Meeting the Needs of Victims: An Examination of Victims’ Coping Strategies and Victim Services in Canada

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Meeting the Needs of Victims: An Examination of Victims’ Coping Strategies and Victim Services in Canada

by

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THESIS

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Abstract

Victimization creates harms that can take an emotional and financial toll on victims and their communities. As a result of the trauma, many victims will have physiological, safety, and emotional needs that require support. All community members benefit when victims can receive support that meets the needs generated by the harms of a victimization. This mixed-methods study using Canadian data examines what factors contribute to victims engaging in behavioural changes to meet their safety needs, and explores how Victim Service workers view their role in assisting victims to meet their needs. Using data from the 2014 General Social Survey, Study 1 explores the factors that predict the extent to which victims will utilize crime prevention strategies to increase their personal safety. Two multiple regression analyses, one for victims of violent crimes and one for victims of non-violent crimes, found that age, gender, family income, greater number of victimizations, long-term emotional impact of the victimization, and personal satisfaction with safety from crime are the strongest predictors of victims undertaking crime prevention strategies to meet their security needs. When victims’ needs exceed their own coping strategies, victims might seek assistance from social supports. To learn more about social supports available to victims, Study 2 was conducted to examine how professional practices impact access to Victim Services, how the process of providing support reflects the definition of victim being used, and the best practices for providing support to victims of crime. Through in-depth interviews with eight Victim Service workers, several barriers emerged that demonstrated that victims experience unequal access to support. In addition, when Victim Services provide support that does not acknowledge the victim’s previous victimizations and experience of trauma, Victim Service workers experience greater challenges in helping victims meet their needs. Based on the findings from both studies,
directions for future research and policy recommendations to create a better match between victims and their ability to receive support are proposed.
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“No one is prepared to become a victim of crime. It is a traumatic and difficult experience” (Ontario Ministry of the Attorney General, 2015). Victims experience the trauma of crime on their physical, emotional and financial well-being. Research with victims has found that 90% of victims report being emotionally affected by their experience of victimization (Hoyle, 2012). In addition, the mental well-being of victims deteriorates within the first three months following a victimization, and there can be long-term consequences for their psychological and physical health (Alvidrez et al., 2008; Bryce et al., 2016; Cornaglia, Feldman, & Leigh, 2014; Quinn & Brightman, 2015). As a result of the harm to a victim’s well-being, needs will emerge that require attention. When victims cannot meet their needs by utilizing their own coping strategies and the support of their family and friends, they might seek external support from social services.

Social services can assist with meeting the needs of victims to minimize the risks of long-term distress and future victimization. Victim Services are one way in which the Canadian government provides external support that acknowledges society’s responsibility in assisting victims of crime (Weed, 1997). Victim Service workers are tasked with providing short-term emotional support, community referrals and financial compensation to meet the needs of victims (Ontario Ministry of the Attorney General, 2015).

The negative effect of crime on victims and their families is well documented (Barkworth & Murphy, 2016; Dinisman & Moroz, 2017; Mawby, 2016; Mossman, 2012; Ruback, Clark & Warner, 2014; Tan & Haining, 2016; Wilson, Fauci, & Goodman, 2015). However, further research on the needs of victims and how these needs are (or are not) met is required (ten Boom
& Kuijpers, 2012). Effectively meeting the needs of victims is important because the tangible and intangible costs of crime in Canada has been estimated at $99.6 billion, of which 83% is borne by victims (Johnston-Way & O’Sullivan, 2016). These costs include pain and suffering, increased fear of crime, lost productivity, and an overall decrease in quality of life for victims, which also negatively impacts their families and communities. Research that examines how to effectively support victims can help to minimize the costs of crime within Canada.

The purpose of this mixed-methods study is twofold: first, it aims to better understand what individuals do to meet their own needs after being the victim of a crime. Study 1 uses data from the 2014 General Social Survey (GSS) to determine what factors best predict whether a victim will engage in crime prevention strategies to cope with the trauma of crime. When victims are unable to successfully meet their needs on their own, they might seek support from social services. The second aim of this study is to better understand the nature of support offered through Victim Services. Through semi-structured interviews with Victim Service workers, Study 2 explores the following three research questions: (1) How do professional practices and policies impede or facilitate access to Victim Services? (2) How does the process of providing support reflect the definition of victim being used? and (3) What are the best practices for providing support to victims of crime?

In what follows, the Literature Review establishes who is at risk of victimization, the harms caused by victimization, and the needs resulting from those harms, to establish what strategies victims might use to meet their needs. In addition, it presents how Victim Services is tasked with meeting the needs of victims. The second section provides a description of Study 1 including the procedure used to analyze the GSS, the variables created to conduct the analysis, the results of the multiple regression analyses, and a discussion of the findings. Study 2 is
presented in the third section which begins with an overview of Constructivist Grounded Theory (Charmaz, 2014), the methodological approach used for the study. The section also presents the findings from the interviews and discussion of how those findings explore the experience of Victim Service workers with respect to the three research questions. Lastly, the Conclusion section provides an overview of the major quantitative and qualitative findings derived from this program of research and how the findings interact to contribute to a greater understanding of victim’s needs and supports following a victimization. The final section concludes with a discussion of limitations, directions for future research, and policy implications of the research.

**Risk of Victimization**

When examining victim’s needs, it is important to define what is meant by the term victim and who is at the greatest risk of experiencing a victimization. According to the United Nations’ *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, the term victim means:

persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights… The term “victim” also includes, where appropriate, the immediate family or dependents of the direct victim. (United Nations, 1985)

The United Nations’ broad definition acknowledges that direct victims and their families can suffer harms as a result of a victimization. In addition to the suffering of harms, a second criterion for the victim label is generally that the harms be of an unjust nature (Elias, 1986; Holstein & Miller, 1990). Defining who is a victim is necessary because the definition determines who is accorded rights as a victim and, thus, is eligible for Victim Services (Mossman, 2012).
The risk of experiencing an unjust harm is not evenly distributed throughout society. Although victimology research has demonstrated that “victimization is harder to predict than offending” (Lauritsen, 2010, p. 506), there are groups of individuals who face a greater risk of victimization than other individuals. Of the 6.4 million victimizations reported on the 2014 General Social Survey, 2.4 million were reported by individuals who experienced two or more victimizations within the previous 12 months (Perreault, 2015). This means that a small group of victims account for a disproportionate amount of victimization incidents in Canada. Ultimately, the best predictor of victimization is having suffered a previous victimization (Kilpatrick & Acierno, 2003; Lauritsen & Quinet, 1995; Lowe et al., 2015; Ruback et al., 2014).

In addition to previous victimizations, there are several other factors that increase an individual’s risk of victimization. Analyses of the most recent nationwide victimizations surveys from Canada (Perreault, 2015), England (Hoyle, 2012; Tan & Haining, 2016), Australia (Cornaglia, Feldman, & Leigh, 2014) and the United States (Daigle & Fisher, 2013) found the following characteristics increase an individual’s victimization risk: being single, being a youth, identifying as Aboriginal (in Canada), being homosexual or bisexual, engaging in frequent evening activities, frequent alcohol consumption, unstable housing, and having a lower socio-economic status.

