Irish context and found that 59% had suffered a previous victimisation in the preceding three years.

The data frequencies showed some interesting results for both the effects of crime and the beliefs and evaluations of the sample as a whole.

Most (97%) of *Crime Impact Survey* respondents reported the crime to the Gardai, so opinions about the Gardai are pretty reflective of the experiences of the entire sample. Although some studies have shown that the level of reporting of crime to the police can be rather low (Mirrlees-Black et al, 1996), it appears that the sample of victims in contact with Victim Support tend to be victims who would report the crime to the Gardai. Indeed, many of the referrals to Victim Support actually come through the Gardai, so such a high reporting rate is hardly surprising. This may be a further explanation for the low incidence of sexual and domestic crimes, as victims of those crimes who did not report the crime are less likely to be referred to Victim Support in the first place. They may tend to present to other organisations that do not receive the majority of their referrals from the Gardai. However, it should also be remembered here that not all referrals to Victim Support come through the Gardai – the *Service Assessment* revealed that 27% of victims had either referred themselves to the organisation, or had been referred by other, non-Garda, parties.

As far as the Gardai were concerned, overall satisfaction seemed to be quite high. When asked about their satisfaction with the Gardai, 63% of respondents thought the Gardai in their area did “very” or “quite good” a job, as opposed to 19.4% who thought that the job they did was “quite” or

“very” bad. These results were not quite as high as the average percentage of satisfaction found in the general population by the E.S.R.I. Survey 1996 (O’Dwyer, 1997; Watson, 2000) of 70-80%, but closer to the 65% found by the 1998 Quarterly National Household Survey (C.S.O. Publication, 1999).

In the U.K., 63-69% of the general population thought that their police did a good job (Mayhew and White, 1997). From the International Crime Surveys 1989-1992, we know that the average European general population’s satisfaction with their police is 62% (Mayhew, 1994).

In terms of specific satisfactions, 54.3% of *Crime Impact Survey* respondents were “very” or “quite a bit” satisfied with the way their case was being handled by the Gardai. Only 27% were “very” or “quite a bit” satisfied about the information they were receiving about their case, and 53% were “not at all satisfied”. Again, this is reflective of the results of the E.S.R.I. Survey of 1996 (O’Dwyer, 1997, Watson, 2000), which found an average of 43.5% dissatisfaction about information. Overall satisfaction about the Gardai in general seemed to be higher than satisfaction about specific things and satisfaction about information appeared to cause the highest dissatisfaction of all.

Although the *Crime Impact Survey* did highlight an area of Garda service that caused dissatisfaction, a good way to investigate opinions on a specific area is by using qualitative research methods. Indeed, as was mentioned in the literature review, Shapland et al’s (1985) qualitative study did uncover a high level of dissatisfaction with certain areas of the police service in the U.K. Issues surrounding satisfaction with the Garda service are included in the qualitative “Needs Analysis” section of this thesis and are discussed in Chapter 5.

Simple summaries of the other influencing factors, or independent variables, such as demographics, concurrent life stressors, media use, relationship to offender, injury, loss and social support were summarised in Results – Part 1. Whilst indicative of the characteristics of this particular victim sample, it was when they were tested for possible associations with the different manifestations of crime impact that the importance of each became particularly clear (see Discussion of Results – Part 2: Linear Relationships).

The psychological effects of victimisation can be divided into five sections: General, emotional, behavioural, cognitive and mental health. General, emotional and behavioural effects have been taken into account in previous studies.

General effects were measured using questions similar to those Maguire and Corbett (1987) used in their study. When asked how they were affected the first few days after the crime, 75.4% replied that they were “very much” or “quite a lot” affected. Three to six weeks later, the crime was still having at least a little effect on 84.3%, 56.2% of whom were “very much” or “quite a bit” affected. Although 85.3% of respondents were at their lowest point within the first few days following the crime, the results show that effects of crime do linger for most victims. When asked if the crime would have a lasting effect on their lives, 78.6% of replies were in the affirmative (Table 4.3)

	<i>Crime Impact Survey</i>	Maguire and Corbett (1987)
Affected immediately “Very much” or “Quite a bit”	75.4%	79%
Affected 3-6 weeks later “Very much” or “Quite a bit”	56.2%	37%
Lasting effect of crime “Very much” or “Quite a bit”	78.6%	52%

Table 4.3

Comparison of effects of crime between *Crime Impact Survey* and Maguire and Corbett (1987).

Such results indicate a rather severe and lingering effect of crime on most victims. The general questions were helpful in painting a general picture of crime impact. When doing quantitative research of this nature, and providing people with a questionnaire of checklists and yes/no options, it is always possible that one is not asking the right or the most pertinent questions. When asking questions that relate specifically to emotions, behavioural changes or mental health effects, it is possible that the respondent did not recall experiencing any of the options on the checklists, but did feel a negative effect of the crime in some other way. Asking general questions has the advantage of providing a broad overview of how the victims “generally” felt after the crime without asking them to be too specific.

The *Crime Impact Survey* did also include the specifics, however. Emotional effects were investigated following observations from previous studies that emotional affect is important (Maguire, 1982; Shapland et al, 1985; Maguire and Corbett, 1987). Following the emotions checklist used

by Maguire and Corbett (1987) and adding some extra ones, respondents were provided with a checklist of twenty-eight emotional disturbances. The mean number ticked was seven. This meant that the average respondent felt seven emotional changes since the crime occurred. Or, in other words, the average respondent reported 25% of the possible emotions presented on the checklist. As one can see from the checklist in Appendix 3 (*Crime Impact Survey* Questionnaire, Section 2, Q.6), all of these emotional symptoms were negatively biased and were often severe (feeling depressed/ nightmares/ crying or on verge of tears/ feeling contaminated or dirty, etc). Bearing in mind the severity of most of the emotions on the checklist, the emotional effects of crime on this sample of victims were shown to be acute.