In Canada, a link between class and victimization exists on all GSS dating back to 1983 (Nazaretian, 2014). The link between class and victimization, and the rate of repeat victimization, means that the needs of victims are rarely generated by a single event. Instead, inherent disadvantage heightens an individual’s risk of victimization, and it is within this context of socio-economic struggle that social services should focus their support to meet the needs of victims (Mossman, 2012).
Impact of Victimization

Victims of crime experience the effect of a crime in a variety of ways. The variation in impact occurs because “being a victim is not a thing, an objective phenomenon. It will not be the same to all people in situations externally described as being the same. *It has to do with the participant’s definition of the situation*” (Christie, 1986, p. 18; italics in the original). In addition, the effect of crime does not necessarily correspond to the seriousness of the crime, but, rather, will be an individualized experience mediated by several factors (Brennan, 2016; Mawby, 2016; Mossman, 2012; Wedlock & Tapley, 2016). These factors can include whether the crime was violent, whether personal contact occurred between the victim and offender, whether the victim and offender knew each other prior to the crime, and the duration of the victimization. As a result, there are victimizations that “seem trivial to some [but] would be serious to others” (Young, 1988, p. 173). The variation in impact of crime mediates a victim’s motivation to cope with the harms experienced after the victimization (Tan & Haining, 2016). When assisting victims to meet their needs, Victim Service providers should understand the subjective nature of victimization and adjust their support accordingly.

The impact of victimization can cause victims and their families to suffer physical, financial, and psychological harms (Quinn & Brightman, 2015). Physical harms can result in a temporary or permanent decrease in the victim’s quality of life when they require medical treatment or develop chronic medical conditions because of physical injuries suffered during the crime (Johnston-Way & O’Sullivan, 2016; Kirkland & Mason, 1992; Lurigio, 2014; McCollister, French & Fang, 2010; Miller, Cohen & Rossman, 1993; Oilman & Siegel, 1996). Financial harm can result from the cost of seeking medical treatment for physical injuries. In addition, other monetary losses that result from a crime can include paying for mental health or counselling
support and replacing damaged or stolen property (Mummert, 2014). In addition, some victims move residences because of their victimization or purchase devices to protect themselves from subsequent victimizations (Ruback et al., 2014; Tan & Haining, 2016). The factors that predict which victims are motivated by their victimization experience to invest in crime prevention strategies are explored further in Study 1.

The psychological harm of crime can impact an individual’s mental well-being and put a strain on their interpersonal relationships. In Canada, 31% of victims reported that their victimization caused them depression, anxiety attacks or symptoms related to potential post-traumatic stress (Perreault, 2015). Post-traumatic stress disorder (PTSD) is diagnosed when an individual is exposed to actual or threatened death or serious injury to oneself or others that results in on-going negative thoughts, feelings and behaviours related to the event (American Psychiatric Association, 2013). In a meta-analysis of victimization studies conducted in the United States, Kilpatrick and Acierno (2003) found that crime victims had higher rates of current and lifetime PTSD than did non-crime victims. Factors found to increase the risk of developing PTSD following a traumatic event include being female and/or a member of an ethnic minority, exposure to previous traumatic events, history of mental illness, childhood trauma, substance abuse problems, lower socioeconomic status and homelessness (Dinisman & Moroz, 2017). It is important to note that the factors that contribute to a greater risk of psychological harm following a crime are closely related to the general risk factors for victimization identified above.

Although the physical, financial and psychological harms are discussed as three separate areas, they rarely occur in isolation. It is more likely that a victim experiences a mixture of these harms at any given time and it is this combination of harms that can have an overall negative impact on the quality of life for the victim and their family (Mossman, 2012).
Needs of Victims of Crime

Victims of crime have a variety of needs because of the harm caused by crime. To cope with these harms, some victims can rely on their existing social network for support. However, some victims have needs that extend beyond the emotional and financial capabilities of their family and friends (Dinisman & Moroz, 2017; Freeman, 2013). In victimology research, needs are defined as issues for which the victim must rely on help from another person who can provide assistance in areas that require specialized knowledge and/or skills (ten Boom & Kuijpers, 2012). In a meta-analysis of 33 empirical studies examining the needs of victims, ten Boom and Kuijpers (2012) identified the following most cited categories of needs: primary, practical, financial, emotional, and needs concerning criminal proceedings.

The six categories of needs identified by ten Boom and Kuijpers (2012) are reminiscent of Maslow’s hierarchy of needs. In A Theory of Human Motivation, Maslow (1943) introduced a psychological framework of needs to understand how the desire to satisfy these needs motivates human behaviour. Maslow identified five needs in a hierarchical order: (i) physiological, (ii) safety, (iii) love, (iv) esteem, and (v) self-actualization. A detailed discussion of each need is presented below. In addition to the existence of these needs, Maslow argued that a need will express itself only after the satisfaction of needs lower on the hierarchy, and that behaviours used to meet one need are not isolated from the drives to meet other needs. The linkage of Maslow’s hierarchy of needs (discussed in more detail below) to the needs that emerged in previous victimology studies is useful to understanding how victims cope with the trauma from crime, and how those coping strategies might impact a victim’s ability to be referred to, informed about, or access social supports, such as Victim Services.
Physiological and safety needs. The most fundamental needs identified by Maslow (1943) are physiological and safety. Physiological needs concern the most basic requirement humans need to survive: food (Maslow, 1943). Maslow identified safety needs as a close second to food, stating:

Practically everything looks less important than safety, (even sometimes the physiological needs which being satisfied, are now underestimated). A man, in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone. (1943, p. 376)

With respect to victims, the need for safety is expressed as protection from a subsequent victimization and is frequently the most common need reported by victims (Brickman, 2002; Davis, Lurigio & Skogan, 1999; Dinisman & Moroz, 2017; Madoc-Jones, Hughes & Humphries, 2015). Victims often report that eliminating their fear of a subsequent victimization and meeting their practical needs (housing, food, and income support) are more important than seeking emotional support for the other harms of victimization (Ford-Gilboe et al., 2015). In line with Maslow’s hierarchy, victims express the need for security above all other needs (Tan & Haining, 2016). In addition, victims report an expectation that external supports, such as Victim Services, will assist them in meeting their security needs when their own strategies feel insufficient (ten Boom & Kuijpers, 2012).

Love needs. The need for love, affection, and belongingness will emerge once the physiological and safety needs are stabilized (Maslow, 1943). Victims of crime express Maslow’s love need through their emotional needs after a victimization. Previous research found that victims expressed a need to have someone to talk to about the full impact of the crime (Dinisman & Moroz, 2017; Freeman, 2013; Stuebing, 1984). The emotional harm caused by
crime, as described above, negatively affects the victim’s ability to relate to others (Zaykowski, 2014). When Victim Service workers provide empathic support, they can assist in meeting a victim’s emotional needs (Mossman, 2012). How Victim Service workers understand their ability to provide empathic support is examined in Study 2.

**Esteem needs.** According to Maslow (1943), the esteem need relates to a feeling of self-worth about ourselves and for the esteem of others. When the esteem need is not met, Maslow argues that feelings of inferiority, weakness and helplessness will follow. Victims often report feelings of humiliation, a sense of powerlessness, sadness, and decreases in self-esteem and self-worth (Cornaglia et al., 2014; Davis, 1987; Dinisman & Moroz, 2017; Jennings, Piquero & Reingle, 2012; Kilpatrick & Acierno, 2003; Mummert, 2014; Tan & Haining, 2016; Wedlock & Tapley, 2016). The emotional impact of crime can further weaken a victim’s esteem by contributing to the development of psychiatric disorders, such as anxiety, depression, substance abuse, and PTSD (Alvidrez et al., 2008; Barkworth & Murphy, 2016; Davidson, Devaney, & Spratt, 2010; Mossman, 2012; Stimmel, Cruise, Ford, & Weiss, 2014; Walsh et al., 2012; Zaykowski, 2014).