One of the most widely studied aspects of emotional effect is surely fear of crime. Fear of crime is a complex phenomenon. It exists independently of crime figures and people's perceived risk and extends beyond those who have actually been victimised (Box et al, 1988; Young, 1988). It is also an important phenomenon. If a population, or sub-section of a population, fears crime enough to alter their social behaviour accordingly, it can be seen as a comment on society's failure to deal with offending behaviour and an indicator of our cultural demise.

Fear and worry have been investigated in the International Crime Surveys, British Crime Surveys and, closer to home, the Economic and Social Research Institute survey 1982/3 and 1996, and Quarterly National Household Survey 1998 (Central Statistics Office, 1999). To assess the level of fear and worry amongst this sample, and to compare the level with results obtained from other studies, questions relating to fear and worry were asked in the *Crime Impact Survey*. As discussed in the introduction, some confusion can arise between fear, worry and perception of risk.

Questions were therefore carefully phrased to attempt to assess each aspect of fear-related emotion.

In relation to the question “How afraid are you of another crime happening to you in the future?” 98.8% of *Crime Impact Survey* respondents replied that they would be at least “a little afraid”. The closest equivalent to this question that could be found in the contemporary Irish literature was the question “Do you worry that you, or someone else who lives with you, might become a victim of crime?”, which was asked of the Irish general population in the Quarterly National Household Survey 1998. In response, 57% replied that they would be afraid of personal crime, property crime, or both (Central Statistics Office, 1999). It appears from this comparison that crime victims are more afraid of future crime than the population in general, but more research needs to be done to validate this preliminary assertion.

The questions “How safe do you feel in general walking alone after dark?” and “How safe do you feel in your home at night?” were also asked by the British Crime Survey, the Quarterly National Household Survey and the E.S.R.I.

The *Crime Impact Survey* revealed that 73.7% of respondents felt “a bit” or “very” unsafe walking alone after dark. The equivalent result for the 1996 British Crime Survey was that “just under a third” of respondents felt at least “a bit” unsafe (Mirrlees-Black et al, 1996). In the Quarterly National Household Survey 1998, 29.5% felt at least “a bit” unsafe (C.S.O. publication, 1999) and the E.S.R.I.’s 1996 survey reported that 12% of the sample felt unsafe out walking after dark (Watson, 2000). The comparison figures relating to the British and Irish general population (B.C.S. and Quarterly National Household Survey) indicate that once again, our sample of crime victims felt more than the average level of unsafety walking alone after dark.

In relation to being home alone at night, the *Crime Impact Survey* revealed that 40.6% felt at least “a bit” unsafe. The 1996 British Crime Survey revealed that about “one in ten” felt unsafe in their homes at night (Mirrlees-Black et al, 1996). The Quarterly National Household Survey 1998 (C.S.O. publication, 1999) revealed that 7.7% of the Irish general population reported feelings of unsafety in their own home. Once again, the *Crime Impact Survey* showed feelings of unsafety far and above the general population average.

Worry about specific crimes was investigated and was found to be rather high (see Results- Part 1). Results of the *Crime Impact Survey* revealed that 28% of respondents were “very worried” about burglary, 25% were “very worried” about mugging, 11.4% were “very worried” about car theft and 6.1% were “very worried” about theft from their car. The 1996 British Crime Survey reported that “one in four to one in five (of the British general population) are “very worried” about burglary, mugging and car crime.” (Mirrlees-Black et al, 1996). It appeared that generally, the sample in the *Crime Impact Survey* did not report themselves “very worried” as frequently as the British general population. However, they did report themselves as being “worried” frequently – 61.3% about burglary, 56.8% about mugging, 29.6% about theft of car and 21.3% about theft from car. Perhaps differences in verbal expression between the two samples accounts for the first difference in scores because worry did appear to be significant amongst subjects in the *Crime Impact Survey*.

People’s perception of their own risk has been shown to be related to fear, although perception of risk may be a more cognitively-biased measure of the phenomenon. The *Crime Impact Survey* revealed that 80% of respondents thought it at least “likely” if not “certain” that they would be victimised again in the future. This is a high percentage, indicating that in this sample of crime victims, perceptions of their own future risk were very

high indeed. This echoes the findings of Denkers (1996) and Watson (2000), who noted that crime victims exhibit a high level of perceived vulnerability.

The *Crime Impact Survey* asked specific questions in relation to behavioural modification. Out of a possible nine behavioural changes, the mean number ticked was 3.36. In other words, the average respondent reported that (s)he had recalled experiencing 37% of the possible behavioural changes presented to him/her on the questionnaire.

The behavioural effects displayed by this sample echo Skogan's (1986; cited by Zedner, 1994) findings, which noted that victims can exhibit social withdrawal and signs of altering their lifestyle as a result of the victimisation. The 1996 International Crime Victimization Survey (Mayhew and White, 1997) examined evasive behaviours and precautionary measures amongst the general population in 11 different countries. Depending on the country involved, behavioural modifications due to fear or experience of victimisation stood at 18% - 29% of the population. In Northern Ireland it was 18% and in Britain it was 28-29%. The results of the 1996 British Crime Survey reported that nearly a quarter of the population had become more cautious about where they went and what they did, and avoidance behaviours were employed by "a large minority" (Mirrlees-Black et al, 1996).

Comparative data were not available for the Irish general population*, but for the other countries participating in the International Crime Survey, the highest and lowest figures of population numbers experiencing at least one behavioural change were 18% and 29%. The *Crime Impact Survey* revealed that 97.5% of its respondents experienced at least one behavioural change,

* The 1996 ESRI crime victims' survey asked one question relation to behavioural changes; whether or not the victim went out less often as a result of their crime experience. 14% of victims replied in the affirmative (Watson, 2000).

indicating that the level of behavioural changes for the sample of victims was well above population average for the other countries participating in the I.C.S.