The feeling of helplessness is related to the psychological harm of the crime, as discussed above. One way Victim Service workers begin to meet the esteem needs of the victim is by providing support that is empowering (Elliott et al., 2005). In addition, a victim’s sense of helplessness is connected to their need to be heard during criminal proceedings (ten Boom & Kuijpers, 2012). Previous research studies with victims found that victims sought justice and the ability to make sense of their experience, and that there was an expectation that participating in the criminal justice system would meet those needs (Madoc-Jones et al., 2015). Victims reported decreased emotional distress when Victim Service workers could help them navigate criminal
justice proceedings by assisting with paperwork and explaining terminology (Globokar, Erez & Gregory, 2016).

**Self-actualization.** The final need identified by Maslow (1943) is self-actualization, which relates to a person being what they were destined to be to achieve ultimate happiness. This need has no corresponding need in the victimology literature (ten Boom & Kuijpers, 2012). The lack of a corresponding need for victims is logical as Maslow argues that for a need to emerge the previous needs must be (at least partially) satisfied. As victims have unmet needs regarding their physiological, safety, emotional, and self-esteem needs following a crime, the need for self-actualization would not emerge.

Although victims’ needs have been presented as separate categories, as Maslow (1943) argued in his hierarchy, there is overlap between needs and rarely would an individual’s needs exist in only one well-defined area. It is more likely that a victim will present with a series of needs, with new needs emerging as basic needs are met (Goodman et al., 2015). Victim Service workers therefore require flexibility when assisting victims, so that new needs can be addressed as they emerge.

In addition to a victim’s complex series of needs, the needs resulting from the harms of victimization are not felt by the direct victim in isolation. The impact of victimization is also experienced by the victims’ families, their communities and society as whole (Johnston-Way & O’Sullivan, 2016). The far-reaching harms of crime have led to an understanding that victimization demands public action to respond to these harms (Weed, 1997).

**Overview of Victim Services**

The rising social consciousness about the harms caused by victimization gained traction in the early 1980s with the start of the victims’ movement in Canada (Victims of Violence,
2014). In response, the Canadian government established Victim Services to support victims in the aftermath of a crime (Department of Justice Canada, 2004). The creation of Victim Services is an indication to victims that they have a legitimate claim on community resources and that society cares about their well-being (Jägervi, 2014; Mawby, 2016; Simmonds, 2013; Stuebing, 1984). Given the extensive impact of harms caused by victimization, the connection between personal troubles and community resources is necessary to meet the needs of victims and their families following a crime.

By offering support to victims of crime and tragic circumstances, Victim Services aims to lessen the impact of trauma and assist victims in accessing appropriate community services (Ontario Ministry of the Attorney General, 2015). Victim Services aims to meet the needs of victims by offering short-term emotional and practical support through crisis lines, telephone support and one-on-one in-person support. The agencies also send workers to provide immediate assistance at crime scenes and death notifications, provide referrals to other community agencies, and assist victims in accessing government funded financial compensation programs (Allen, 2014; Bryce et al., 2016; Freeman, 2013; Langston, 2011; Lowe et al., 2015).

Since 2003, Statistics Canada has conducted the Victim Services Survey (VSS) on a biennial basis to collect information on the provision and use of Victim Services (Allen, 2014). On the 2011-2012 VSS, 193 Victim Service providers in Ontario reported that they assisted 135,303 primary and secondary victims of crime (Mulligan, 2014). The providers reported that 75% of all the individuals supported were female, and that 75% of all individuals were victims of violent crime. The Ontario-based Victim Service agencies spend their resources providing the following services to clients: crisis-related (96%), participation-related (86%), information (court or justice-system related) (79%), medical-related (60%), shelter-related (53%), counselling
services (45%), and compensation services (37%) (Mulligan, 2014). The reported percentage of resources allocated to each area of service by Victim Services are in the reverse order of the needs of victims discussed above. For example, Victim Services reported that participation-related support had more resources allocated to it than shelter and compensation services. However, victims report prioritizing their practical and security needs above their participation (esteem) needs. Study 2 examines the disparity between these allocations in greater detail.

**Meeting the Needs of Victims of Crime**

The creation of Victim Services supports the notion that the harms caused by victimization are a public concern. However, despite the intention of the Canadian government to offer these supports as an equitable and accessible social safety net for Canadians, there are significant access barriers (Ford-Gilboe et al., 2015). On the International Crime Victim Survey (ICVS), 8% of victims of serious crimes (including Canadians) who reported the crime to the police had received specialized help, but 43% of victims who did not receive assistance expressed a need for it (Van Dijk, 2015). The most common reason for not accessing support following a victimization is lack of awareness of Victim Services (Bryce et al., 2016; McDonald & Scrim, 2011; Quinn & Brightman, 2015; Wedlock & Tapley, 2016; Zaykowski, 2014). Another barrier to accessing support identified by victims was their feeling of being too overwhelmed and traumatized in the aftermath of the crime to navigate the system of supports available (Mossman, 2012; Simmonds, 2013). Lastly, victims reported that they could not access support when their experience of victimization did not match the definition of victimization utilized by support services (Ostrowski, 2013; Walklate, 2016; Wedlock & Tapley, 2016). Whether Victim Service workers are aware of these barriers and how they might try to overcome the barriers to increase a victim’s ability to access support is explored in Study 2.
When victims are aware of Victim Services, there are still barriers to matching the needs of victims with services provided. According to Mossman’s (2012) meta-analysis of victimology research, services allocated purely by crime type or victim type missed other victims with significant needs. For example, an elderly victim of a property crime with a strong support network and sufficient resources might be less vulnerable and more resilient than a young male victim of violent crime (Wedlock & Tapley, 2016). However, the elderly victim may be offered more access to support services than the young male victim based on assumptions of vulnerability (Aihio, Frings, Wilcock, & Burrell, 2016). The subjective nature of victimization means that victim’s needs can only be measured by what victims say their needs are (Madoc-Jones et al., 2015). In order to meet the needs of victims, Victim Service workers, and other individuals tasked with assessing victims’ needs (such as police officers) should provide an opportunity for victims to express their needs.

**Research Overview**

This program of research is a two-fold exploration into the factors that motivate victims to meet their needs and what role Victim Service workers play in meeting those needs. The first study explores the relationship between the impact of victimization and behavioural changes in victims to meet their safety needs, through a secondary analysis of data from the 2014 GSS. Specifically, Study 1 examines whether age, gender, income, victimization rate, personal satisfaction with safety from crime, emotional impact of victimizations, and previous victimizations are valid predictors of engaging in crime prevention strategies. Research conducted with victims in England found that 86% of victims reported at least one psychological or behavioural change directly resulting from their victimization (Tan & Haining, 2016). Study 1 is the first to conduct a similar analysis with Canadian data.
For some victims, the psychological and behavioural changes they engage in to cope with the crime will not be sufficient to overcome the harms they experienced. When the harms experienced by the victim exceed the capacity of the victim and their support network, they are left with unmet needs (Aihio et al., 2016; Brickman, 2002; Mawby, 2016). Meeting the unmet needs of victims often requires specialized knowledge or skills (ten Boom & Kuijpers, 2012). According to the Ontario Ministry of Attorney General (2015), the purpose of Victim Services is to provide specialized knowledge and skill to assist victims in meeting their needs.

The aim of the second study is to explore Victim Service workers’ understandings of victimization and experiences of assisting victims to meet their needs. Utilizing a Constructivist Grounded Theory approach (Charmaz, 2014), Study 2 addresses the following three research questions: (1) How do professional practices and policies impede or facilitate access to Victim Services? (2) How does the process of providing support reflect the definition of victim being used? (3) What are the best practices for providing support to victims of crime?
Study 1: What Victims do to Meet their Own Needs

Being the victim of a crime can result in physical, financial and psychological harms that generate needs. One of the psychological harms experienced by victims is the fear of a subsequent victimization. As a result of this fear, victims may prioritize their security needs above other needs following the victimization. One way victims may try to ensure their security is to use crime prevention strategies such as taking a self-defense course or installing burglar alarms in their home. The factors that might determine to what extent victims engage in these behavioural changes might include their financial ability to invest in crime prevention devices, and how emotionally impacted they are by the victimization. Understanding what factors increase the likelihood of engaging in behavioural changes to cope with needs resulting from a victimization can help Victim Service workers to tailor their support.

Using data from the 2014 General Social Survey (GSS), this study examined various factors that might predict the use of crime prevention strategies by victims to meet their security needs after being victimized. These factors include age, gender, median family income, the number of victimizations experienced in a year, the emotional impact of the victimization, and personal satisfaction with safety from crime. Because these strategies might differ depending on the type and severity of the victimization, two separate regression models were run: one for victims of violent crime and one for victims of non-violent crime. By identifying the predictors of behavioural changes to protect oneself from subsequent victimizations, this study aimed to better understand how victims meet their own needs.

Method

Procedure. Data for this study came from the 2014 GSS, a telephone survey conducted by Statistics Canada every five years. For the 2014 GSS, data collection took place between
January 1, 2014 and January 17, 2015. The main objective of the victimization cycle of the GSS is to collect information about how Canadians perceive crime and the criminal justice system, and to capture information on their experiences of victimization (Statistics Canada, 2015). The GSS is the only national survey of self-reported victimization (Victims of Violence, 2014) and allows for estimates of the numbers and characteristics of victims and criminal incidents that are reported to the police and those that are unreported.

The GSS asks individuals about incidents of victimization, the emotional impact of that victimization, perceptions of safety, use of crime prevention strategies, and referrals to and contact with Victim Services. Responses from the survey are stored in two separate data files. The main data file contains answers to all questions on the survey, regardless of the respondent’s victimization status. The second data file contains responses to an incident-specific questionnaire, which is only triggered if a respondent reports a victimization on the main survey. Data regarding a respondent’s age, gender, median family income, type and number of victimizations, and personal satisfaction with safety from crime was gathered from the main data file. Using the respondent’s record ID, their answers regarding the emotional impact of the victimization was gathered from the second data file.

For the purposes of this study, victimizations were divided into two categories: violent and non-violent. Violent victimizations include: sexual assault, robbery, and physical assault. Non-violent victimizations include: theft of personal property, break and enter, theft of motor vehicle or parts, theft of household property, and vandalism. The victimizations were divided in this way because previous research has demonstrated that the demographics of individuals who experience a victimization and the emotional impact of that victimization differs depending on whether the victimization was violent or non-violent (Aihio et al., 2016; Cornaglia et al., 2014;
Mossman, 2012; Zaykowski, 2014, Zweig & Yahner, 2013). Spousal incidents are excluded from all analysis because of the cyclical nature of spousal violence and the difficulty of delineating spousal violence into discrete incidents. In recognition of the difficulty of separating incidents of spousal violence, the GSS used a different methodology to collect data on violence between spouses (Perreault, 2015).

The GSS datasets were accessed through the South Western Ontario Research Data Centre (RDC). To ensure confidentiality of the respondents, their names had been removed from the datasets used in this analysis. All statistical analyses were conducted on-site using SPSS v.22 for PC. As recommended by Statistics Canada (2015), all analyzed data was weighted using the Person Weight provided within the GSS datasets. The GSS uses probability sampling and the Person Weight is the estimated number of people in the population represented by the respondent in the sample. The weight was standardized and applied to each variable. The released weighted data reported below was vetted by the RDC analyst to ensure the confidentiality of the respondents. Statistics Canada establishes minimum cell counts for all frequency data to ensure that no single respondent can be identified if they have demographics that are rare in the population. For example, the range of ages of respondents cannot be released, as the highest number may identify a single respondent.

Participants. The target population for the GSS is the Canadian population aged 15 and over, living in the provinces and territories. Canadians residing in institutions are not included. According to Statistics Canada (2015), 33,127 respondents completed the survey. In order to ensure comparability across Study 1 and 2, for the present study, respondents under the age of 18 were excluded from the analysis because the Victim Services agencies studied in Study 2 provide
service to adults only. In addition, the analysis includes only data from the 10 provinces. GSS data was collected from the three territories at a different time (Statistics Canada, 2015).

**Measures.** A number of composite variables were created from the existing survey questions.

**Crime prevention scale.** The Crime Prevention Scale consists of six questions assessing what, if any, crime prevention strategies the respondent engaged in. For example, respondents were asked if they had ever changed their routine, installed new locks, or taken a self-defense course to protect themselves or their property from crime (see Appendix A for a complete list of the questions). Respondents could answer with Yes or No. The responses were coded so that 1 indicated Yes and 0 indicated No, and then summed. Higher values indicate a greater number of crime prevention strategies used by the respondent.

**Gender.** Gender was measured using a dichotomous variable, with 0 indicating male and 1 indicating female. The GSS does not provide respondents the opportunity to select a non-binary gender option.

**Median family income.** Median family income was measured using data derived from respondent’s 2010 tax records (T1, T1FF or T4). Respondents were made aware of the linkage to their tax records before and during the survey (Statistics Canada, 2015).

**Total violent victimizations.** Respondents indicated how many times during the previous year they had experienced the following violent crimes:

1. Sexual assault: Forced sexual activity, attempted forced sexual activity, unwanted sexual touching, grabbing, kissing or fondling, or sexual relations without being able to give consent.
2. Robbery: Theft or attempted theft in which the offender had a weapon or there was violence or the threat of violence against the victim.

3. Physical assault: An attack (victim hit, slapped, grabbed, knocked down, or beaten), a face-to-face threat of physical harm, or an incident with a weapon present.

The sum of the respondents’ reported victimizations was calculated to create the Total Violent Victimization variable, where a higher number indicates a greater number of violent victimizations experienced by the respondent. Only respondents with 18 or fewer violent victimizations were included in the regression model. A cut-off on total number of violent victimizations was chosen to ensure generalizability of the results. The cut-off of 18 was determined by calculating two standard deviations above the mean number of violent victimizations within the entire adult sample. Respondents with more than 18 violent victimizations represent a small percentage and experience a level of risk that is not reflective of the general population.

**Total non-violent victimizations.** Respondents indicated how many times during the previous year they had experienced the following non-violent crimes:

1. Theft of personal property: Theft or attempted theft of personal property such as money, credit cards, clothing, jewelry, purse or wallet. Unlike robbery, the offender does not confront the victim.

2. Break and enter: Illegal entry or attempted entry into a residence or other building on the victim’s property.

3. Theft of motor vehicle or parts: Theft or attempted theft of a car, truck, van, motorcycle, moped or other vehicle, or part of a motor vehicle.
4. Theft of household property: Theft or attempted theft of household property such as bicycles, electronic equipment, tools or appliances.