The mental health effects of crime in general have not been widely studied. Although some studies of rape and sexual assault have shown that such crimes can induce extreme psychological distress and even post-traumatic stress disorder in some victims, not a lot of attention has been paid to the mental health of victims of other crimes. To include the important aspect of mental health effects in the *Crime Impact Survey*, the GHQ-12 was presented to the respondents. The average GHQ-12 score in the *Crime Impact Survey* was 14.26. It proved difficult to find a comparative study on the general Irish population, so it was impossible to know how the average score of 14.26 compared with the Irish norm. However, it was clear from the design of the questionnaire that a higher score on the GHQ would indicate a greater likelihood of mental illness, so scores on the GHQ could still be used in the comparative analyses.

As was discussed in Chapter 1 - *Introduction*, it was difficult to find a measure for cognitive effects. Cognitions are beliefs and evaluations about the world around us, and five questions were asked in the *Crime Impact Survey* relating to these. However, no measuring “tool” could be used to measure cognitions in a similar fashion to the way emotional, behavioural and mental health effects were measured.

As opposed to specific experiences of the criminal justice system since the crime (treated as an independent post-crime variable in the study), cognitive-related questions were of a more general nature. Questions were asked regarding respondents’ opinions about the Gardai, the criminal justice system and about crime levels.

The results showed that 63% of respondents thought that the Gardai in their area did a “very” or “quite good” job. This was in comparison to the 1996 International Crime Survey figure for the British population of 69% satisfaction and the Quarterly National Household Survey 1998 figure for the Irish population of 65% satisfaction. It appears that the attitude of the *Crime Impact Survey*’s respondents to the work of the police was more or less average.

However, in cases where the offender had not yet been caught, 69% thought that it was “not at all likely” that (s)he ever would be. When asked if offenders are punished fairly by the criminal justice system, 69% of the sample said “no”. These results indicate negative cognitions that some victims hold about the criminal justice system.

Respondents were also asked about their perceptions of crime levels, as a further indicator of cognitive effects. They were asked whether they thought crime levels had increased or decreased. When asked about their perceptions of crime levels in general, 88.2% thought that crime in general had “much” or “a little” increased. Specifically in their own areas, however, 82.9% thought crime had “much” or “a little” increased. In other words, more respondents believed that crime had increased in general, or in other areas, than it had in their own. This result echoes the results of other studies (e.g. Kershaw et al, 2000; Skogan, 1988) that people believe crime is not increasing as fast in their own area as it is elsewhere.

The notion of crime being an “out there” phenomenon, affecting other people and places more than one’s own is an interesting one. Skogan did not suggest any theories or reasons for why this might be so. However, studies have shown that the media can play a major part in shaping people’s beliefs about crime (O’Connell and Whelan, 1996). Regular media reporting about crime can conjure a belief about crime being rampant and

on the increase in the outside world in general, even if statistics show that the belief created by the media is not actually the case. However, even though this belief about crime frequency has been created, there will not be enough reinforcements from own experience in own neighbourhood to compound this viewpoint. In other words, even though the media has been painted a rather dark picture of the incidence of crime, own experience in own neighbourhood may not support this picture. A new belief is therefore created:- crime is increasing (particularly serious crime) but not in *my* neighbourhood. It is increasing in general, in other towns or neighbourhoods, but *my* neighbourhood has remained more or less the same.

The results of the 1996 British Crime Survey reported that 4% of the British general population thought that recorded crime levels had dropped. Results of the *Crime Impact Survey* indicated that 3.2% of respondents thought that general crime levels had dropped. This shows that the crime victims in the *Crime Impact Survey* were less likely to think that crime levels were dropping than the British general population. Similarly, most people in the British general population think that crime has “much” or “a little” increased (67%, Kershaw et al, 2000). In the Crime Impact Survey, 88.2% thought that crime in general had “much” or “a little” increased, which certainly showed a higher level than a British population average. Results for an Irish population sample are currently unavailable.

When discussing cognitive effects, it is, of course, difficult to ascertain for sure that these beliefs and evaluations are effects of the crime itself rather than beliefs that existed prior to the victimisation. Only a longitudinal study of people’s beliefs before and after a crime would be able to know this for sure. One recalls Denkers’ (1996) study which suggested that crime victims may have more negative-than-average beliefs and cognitions even before the crime takes place, than non-victims and that crime becomes almost a

self-fulfilling prophecy. Controlling for pre-crime cognitions is a difficult thing to do, however, and the limitations of the *Crime Impact Survey* meant that victims' beliefs and evaluations were examined as a dependent variable – i.e. as a result of the crime experience.

It is important to attempt to include cognitive effects in a well-rounded study of crime impact. Not only is it an important aspect of potential effect, but people's beliefs and evaluations are important for many reasons. We use our beliefs about crime and the criminal justice system when voting for or against political parties, in our decisions to report crime, when choosing areas to live in, schools to send children, areas to work in, places to socialize in. The beliefs and evaluations of the general population are important for many such reasons and crime victims are a sizeable proportion of that general population (estimated at 19 households out of 100 per year by Breen and Rottman, 1985).

Throughout the discussions of crime impact, it should be remembered that due to the inherent difficulty of accessing subjects for the *Crime Impact Survey*, the survey was eventually restricted to the Dublin/Bray area only. It is possible that living in an urban area was exacting a hidden factor on all the results of crime impact but most particularly the results relating to fear and worry about crime, behavioural effects of crime and cognitive evaluations about policing and crime prevalence. It is possible that crime victims living in more rural areas of Ireland, or at least in areas outside of Dublin/Bray, may exhibit quantitatively different levels of effect. To answer this question definitively, it would be valuable in future to undertake the *Crime Impact Survey* on a national victim sample, but at the time of the *Crime Impact Survey*, this was not feasible (see Chapter 4, Section 2 – Methodology).