5. Vandalism: Willful damage of personal or household property.

The sum of the respondents’ reported victimizations was calculated to create a Total Non-Violent Victimizations variable, where a higher number indicates a greater number of non-violent victimizations experienced by the respondent. Only respondents with 10 or fewer non-violent victimizations were included in the regression model. The cut-off of 10 was determined by calculating two standard deviations above the mean number of non-violent victimizations within the entire adult sample. As with the violent victimizations, a cut-off was used because individuals with 11 or more non-violent victimizations appear to experience a level of risk that is different than the general population.

**Satisfaction with personal safety from crime.** Satisfaction with Personal Safety from Crime was assessed using the respondent’s answer to the following question: In general, how satisfied are you with your personal safety from crime? Respondents answers were recorded using a 5-point Likert Scale (1 = Very Satisfied to 5 = Very Dissatisfied). For the regression model, the scale was recoded so that a higher score on the scale indicated a greater level of satisfaction with personal safety from crime.

**Short-term emotional impact scale.** Short-term emotional impact from the victimization was measured with 15 questions regarding the emotional impact of the victimization at the time that it occurred. For example, respondents were asked whether they felt angry at the time of the incident (see Appendix A for a complete list of questions). Respondents could answer with Yes or No. The responses were coded so that 1 indicated Yes and 0 indicated No. The sum of the
respondents’ answers was calculated to create the Short-term Emotional Impact Scale, with higher values indicating that the victimization had a greater emotional impact.

**Long-term emotional impact scale.** Long-term emotional impact was measured with four questions regarding the longer term emotional impact of the victimization. For example, respondents were asked whether, in the past month, they had nightmares about the incident they experienced (see Appendix A for a complete list of questions). Respondents could answer with Yes or No. The responses were coded so that 1 indicated Yes and 0 indicated No. The sum of the respondents’ answers was calculated to create the Long-term Emotional Impact Scale, with higher values indicating that the victimization had a greater long-term emotional impact for the respondent.

**Total previous violent victimization.** Previous violent victimization was measured by creating a composite variable based on victimizations that occurred more than one year prior to the date of the survey. When asked about violent victimizations (sexual assault, robbery, and physical assault), respondents were asked whether the incident occurred during the previous year. If the incident occurred more than a year ago, no incident report was completed, but the victimization was recorded. The number of previous violent victimizations was recorded as a separate variable than the total number of violent victimizations calculated above. The sum of the respondents’ violent victimizations that occurred more than a year ago was calculated to create the Total Previous Violent Victimization variable, where a higher number indicates a greater number of previous violent victimizations experienced by the respondent.

**Total previous non-violent victimization.** Previous non-violent victimization was measured by creating a composite variable based on victimizations that occurred more than one year prior to the date of the survey. When asked about non-violent victimizations (theft of
personal property, break and enter, theft of motor vehicle or parts, theft of household property, and vandalism), respondents were asked whether the incident occurred during the previous year. If the incident occurred more than a year ago, no incident report was completed, but the victimization was recorded. The number of previous non-violent victimizations was recorded as a separate variable than the total number of non-violent victimizations calculated above. The sum of the respondents’ non-violent victimizations that occurred more than a year ago was calculated to create the Total Previous Non-Violent Victimization variable, where a higher number indicates a greater number of previous non-violent victimizations experienced by the respondent.

Results

Descriptive statistics. The sample of victims of all crime was 49.7% male and 50.3% female \((N = 6046)\). Of the 1607 victims of violent crime, 42.9% were male and 57.1% were female. Of the 5140 victims of non-violent crime, 51.4% were male and 48.6% were female. The average age for the sample of victims of all crime was 41.81 years \((SD = 15.72)\). The average age for victims of violent crimes was 38.30 years \((SD = 15.14; N = 1607)\). The average age for victims of non-violent crimes was 42.13 years \((SD = 15.70; N = 5140)\). The average income for respondents who were victims of violent crimes was $82,441.84 \((SD = $24,067.93; N = 1554)\). The average income for respondents who were victims of non-violent crimes was $82,232.00 \((SD = $25,198.51; N = 4985)\).

Regression models. To build the multiple regression model, a bivariate linear regression was first conducted for each predictor (age, gender of respondent, median family income, total violent/non-violent victimizations, satisfaction with personal safety from crime, short-term emotional impact scale, long-term emotional impact scale, and total previous violent/non-violent victimization) with the dependent variable (crime prevention scale). The bivariate linear
regressions were used to ensure that each variable was a statistically significant predictor of engaging in crime prevention strategies. The omnibus $F$ was significant ($p < .05$) for all variables. The omnibus $F$ result indicates that the explained variance in a set of data is significantly greater than the unexplained variance (Field, 2013). Thus, there was a good degree of prediction from these eight variables independently.

The predictor variables were then assessed for multicollinearity. Multicollinearity is a concern because highly correlated variables increase the standard error of the $b$ coefficient. In addition, variables that are highly correlated make it difficult to assess which predictor is more important in the model because the variables often account for the same variance. To assess for multicollinearity, the bivariate correlation matrix was examined for high correlations where $r > \pm .80$ (Field, 2013). As presented in Tables 1 and 2 there are no correlations high enough to indicate multicollinearity.

Table 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Crime Prevention Scale</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total Violent Victimizations</td>
<td>.08*</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Satisfaction with Personal Safety from Crime</td>
<td>-.39*</td>
<td>-.05</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Short-term Emotional Impact Scale</td>
<td>.11*</td>
<td>-.02</td>
<td>-.11*</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>5. Long-term Emotional Impact Scale</td>
<td>.27*</td>
<td>.12*</td>
<td>-.25*</td>
<td>.31*</td>
<td>—</td>
</tr>
<tr>
<td>6. Total Previous Violent Victimization</td>
<td>.08*</td>
<td>-.31*</td>
<td>.03</td>
<td>.01</td>
<td>-.03</td>
</tr>
</tbody>
</table>

* $p < .01$. 

Table 1

* $p < .01$. 

Violent Victimization Correlation Matrix
Table 2

Non-Violent Victimization Correlation Matrix

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Crime Prevention Scale</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total Non-Violent Victimations</td>
<td>.17*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Satisfaction with Personal Safety from Crime</td>
<td>-.35*</td>
<td>-.13*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Short-term Emotional Impact Scale</td>
<td>.15*</td>
<td>.03</td>
<td>-.11*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Long-term Emotional Impact Scale</td>
<td>.29*</td>
<td>.12*</td>
<td>-.22*</td>
<td>.21*</td>
<td></td>
</tr>
<tr>
<td>6. Total Previous Non-Violent Victimization</td>
<td>.02*</td>
<td>-.15*</td>
<td>-.07*</td>
<td>.07*</td>
<td>.11*</td>
</tr>
</tbody>
</table>

* p < .01.

**Violent victimizations.** Forced multiple regression using direct entry was conducted to determine whether age, gender, income, violent victimization rate, personal satisfaction with safety from crime, emotional impact of victimizations, and previous violent victimizations were predictive of engaging in crime prevention strategies. The regression results indicated an overall model fit of six predictors, $R^2 = .26, R^2_{adj} = .25, F(8, 849) = 37.13, p < .001$. This model accounted for 26% of the variance for victims of violent crime engaging in crime prevention strategies. A summary of the regression model is presented in Table 3.

The coefficients of the predictor variables were interpreted for their contribution to the overall model. Median family income and short-term emotional impact were not significant predictors in the final multiple regression model.

For the remaining variables, the model predicts that an increase in age, greater number of reported violent victimizations in the previous year, greater long-term emotional impact of the victimization, and greater number of previous violent victimizations will result in a greater
number of crime prevention strategies utilized by the respondent. The model also predicts that a decrease in the respondent’s personal satisfaction from crime will correspond with an increase in the number of crime prevention strategies. Lastly, the model predicts that female respondents are 1.4 times more likely to engage in crime prevention strategies than male respondents. Comparing predictors, the higher standardized beta coefficient indicates that personal satisfaction with safety from crime, gender, and long-term emotional impact account for more variability of willingness to engage in crime prevention strategies than age, violent victimization rate, or previous violent victimizations.

Table 3

Summary of Multiple Regression Model for Violent Victimization (weighted)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>4.58</td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.02</td>
<td>.01</td>
<td>.08*</td>
</tr>
<tr>
<td>Gender</td>
<td>1.40</td>
<td>.18</td>
<td>.24*</td>
</tr>
<tr>
<td>Median Family Income</td>
<td>4.42</td>
<td>.00</td>
<td>.04</td>
</tr>
<tr>
<td>Total Violent Victimization</td>
<td>.12</td>
<td>.04</td>
<td>.08*</td>
</tr>
<tr>
<td>Satisfaction with Personal Safety from Crime</td>
<td>−.91</td>
<td>.09</td>
<td>−.31*</td>
</tr>
<tr>
<td>Short-term Emotional Impact Scale</td>
<td>−.02</td>
<td>.05</td>
<td>−.01</td>
</tr>
<tr>
<td>Long-term Emotional Impact Scale</td>
<td>.41</td>
<td>.08</td>
<td>.16*</td>
</tr>
<tr>
<td>Total Previous Violent Victimization</td>
<td>.43</td>
<td>.15</td>
<td>.09*</td>
</tr>
</tbody>
</table>

* p < .01.

**Non-violent victimizations.** A forced multiple regression using direct entry was conducted to determine whether age, gender, income, non-violent victimization rate, personal satisfaction with safety from crime, emotional impact of victimizations, and previous non-violent victimizations were predictive of engaging in crime prevention strategies. The regression results indicated an overall model fit of five predictors, $R^2 = .25$, $R^2_{adj} = .25$, $F(8, 2872) = 118.57$, $p <$
.001. This model accounted for 25% of the variance for victims of non-violent crime engaging in crime prevention strategies. A summary of the regression model is presented in Table 4.

Table 4

| Summary of Multiple Regression Model for Non-Violent Victimizations (weighted) |
|---------------------------|---|---|---|
|                           | B  | SE B | β  |
| Constant                  | 5.00 | .34 |     |
| Age                       | −.00 | .00 | −.01|
| Gender                    | 1.26 | .09 | .23*|
| Median Family Income       | 7.00 | .00 | .06*|
| Total Non-Violent Victimizations | .24 | .04 | .11*|
| Satisfaction with Personal Safety from Crime | −.93 | .06 | −.29*|
| Short-term Emotional Impact Scale | .05 | .04 | .02 |
| Long-term Emotional Impact Scale | .71 | .06 | .21*|
| Total Previous Non-Violent Victimization | .13 | .12 | .02 |

* p < .01.

The coefficients of the predictor variables were interpreted for their contribution to the overall model. Age, short-term emotional impact, and previous non-violent victimization rate were not significant predictors in the regression model.

For the remaining variables, the model predicts that an increase in median family income, greater number of reported non-violent victimizations in the previous year, and greater long-term emotional impact of the victimization results in a greater number of crime prevention strategies utilized by the respondent. The model also predicts that a decrease in the respondent’s personal satisfaction from crime will correspond with an increase in the number of crime prevention strategies. Lastly, the model predicts that female respondents are 1.3 times more likely to engage in crime prevention strategies than male respondents. Comparing predictors, the higher standardized beta coefficient indicates that personal satisfaction with safety from crime, gender,
and long-term emotional impact account for more variability of willingness to engage in crime prevention strategies than median family income, and non-violent victimization rate.

**Discussion**

Two regression analyses were conducted in order to explore the relationship between the impact of victimization and likelihood of engaging in crime prevention strategies, one for violent victimization and one for non-violent victimization. For both models, significant predictors of increased use of crime prevention strategies are a larger number of reported victimization incidents in the previous 12 months, greater long-term emotional impact of victimization, less personal satisfaction from crime and being female.

The violent victimization model also revealed that a greater number of previous violent victimizations resulted in a greater number of crime prevention strategies utilized by the respondent. However, the same was not true for the non-violent victimization regression model. Previous research found a similar effect where victims of violent crimes experienced more significant long-term emotional impacts than victims of non-violent crimes (Cornaglia et al., 2014). In accordance with Maslow’s hierarchy of needs, the increase in emotional impact might create a stronger motivation in victims of violent crimes to meet their security needs, thus, engaging in more crime prevention strategies.

The second difference between the two models relates to median family income. The higher a family’s income, the more likely the respondent was to engage in crime prevention strategies following a non-violent victimization. However, the family’s income level was not a significant predictor for crime prevention strategies following violent victimizations. Since non-violent victimizations are property-related offences, the result suggests that individuals who are
financially able to afford more expensive items are also more likely to invest in strategies (burglar alarms, moving, etc.) to protect those items from future thefts.

Lastly, age was a significant predictor for crime prevention strategies for respondents who experienced violent victimizations but not for respondents who experienced non-violent victimizations. The ability to implement some of the crime prevention strategies included in the survey, such as moving, requires a level of autonomy that increases with age. The impact of a violent victimization combined with an increase in age may motivate more victims to meet their safety needs.

The predictors identified in Study 1 demonstrate that violent and non-violent victimizations contribute to behavioural changes in victims to meet their safety needs. These behavioural changes can include changing their daily routine, taking a self-defense course, and installing a burglar alarm. While these changes can begin to address the security needs of victims, further safety concerns and other needs for which assistance is required may emerge. Victims motivated to meet those other needs may benefit from the type of external support provided by Victim Services.
Study 2: How Victim Services Provide Support to Victims

Study 1 explored the factors that predict the extent to which victims will utilize crime prevention strategies to increase their personal safety. It was found that age, gender, median family income, the number of victimizations experienced in a year, the long-term emotional impact of the victimization, and personal satisfaction with safety from crime are the strongest predictors of these behavioural changes. Making personal changes is only one way that victims may deal with their victimization, however, and one limitation of Study 1 was that it was unable to explore the other ways that victims obtain support. In addition, safety strategies can meet basic needs, but the victims’ higher needs are less able to be met using these strategies (Maslow, 1943). Victims who have emotional and esteem needs might require assistance from external supports.

Within Canada, Victim Services exist to provide external support to victims who are impacted by crime and should be accessible to individuals within their own communities (Ontario Ministry of the Attorney General, 2015). The aim of Study 2 was to conduct interviews with Victim Service workers to explore their experiences and understanding of assisting victims to meet their needs. Constructivist Grounded Theory (Charmaz, 2014) guided the methodological approach used within this study. The data collected during semi-structured interviews was analyzed to identify emerging themes related to the following three research questions: (1) How do professional practices and policies impede or facilitate access to Victim Services? (2) How does the process of providing support reflect the definition of victim being used? (3) What are the best practices for providing support to victims of crime?
Overview of Constructivist Grounded Theory

As presented in the literature review, there is no one experience of victimization, and thus, no one form of assistance provided to victims of crime. To explore the process of providing support for a victimization, my aim was to conduct research that allowed for the acceptance of multiple truths held by the participants. In qualitative research, the subjective experiences of people is how knowledge is known (Creswell, 2013). To explore the subjective experiences of Victim Service workers, I conducted my research with a Constructivist Grounded Theory approach (Charmaz, 2014). In Constructivist Grounded Theory, data reflect the historical, social, and situational locations of both the researcher and the participant (Charmaz, 2013).