Discussion of Results - Part 2: Linear Relationships

The significance of the linear relationships showed how the independent variables affected the different dependent variables in various ways.

The effects of many independent variables on the five dependent variables needed to be assessed, so tests were carried out methodically in the following order:

1. Pre-crime factors

Demographic variables and the measures of the five dependent variables: General effect, emotional effects, behavioural effects, mental health effects and cognitive effects.

Life stressors and the five D.V's.

Previous victimisation and the five D.V's.

Media use and the five D.V's.

2. Crime factors

Crime type and the five D.V's.

Relationship to offender and the five D.V's.

Injury and the five D.V's.

Loss and the five D.V's.

3. Post-crime factors

Social support and the five D.V's.

Involvement with criminal justice system and the five D.V's.

4. Mediating variables

Coping mechanism and the five D.V's.

Belief in a just world and the five D.V's.

Lists of results have been reported in the results section. To demonstrate the effects of the individual independent variables on the various dependent variables, a matrix was drawn up (see Table 4.4). The independent

variables appear on the left of the table, in the general order of how strongly they appeared to affect the dependent variables.

D.V.'s ⇒ I.V.'s ↓	General Effects	Emotional Effects	Behavioural Effects	Cognitive Effects	Mental Health Effects
Life Stressors	●	●	●	◐	●
Injury	●	●	●	○	●
Rel'nship to offender	◐	●	●	○	●
Crime Type	●	●	○	○	●
Education	○	●	○	○	●
Involvem't with C.J.S.	○	●	○	●	○
Occupation	◐	○	●	◐	◐
Media Use	◐	◐	●	○	○
Belief in Just World	●	◐	○	○	○
Gender	○	●	○	◐	○
Social Support	◐	◐	○	○	◐
Previous V'ation	○	○	○	◐	○
Loss Incurred	○	◐	○	○	○
Age	○	○	○	○	○
Coping Mechanism	○	○	○	○	○

Table 4.4

Matrix of effects of independent variables on dependent variables

- = clear relationship found between independent variable and dependent variable
- = no clear relationship found between independent variable and dependent variable
- ◐ = some evidence for relationship found. This was because:
 - a) result may have approached significance level required, or
 - b) out of several questions relating to the dependent variable, significant results may have been found in one or two cases.

The matrix table placed independent variables in the order with which they affected the dependent variables*.

No particular pattern emerged from the ordering. Pre-crime, crime, post-crime and mediating factors all appeared fairly evenly mixed in the order with which they affected the dependent variables. Three out of four crime factors, however, namely injury, relationship to offender and crime type appeared high up in the matrix order. This indicates the importance of the effects of crime factors on impact of victimisation, a fact similarly noted by Denkers (1996).

Life stressors was the independent variable that affected the various measures of the dependent variable the most. Following Lagerbäck (1991), it was a hypothesis of this study that victims experiencing a high level of concurrent life stressors would be the victims to exhibit stronger levels of effect. The results gave some support to the hypothesis. Those victims who experienced concurrent life stressors exhibited more general, emotional, behavioural and mental health effects, although correlations were moderate in strength. Some evidence suggested they also suffered higher cognitive effects.

More significant results were found when victims were *prompted* about the life stressors they may have been experiencing. This finding echoes that of Brown and Yantzi (1980; cited by Maguire and Corbett, 1987) who discovered that for complete recall of past events, prompting is generally necessary. Subjects in the *Crime Impact Survey* seemed to more fully recall their concurrent life stressors more easily when some prompts such as “changes in lifestyle”, “changes in finances”, “changes in work”, “changes

* Restrictions in sample size and some weakness of correlations may mean that caution needs to be exercised when interpreting the results.

in family”, “changes in relationships with others”, and “changes in health” were provided.

Due to the shortage of comparative research in the area of life stress and victimisation, there are no other studies with which to compare this interesting result. Clearly, more research needs to be done to further investigate the relationship between victimisation, concurrent life stressors and effects of crime.

Next in order of independent variables that produced a significant result was injury. The presence of injury indicated that the victim was more likely to be affected generally, emotionally and behaviourally, and it also negatively affected mental health scores on the GHQ-12. A similar result was uncovered by Watson (2000), who found that injury was a strong predictor of psychological distress among crime victims. It is perhaps not surprising that injured victims report high levels of effect, perhaps due to the fact that injury usually results from “serious” or violent crime. However, it would be important for those dealing with victims to be aware of the multi-lateral effects of injurious crime. Treating crime victims on all levels is further discussed in Chapter 6.

Similarly, it is important to recognise the far-reaching effects that knowing the offender can have on the victim. Knowing the offender came up as No.3 in the order of independent variables that were associated with crime impact. Knowing the offender affected the victim’s emotions, behaviours and mental health. Some evidence also pointed in the direction of general effect.

Crime type was shown to affect the victims in this sample generally, emotionally and in relation to mental health scores. However, the results were sometimes ambiguous. Sexual and domestic crimes produced high

levels of emotional and mental health effects, but the number of victims in the sample who had suffered sexual or domestic crimes was so low that it would be inaccurate to generalise these results to the sexual or domestic crime victim population.

Burglary where victims had seen or encountered the offender were separated from other types of burglary. It was hypothesised that encountering the offender would increase the psychological distress reported by a burglary victim. A similar result was reported by Watson (2000). However, the results did not support the hypothesis: burglary victims who did see the offender and burglary victims who did not showed no difference in levels of effect or psychological distress.

Respondents in the *Crime Impact Survey* were asked to tick at least one box to describe their crime experience, and the researcher provided a checklist of 14 possibilities. If the respondent did not feel that his/her crime experience could be qualified by any of the 14 options, he/she could tick the 15th option, "other".