Constructivist Grounded Theory is a reflexive approach that utilizes the method of ongoing comparative analysis of data from grounded theory while drawing on pre-existing theory to identify relevant themes (Charmaz, 2014). The on-going comparative analysis of data to generate analytic insight in Constructivist Grounded Theory means that this approach is one of data generation as opposed to data collection (Mills, Bonner & Francis, 2006). The inductive nature of Constructivist Grounded Theory allows for the data to drive the findings, which enables the findings to remain as close a reflection of the participant’s experiences as possible. A reflection of the participant’s experiences is achieved by fragmenting data through coding and working with the resulting codes to construct abstract categories which enables a conceptual analysis of the data (Charmaz, 2013). Through the on-going comparative analysis, I identified common themes across interviews and constructed a conceptual map of how Victim Service workers provide support to victims of crime.

Constructivist Grounded Theory is also well suited to this area of inquiry because of the link between the research and social justice policies. The value placed on assisting victims of
crime within society influences the amount of funding Victim Services receives from the Canadian government. The inductive nature of Constructivist Grounded Theory enabled me to take “a critical stance toward social structures and processes that shape individual and collective life” (Charmaz, 2013, p. 291). The critical analysis of social structures contributes an understanding of how Victim Services perpetuate structures that affect who gains access to social supports.

Methods

At the outset of my research, I intended to explore the experiences of Victim Service workers in providing support to victims of crime. With this purpose in mind, I reviewed the existing research regarding Victim Services. I used the existing literature as a source of inspiration and critical reflection prior to developing my research questions (Thornberg, 2012). The knowledge I gained from previous research with Victim Service workers informed my decision to inquire about the processes of providing support. Based on this area of exploration, I developed the following research questions: (1) Why do individuals access Victim Services? (2) What are the best practices for providing support to victims of crime? and (3) What differences, if any, are there in supporting first time victims compared to victims of multiple victimization?

To gather data related to my research questions, I planned to interview Victim Service workers. I identified potential participants through an online resource for victims of crimes in Ontario on the Ministry of the Attorney General’s website. In addition, I conducted a general online search using the term “Victim Services”, to ensure I captured any agencies not listed on the Attorney General’s website. After obtaining ethical approval from the University Research Ethics Board (REB #5046), I sent emails to potential participants asking if they would be willing to be interviewed for my study (see Appendix B for the wording of the recruitment email).
Once a Victim Service worker confirmed their willingness to participate, we agreed on a time and location for the interview based on their preference. Prior to the start of each interview, the participant and I reviewed the Consent Form (see Appendix C). Ethical research with participants requires that their informed consent be obtained prior to the start of the interview. Informed consent is obtained when participants voluntarily participate in the research with an awareness of its purposes and procedures (Warren & Karner, 2015). To ensure participants understood what they were consenting to, I verbally explained: the purpose of my study; how I would provide confidentiality and anonymity; the potential social risks involved in participation; their freedom to skip any interview questions, or withdraw from the study at any point; and, requested permission to audio record the interview. If the participant agreed to continue with the interview, we both signed two copies of the Consent Form and each received a copy for our records. I informed participants that my copy of the signed Consent Form would be stored with my supervisor in a locked cabinet. Each participant was then assigned a number, and from that point forward in the study, the number was used to refer to the participant, to maintain confidentiality. Other steps taken to ensure the confidentiality of the participants included removing all identifying information from the interview transcripts, and referring to the agency of employment for all participants in this study as Victim Services, regardless of the agency’s name.

**Participants.** In total I interviewed eight participants from Victim Service agencies in Southern Ontario, and an organization that serves families of offenders across Canada. I conducted four in person one-on-one interviews, one joint interview, and two telephone interviews. All participants provided direct service to victims of crime through various roles.
within their agencies, ranging from front-line worker to management. Participants’ years of employment with Victim Services ranged from one year to more than 30 years.

**Interviews.** I chose qualitative interviews as the method of data collection because they allowed me to reach areas of reality that would otherwise remain inaccessible, such as Victim Service workers’ subjective experiences and attitudes (Peräkylä & Ruusuvuori, 2011). Interviews invite participants to explore the research topic from the vantage point of their experiences. All interviews were conducted using my semi-structured interview guide (see Appendix D). The open-ended questions inquired how individuals accessed Victim Services, what types of services their agency provided, what barriers they experienced when trying to support victims, and what supports they felt were missing in their community for victims of crime. Six of the interviews were audio-recorded and transcribed verbatim. I documented one interview using field notes, which I wrote after the interview concluded.

During my interviews, I gave the interview its initial direction using my interview guide, but the semi-structured emergent nature of the interview can shift control to the participant (Charmaz, 2014). Shifting control to participants can help to minimize the power imbalance that exists between researcher and participant. While it is impossible to resolve all problems of inequity that exist within the research process, being aware of them during the process of the study and analysis is important (Herzog, 2005). As recommended by Mills et al. (2006), I used the following strategies to minimize the power imbalance between myself and the participants: participants chose the day, time and location of the interview; my semi-structured interview enabled the participants to set the pace of the interview; I was flexible with the order of my questions, so that participants could take more control over the direction of the conversation; and I answered all questions the participants asked about me before, during and after the interview.
By sharing personal information with the participants, and engaging in a more give-and-take nature of interviewing, the interview became a joint production of knowledge between myself and the participant (Alldred & Gillies, 2012; Holstein & Gubrium, 1995).

**Analysis.** I analyzed all transcripts and field notes to identify themes related to why individuals access Victim Services, best practices for providing support to victims and differences in supporting first time victims compared to victims of multiple victimization. As discussed above, my analysis was conducted using the Constructivist Grounded Theory approach of fracturing data through coding and then reassembling it in a more abstract and conceptually theoretical form (Mills et al., 2006). Coding is the naming of segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data (Charmaz, 2014). I conducted my coding in three stages: (i) open, (ii) focused, and (iii) axial.

The first stage of analysis was performed through open coding of the transcripts. Open coding is the labelling of sections of data to begin identifying analytic patterns and themes (Warren & Karner, 2015). To conduct open coding, I assigned a gerund to each line of data. The use of gerunds enabled me to “envision implicit actions and to identify how they are linked” (Charmaz, 2013, p. 309). Identifying implicit actions allows the codes to remain close to the data and reflect the participant’s understanding and experience. I conducted this level of coding on two transcripts.

The second stage of analysis utilized focused codes. Informed by my review of the existing literature and identifying themes that emerged frequently in the line-by-line coding, I developed focused codes. Themes that reflected existing research and emerged from the interviews included: informing victims about services, overwhelming the victim, needing consent, fearing revictimization, empowering victims, managing policies, collaborating with
other agencies, and being accountable. I wrote clear definitions for each of the focused codes
deemed to be the most analytically interesting (Charmaz, 2014).

The final stage of analysis was the use of axial coding and creation of a concept map. Axial coding relates categories to subcategories by reassembling the data fractured during the earlier stages of coding into a cohesive framework for analysis (Warren & Karner, 2015). I drew several concept maps as I started this stage of analysis to help me visualize possible links between the focused codes (see Appendix E for one example). The links between focused codes led to the creation of thematically logical categories that grouped the strategies identified by participants for supporting victims. For example, the category of “defining victimization” emerged after analyzing subcategories related to how Victim Service workers identified victims who access their services. At this point in the analysis, I rewrote my research questions to better reflect the categories identified during axial coding (Creswell, 2013). The data appeared to be a better representation of who can access support services, how support services are provided and what the best practices are for providing support to victims of crime. The final iteration of my research questions are: (1) How do professional practices and policies impede or facilitate access to Victim Services? (2) How does the process of providing support reflect the definition of victim being used? and (3) What are the best practices for providing support to victims of crime?