Victims of "other crime type" featured in relation to general effect. Victims of "other crime type" reported higher levels of effect 3-6 weeks later and were more likely to believe that the crime would have a lasting effect on their lives. Victims of "other crime type" also tended to be the most certain that they would be victimised again in the future.

However, bearing in mind the extent of the list of possible crime types provided, and the fact that the list was verified by the Gardai as encompassing all crime types that Victim Support would tend to be in contact with, some doubt must be cast on the respondents who ticked "other crime type". It is not beyond possibility that people who report themselves as victims but cannot qualify the crime may have another underlying

complaint, e.g. nervous disorder, which could itself produce general, emotional and mental health effects. Nine respondents (7% of sample) reported that they suffered “other crime type”. Perhaps in future, once the list of possible crime types has been verified by the Gardai and the organisation that deals with callers on a daily basis, “other crime type” should be deleted from the list of options as it makes the results rather difficult to interpret.

In any case, the following table (Table 4.5) illustrates how the different crime types manifested themselves in the subjects in the *Crime Impact Survey*. Means could not be established for general or cognitive effects due to the Likert-scale measurements of these variables. Means were more easily established for emotional, behavioural and mental health effects.

Crime Type	<u>Mean emotional effects (out of 28)</u>	<u>Mean behavioural effects (out of 9)</u>	<u>Mean score on GHQ (higher ⇒ illness)</u>
Personal crime	8.82	3.96	15.17
Sexual crime/ Domestic violence	12.00	4.50	21.67
Burglary – saw offender	6.22	2.75	13.11
Property crime	5.36	2.89	8.42
Other crime type	9.56	4.20	21.89
All	7.14	3.36	14.26

Table 4.5

Illustration of the manifestation of the different crime types.

More study needs to be done on the ways that different crimes manifest themselves. Previous studies have devoted themselves to the effects suffered by rape victims (Mezey, 1988; Newburn, 1992), burglary victims

(Maguire, 1980; Maguire and Bennett, 1982) and domestic violence victims (Kantor and Jasinski, 1998; Jasinski and Williams, 1998) among others. However, to paint the broad picture that victimology must have, to be able to look at the effects of one crime type in light of the effects of all the others, differentiating between the different types of crime victimisation is important.

It was interesting to discover that education and occupation both affected the different measures of the dependent variable, effect of crime. They did so in very different ways. Education levels appeared to affect emotional and mental health effects whilst occupation appeared to affect behavioural measures, some general effect measures, some cognitive effect measures and some mental health measures. In general, it appeared that those with higher levels of education and those in higher-level employment suffered less adverse effects than those with less education and in lower-level employment.

It would be of concern to many if it were the case that those less well-off suffer the most from crime victimisation. Although research is lacking in an Irish context, research from other countries (e.g. Zedner, 1994) has suggested that this may be the case as those with less wealth generally have less coping resources physically available to them, and the consequences of crime may therefore be more devastating.

Other factors may be coming into play, however. Those who are less well-off tend to live in inner-city or rougher areas, where crime levels are statistically higher. The compounding effect of previous victimisation in these areas may be exacting a hidden factor in the less well-off.

Concurrent life-stressors have also been discussed, and this study has clearly demonstrated that those who have a high level of concurrent life

stressors at the time of the crime tend to be those who are worst affected. Living with less education, a lower-level job, perhaps with less money in a less well-to-do neighbourhood may in itself produce a variety of concurrent life stressors which in turn lead to high levels of effect. Again, life stressors could be exacting a hidden factor in the less well-off.

Once again, the possible interplay between two or more variables only serves to emphasise the importance of looking at the causes and effects of crime in a multi-factorial context.

A victim's subsequent involvement with the Criminal Justice System can influence how affected they are by the crime. Garofalo (1979) believed that evaluation of one's local police was strongly predictive of fear of crime and fear is one of the many manifestations of crime impact. Indeed, the results matrix showed that the subsequent involvement with Criminal Justice System was closely related to emotional effects. Those who were less satisfied with the Garda service reported more emotional effects than those who were more satisfied. Furthermore, those who were less satisfied with the information they received from the Gardai showed higher levels of fear of future crime.

One's involvement with the Criminal Justice System was also strongly associated with cognitive effects. In cases where the offender had been caught, and where victims were satisfied with the Garda service, respondents were more likely to believe that the Gardai did a good job. However, the similarity between such questions means that the results are hardly surprising. Positive experiences with the Criminal Justice System after the crime would usually mean positive subsequent beliefs and evaluations about that System.

There is some evidence from previous research that media use may have an effect on attitudes towards crime. O'Connell and Whelan's (1996) study indicated that newspaper readership was a strong predictor of crime prevalence estimates.

In the *Crime Impact Survey*, media use did appear to affect some measures of crime impact, but cognitive evaluations were not one of them. Neither people's level of newspaper readership nor the type of publication read appeared to influence views about crime prevalence. It did strongly influence behavioural effects, however, and some evidence did suggest that it might somewhat affect general and emotional symptoms as well. Therefore although this study did not specifically find evidence that media use influences beliefs about crime, it does suggest that media use can affect the impact of victimisation to some degree.

The Belief in a Just World question was a measure of how fair respondents believed the world around them to be. A crime victim who believes that there was something they could have done to prevent the crime from happening partially assigns blame to his/her own actions. Those who did feel there was something they could have done to prevent the crime from happening showed markedly less measures of general effect. They also were less likely to fear crime in future. However, due to the limitation in size of the *Crime Impact Survey* questionnaire, the investigation of respondents' just world beliefs had to be reduced to a single question. Clearly, although the results of the study were interesting, more research would need to be carried out on victims' belief in a just world to apportion self-blame, before any definitive results can be discussed.

The results of the *Crime Impact Survey* showed that gender affected emotional symptoms, and had some effect on cognitive evaluations. The fact that there are gender differences in emotional effects has been noted in

previous studies, particularly relating to fear. The 1996 British Crime Survey showed that women were more worried than men about rape, burglary and mugging and that women felt more unsafe walking alone after dark than men. The Irish general population sample studied in 1998 (Central Statistics Office, 1999) showed that women tended to be more afraid being out alone after dark, being home alone at night and more worried about people close to them becoming victims of crime.*

In the *Crime Impact Survey*, women were also more worried about sexual assault than men. When specific crimes were suggested, and respondents ticked their level of worry about each specific crime, it was only sexual assault that showed a gender difference. For all other crime types, there was no difference between men and women as to who would fear each crime the most. When crimes were taken into account collectively, however, and a general “worry score” created, women appeared to worry more about crime in general than men. It was also interesting to note that when asked if they worry about things in general, women appeared to worry more than men. Therefore it may be equally possible that the women in the sample a) worried more about *crime in general* than men, or b) worried more about *things in general* than men.

When asked about crime levels, and as to whether crime was increasing or decreasing, no gender differences were found, but males tended to think that the Gardai did a better job than females did.

It is important to remember when discussing gender that where no difference was found between males and females in relation to some measure of crime impact, it does not mean that no effect was found. The data summaries discussed in Part 1 clearly show the effects of crime for the

* This report did not carry out statistical tests on the data, however, so such differences are observational only.

sample as a whole, and on each of the five measures of the dependent variable, impact of crime, marked effects were noted. What no gender difference actually means is that males and females were exhibiting the effect equally. For example, no gender difference was found in relation to general, behavioural or mental health effects. This means that in relation to general, behavioural and mental health effects, males and females in the sample appeared to be equally affected.

It is possible that male and female crime victims exhibit crime impact in different ways. Indeed gender differences have proved significant in at least one previous study (Stanko and Hobdell, 1993). What the results of this study do show is that, comparatively speaking, the females tended to display more fear than the males. But, comparatively speaking, males were equally behaviourally affected and affected in terms of mental health, as the females. Just because they did not exhibit as much fear did not mean that the males in the sample were not affected in other ways.

As a result of their crime experience:

- 25% of male respondents went out less during the day
- 44% of male respondents went out less at night
- 57% of male respondents avoided certain places or events
- 30% of male respondents avoided going out on foot
- 85% of male respondents were more vigilant about security/crime prevention
- 43% of male respondents believed that the crime would have “very much” or “quite a lot” of a lasting effect on their lives

Even on the measures of cognitive effect and emotional effect, where some gender differences were found, it did not mean that males were not affected cognitively or emotionally. The results simply showed that females showed a higher level of effect on these measures. Those who work with crime

victims need to recognize gender differences in the expression of crime impact.

Social support had a minor effect on the various measures of the dependent variable. Social support had been shown to be important in providing a positive healing and supportive environment for the victim (Denkers, 1996).

The *Crime Impact Survey* showed that:

- a) those living alone were more likely to believe that the crime would have a lasting effect on their lives
- b) if a respondent spoke to a sympathetic other, the immediate effect was generally less than if the other person was unsympathetic
- c) those living alone reported more emotional symptoms from the list than those living with others
- d) those living alone felt less safe in their homes at night than those who living with others
- e) those who were not married felt less safe in their homes at night than those who were living with a partner
- f) those living alone had lower mental health levels than those living with others

It did appear that social support did somewhat affect the dependent variable, effect of crime, but out of five questions relating to social support and five measures of the dependent variable, the six significant results in the above list showed that social support was only a partially influencing factor (six significant results out of twenty-five analyses).

It was hypothesised at the start of the study that previous victimisation would have a strong effect on the impact of the latest crime. Genn (1988) reported a compounding and negative effect in her study on multiple victims. Previous victimisation did not appear to be a largely influencing factor in the *Crime Impact Survey*, however. It did not add to respondents'

general, emotional, behavioural or mental health effects. As far as cognitive effects went, previous victimisation type at first appeared to be related to the belief about whether or not the offender would be caught and perception of crime levels in own area. However, in both cases, it was "other crime type" that featured as the previous victimisation type that had the strongest views. As discussed, some doubt exists over what exactly "other crime type" actually is, and even whether or not those victims actually exist.

The presence of previous victimisation appeared to affect one cognitive belief, in that those who were previously victimised tended to think it *more* likely that the offender would be caught for the latest crime. It is rather unclear as to why this belief would be so, unless the sample of victims had previously experienced the offender being caught and therefore believed (s)he would be caught again.

At the start of the study, it was believed that loss would be a strong crime factor and would clearly affect the measures of the dependent variable, effects of crime. The results showed that this was not really the case. The only time that loss appeared to affect crime impact was when it was compared with the number of emotional symptoms reported. Even at that, the results were at first surprising. Those who had incurred loss during the crime actually reported less emotional effects than those who had lost nothing. It is possible that those who incurred loss were able to attribute that as the reason for the crime happening, thereby reducing the level of emotional effect. In other words, perhaps those who incurred loss during the crime attributed the fact that there was something worth stealing to the fact that the crime occurred, rather than the crime being a random act of chance over which the victim had no control. This may have helped them in coping with the crime. Such a theory is reminiscent of the Belief in a Just World, where things happen for a reason and where, if the victim acts differently in the future, he/she can prevent a similar occurrence of

victimisation in the future. Belief in a Just World has been found, earlier in the chapter, to be related to both general and emotional effects of crime.

However, the fact that the only time that loss appeared to affect crime impact was in relation to emotional effects, means that more research would need to be done on the effects of material loss before its actual relationship with crime impact becomes clear. Indeed, Watson (2000) found that loss was a predictor of psychological distress among her sample of crime victims, so variance among studies in relation to loss further suggests the need for more research.

Finally, no relationships were discovered between age and crime impact or between coping mechanisms and crime impact. Some previous studies found age to be an influencing factor, with the elderly found to be the group experiencing the highest levels of effect (Mawby, 1988; Mirrlees-Black et al, 1996; Mirrlees-Black and Maung, 1994; Zedner, 1994). The *Crime Impact Survey* did not produce such a result; elderly crime victims were no more and no less affected than victims of other age groups. Indeed, no age group was affected worse than any other.

It had been hypothesised that the coping mechanism a victim employs could be important in determining how he/she deals with the crime. The results of the study did not support the hypothesis. No particular coping mechanism was found to either heighten or lessen the effect of crime on any level. However, most of the sample (81 respondents out of 110) employed a "passive" coping mechanism, so the data relating to coping mechanisms were not evenly distributed across the sample. The lack of respondents in the other coping "categories" meant that even if significant results were found in some tests, it would be difficult to say anything definitive about it. Similarly, with such an uneven spread of data, it would be inaccurate to say anything definitive about the *lack* of relationship found between coping

mechanism and crime impact. No such relationship was discovered in the *Crime Impact Survey*, but more research would need to be done in this area to be sure that a relationship between coping mechanisms and crime impact is unlikely to exist.

The general, emotional, behavioural, cognitive and mental health effects of crime that were found in the *Crime Impact Survey* have been discussed in Discussion of Results - Part 1: Data Summaries. The matrix of effects of independent variables on dependent variables (Table 4.4) further demonstrates the various manifestations of crime impact by arranging the five measures of the dependent variable in columns. The effect that crime had on the respondents' general, emotional, behavioural, cognitive and mental health is represented in each column. Means of measuring the cognitive variable may have been limited, but the results of the other dependent variables are clear. Crime affects victims on many different levels.

It was also interesting to note the degree of interaction between the various dependent variables. As has been previously noted (Chapter 1, Section 2), effects of crime are not mutually exclusive categories and it is not unusual for effects of crime to be manifested on several levels at once. Correlations were performed to test the associations between the different measures of crime impact: General, emotional, behavioural, cognitive and mental health. Correlations were found between most of the measures of the dependent variables, indicating a high level of interaction between them (see Appendix 5). General effects were correlated with emotional, behavioural and mental health effects. General effects were also correlated with the cognitive evaluations of crime levels in general and in respondents' own areas. Emotional effects were correlated with general, behavioural and mental health effects, as well as some cognitive evaluations. Behavioural effects were correlated with general, emotional and mental health effects and with

perceptions of crime levels in general and in own area. Mental health effects were correlated with general, emotional and behavioural effects, although not correlated with the measures of cognitive effect. Finally, cognitive beliefs and evaluations were generally correlated with all the other measures of the dependent variable, effect of crime.

Such multi-lateral effects mean that it is important to deal with and to assist crime victims on all levels. The subject of victim assistance will be revisited in Chapter 6.

Discussion of Results - Part 3: Multivariate analyses

The following multivariate analyses were carried out:

- Interaction of *crime factors* and *pre-crime factors* on the five measures of the dependent variable; general, emotional, behavioural, cognitive and mental health effects.
- Interaction of *crime factors* and *post-crime factors* on the five measures of the dependent variable.
- Interaction of *crime factors* and *mediating variables* on the five measures of the dependent variable.

The interactions of independent variables on dependent variable (effect of crime) are displayed in Table 4.6.

Crime Factor	Other Ind. Variable	Dep.Variable affected	Group worst affected
Injury	Life stressors	Mental health	Injured & 2+ life stressors
Loss	Life stressors	Mental health	Lost £1000 & 2+ life stressors
Relationship to offender	Previous victimisation	Emotional effects*	Victimised previously & knew offender
Relationship to offender	Previous victimisation	Behavioural effects*	Victimised previously & knew offender
Injury	Previous victimisation	Mental health	Victimised previously & suffered injury
Loss	Type of n'paper read	Behavioural effects	Read tabloids/evening papers & suffered loss
Loss	Type of n'paper read	General effects	Read tabloid/evening papers & suffered loss
Loss	Injury	Emotional effects	Suffered injury & Loss
Relationship to offender	Belief in Just World	Emotional effects	Knew offender, could not prevent crime
Relationship to offender	Belief in a Just World	Mental health*	Knew offender, could not prevent crime
Relationship to offender	Social support	Emotional effects	Knew offender & did speak to someone
Relationship to offender	Social support	Behavioural effects*	Knew offender & did speak to someone
Injury	Social support	Emotional effects	Injured & did speak to someone
Loss	Marital status	Emotional effects	Single status & did not lose anything
Relationship to offender	Involvement with C.J.S.	Immediate (gen.) effect	Dissatisfied with Gdai, didn't know offender
Relationship to offender	Coping mechanism	Emotional effects*	Knew offender and used "approach" mechanism
Loss	Coping mechanism	Emotional effects	Did not suffer loss, used "approach" mechanism
Loss	Coping mechanism	Mental health	Did not suffer loss, used "approach" mechanism
Relationship to offender	Previous victimisation	Mental health	Knew offender, not previously victimised

* Result not strictly significant, but did approach significance level required (0.05 level)

Table 4.6
Significant interactions of independent variables on dependent variable (effect of crime)

An earlier matrix (Table 4.4) showed the list of independent variables in the order with which they affected the different measures of the dependent variable, effect of crime. The six “strongest” independent variables were those that affected at least two measures of the dependent variable. These were: Life stressors, injury, relationship to offender, crime type, education and involvement with criminal justice system.

Table 4.6 illustrates that the six strongest independent variables were fairly evenly distributed across the multivariate matrix. It did not appear to be the case that interactions between the six strongest independent variables produced more noticeable effects on the dependent variables.

Indeed, the type of coping mechanism that a respondent used did not appear to affect the dependent variables at all (see Table 4.4). In interaction with other variables such as loss and relationship to offender, however, it did appear to have some effect on the dependent variables (see Table 4.6).

Most of the results of the multivariate matrix (Table 4.6) were in the direction one would expect. The interaction of two independent variables usually showed a more severe effect for the more negative aspects of the independent variables. The first result of the matrix is a good example. There was an interactive effect of injury and life stressors on mental health. The more negative aspects of the independent variables (*presence* rather than absence of injury and *presence* rather than absence of life stressors) produced the most severe mental health effects.

A few results showed a marked contrast to this trend, however. When social support interacted with relationship to offender and with loss, it was those who spoke to somebody after the crime that appeared to be worse affected than those who did not speak to anybody. This result was rather surprising. It had been originally proposed that those who sought and

gained social support in the aftermath of the crime would show a lower level of effect than those with no social support. The positive influence of social support was similarly noted by Denkers (1996). This did not appear to be the case in the *Crime Impact Survey*. Indeed, in all three cases where an interactive effect was found for social support and either relationship to offender or injury, the results all indicated the same thing; those who spoke to somebody suffered higher levels of effect. It is possible, however, that those who thought to speak to somebody else after the crime were those who suffered crimes of a more serious nature, and therefore crime type could be exerting a hidden factor in this case. The real reason for such a result, however, remains unclear.

Relationship to offender was present in two other strangely significant interactive effects. Firstly, the interaction of relationship to offender and previous victimisation had a significant effect on mental health, but the group worst affected were those who knew the offender and had *not* been previously victimised. Secondly, the interaction of relationship to offender and involvement with the criminal justice system had a significant effect on general effects, but the group worst affected were those who were dissatisfied with the Gardai and did *not* know the offender.

In three cases, the use of the “approach” coping mechanism appeared to be present in the group of respondents who were the most affected. The interaction of relationship to offender and coping mechanism had an almost significant effect on emotional symptoms, but those most badly affected were those who knew the offender and used the “approach” mechanism. The interaction of loss and coping mechanism had a significant effect on emotional symptoms and on mental health effects, but those most badly affected were those who did not suffer loss and who used the approach mechanism.

It had been hypothesised that the presence of loss would have exacted a higher level of effect on the victim, but the investigation of linear relationships in Results - Part 2 showed that this was not really the case. Similarly, although it was believed that using a more positive, “approach-based” coping mechanism would help to combat the impact of victimisation, coping mechanism was not found to have any effect on victimisation impact either. And although an interactive effect was discovered between the two variables, it seemed to be those who did not suffer loss rather than those who did, and those who used the “approach” mechanism rather than those who did not, who were the most badly affected.

Loss was present in another strangely significant interactive effect. An interactive effect was discovered between loss and marital status on emotional effects, but the group worst affected were those who were single and did *not* lose anything.

In total, from Table 4.6, there were nine “strangely significant” results, or results that were significant but not in the direction that one would expect. These were organised in such a way that they fall *below* the shaded line in the matrix. The results that were significant but in the expected direction are organised above the shaded line.

It is important to record all significant results, whether expected or not, and not to discard seemingly significant results that do not lend support to one’s hypotheses. However, the number of significant results that were difficult to interpret (9 out of 19) and indeed, the number of results that actually came out as being significant at all (19 out of over 150) may mean that the subject sample in the *Crime Impact Survey* (N=132) was too small for multivariate analyses. There may also have been missing values present, due to the fact that the more variables being analysed, the greater the chance

that some values might be missing or some questions in the questionnaire unanswered.

Another problem presents itself when using multivariate analysis techniques. Variables have to be broken down into as few categories as possible, to make it easier to interpret the results and to make the differences between groups more distinctive. However, reducing categories in this manner can turn rich and descriptive data into black and white categories, thus defeating the purpose of gathering such rich data in the first place. In the *Crime Impact Survey*, it was sometimes difficult to reduce categories. For example, it was felt by the researcher to be inaccurate to further reduce the six categories of previous victimisation type into one or two and to lose the additional categories, or to reduce the five categories of coping mechanism into less. A reluctance to do so may have reduced the chances of finding significant results, certainly, but it does mean that when a result comes out as being clearly significant, then the significance is so strong that it appears clear despite the number of categories of variables involved. It is better to have fewer significant results, but results that the researcher can have absolute confidence in, than lots of significant results but from dichotomous categorical variables that may not fully reflect the real data.

Crime Impact Survey

Section 5 - Conclusion

In conclusion, the results of the *Crime Impact Survey* support the multifactorial Model of Aetiology and Manifestation of Crime Impact (Fig. 1.7). Pre-crime, crime and post-crime factors all contribute to how a crime affects a victim. There are many ways in which the effects can be manifested; through general, emotional, behavioural, cognitive or mental health effects. The presence of many significant linear relationships lent support to the Model, and the presence of some significant multivariate relationships suggest that sometimes it can be a combination of factors that produce an effect.

Some interesting features emerged from the *Crime Impact Survey*. Concurrent life stressors, the use of the belief in a just world to attribute self-blame and coping mechanisms were studied for the first time. The results indicated that the presence of concurrent stressful events added to the negative effects of the crime. Results also suggested that those who attributed some degree of self-blame suffered less adverse affects than those who believed there was nothing they could have done to prevent the crime from happening.

Although pre-crime, post-crime and most importantly, crime factors each contribute to the manifestation of negative effects, it is the combination of some or all factors that result in such heterogeneity of effect. It is important for the causes and manifestations of crime to be taken in a multifactorial context. The use of the multifactorial model in helping victims of crime will be further discussed in Chapter 6 – *Helping Victims of Crime: An Integrative Framework*.