Results

**Research Question 1: Impact of professional practices on access to Victim Services.**

The definition of victimization and awareness within the community emerged as a process that affects which victims gain access to Victim Services. Participants discussed how their agency’s definition of victimization established who qualified for Victim Services. Based on the qualifications for service, Victim Service workers can identify victims in need of support. The
ability to identify victims relied on overcoming several barriers that participants identified. These barriers included ensuring police officers provide referrals to victims, that victims are aware of Victim Services, and that victims are emotionally capable of accessing the agency’s services. The participants discussed how these professional practices affect the ability of victims to access Victim Services. The five main professional practices that affect access to Victim Services, identified in the transcripts, were: (i) defining victimization, (ii) identifying victims, (iii) relying on police officers to make referrals, (iv) being a well-kept secret, and (v) overwhelming victims.

**Defining victimization.** One of the processes that Victim Services engaged in that impacted access to Victim Services was defining what forms of victimization qualify an individual for support. Participants explained that the goal of Victim Services was to provide support to the largest number of victims possible. To assist the widest range of victims, Victim Service workers discussed how their agency should utilize a broad definition of victimization. According to the participants, a broad definition of victimization enables victims to self-identify as victims, places no restrictions on when the victimization occurred for which the victim is seeking assistance, and provides support regardless of whether the victimization meets the threshold for criminal charges.

The mandate of the Victim Service agency establishes how each agency defines victimization. A broad definition of victimization was one way that Victim Services ensured access to support for the greatest number of victims. The participant below shared their agency’s definition of victimization:

> So any victim, whether it is a crime victim, whether it’s somebody who has experienced tragic circumstance, it could be a traffic fatality, suicide, anything like that, and anybody who self identifies as a victim. (P04)
The agency’s definition of victimization is broad in scope because it acknowledges multiple sources of victimization (criminal and tragic circumstance), as well as self-identification as a victim. This broad definition of victimization supports Victim Services’ goal of enabling the widest range of individuals to access support services.

In addition to including self-identification in the definition of victimization, participants discussed the importance of not placing a time limit on when individuals can seek assistance. As noted in the following field note:

Their agency will provide support to anyone, based on the individual defining their own victimization. There is no mandate stating who the Victim Service can provide service to and no time frame of when the victimization had to have occurred. (P05, fieldnote)

As discussed in the literature review, the impact of crime is a non-linear process, and it may take time for victims to realize the full impact of the crime and for needs to emerge that they want to seek assistance for. Allowing victims to self-identify and access services in their own timeframe ensures support is available for the widest number of individuals possible.

Another factor in defining which victims can access support through Victim Services is deciding whether the crime should meet the threshold for criminal charges and whether the victim reported the crime to authorities. The following participant acknowledged that their agency can support victims who do not report the crime:

Anybody whose life is impacted by a crime, tragic circumstance or disaster. So it’s a pretty big list...We often will see, you know, most people report most crimes, but where you don’t get as much reporting probably is with domestic violence and sexual assaults, and they certainly don’t have to report those to police. (P06)
As identified above, to support the greatest number of victims, Victim Services should define the needs of a victim separate from the legal definition of a crime, and have no requirement that the crime be reported to police.

Although most participants discussed their agency’s use of a broad definition of victimization, two limitations of those definitions emerged. The first limitation is related to victims seeking financial assistance. Victim Services may rely on a broad definition of victimization for providing emotional support and community referrals, but the same victims do not qualify for financial compensation. The limitations to financial compensation were explained by the following participant:

… the government’s [financial assistance] program only covers crime, it doesn’t cover tragic circumstance. (P04)

Despite an agency utilizing a broad definition of victimization, there are still limitations regarding who qualifies for certain types of support from the government. The following participant provided additional examples of limitations:

Some of the big, big issues for us are that family victims are often denied access to services. So, for example, if my husband burns down our house, I am a victim in that situation but I am not eligible for my own insurance because someone who’s named in the insurance caused the harm. If it’s a crime scene, if my husband commits a murder in our house, I am not eligible from Victim Services for crime scene clean-up because even though I’m a victim in that, I’m not considered according to their criteria a true victim of crime. The murdered person is the victim of crime, I’m not by their definition a victim. (P07)
As the above participant acknowledged, the narrow definition used for financial compensation prevents Victim Services from meeting the practical needs of some victims. In addition to restricted financial assistance, another limitation identified by the above quote is access to support services for secondary victims.

During the interviews, the majority of participants only discussed providing assistance to direct victims. Despite the allowance for self-identification as a victim, the following participant explained how family members of homicide victims and offenders are frequently overlooked by Victim Services:

And then some of the other things are the shame and the stigmatization, it’s very, very hard for families to come forward. Some of them do not want to out themselves or try to come for assistance because they just feel so guilty and so ashamed that this has happened to their family and to them. They don’t feel understood. Our research tells us that a lot of family victims do not feel understood by Victim Services or victim serving organizations. So, it’s really a challenge. (P07)

The broad definition of victimization used by Victim Services does not encompass all individuals who consider themselves victims. The process of defining victimization discussed by participants aims to provide support to the widest range of victims through self-identification, with no statute of limitations on accessing support, and no legal requirement for criminal charges. However, even when operating with a broad definition, there are areas in which individuals do not qualify for support and are not identified as victims.

**Identifying victims.** Identifying victims was a second theme that emerged regarding professional processes that facilitate or impede access to Victim Services. For example, if the agency focuses on direct victims of crime only, then support workers do not identify secondary
victims of crime as victims. As discussed above, this focus impedes access to Victim Services for some individuals. The following quote demonstrates how the mandate of an agency can restrict access to Victim Services:

Secondary victims, that are not identified. So, let’s use an example of a homicide, and my partner is the one that commits the homicide. I’m not a victim. Although, my partner committed a homicide and my life is now changed forever, I’m not a victim. So, if I follow our mandate, I can support the family of the person who is killed, but I can’t really support the partner of the person who committed the crime because they’re not a victim...So I don’t think we’re really good at identifying who the victims are. (P03)

When Victim Services is unable to acknowledge an individual’s experience of victimization, they are unable to provide support to that individual, even if the Victim Service worker can identify that the person has experienced a (differently defined) victimization.

By contrast, participants in agencies that operate with a broader mandate to assist victims discussed how they provide support to a greater number of victims and contribute to crime prevention within their community. Participants discussed how the ability to provide proactive support enabled their agency to identify victims and engage in preventive strategies to minimize a person’s risk of victimization or subsequent victimization. The following participant explained how they provide support to individuals at risk of victimization:

So it could be just something different where it may be a previous victimization, or it could be a situation where it doesn’t meet the threshold for charges. Right? So that’s sort of what I mean by all victims. And there’s also individuals that have mental health issues, right? We also deal with victims, they could be on our Vulnerable Persons Registry, or Project Lifesaver, where they are vulnerable in some capacity, whether it’s a diminished
capacity, whether it’s acquired brain injury, whether it’s Alzheimer’s or anything like that, and then we provide sort of that service where we give them a bracelet or we work with them to help prevent them from going missing or something like that. So we really do the prevention piece as well. (P04)

The participant above discussed how providing a GPS-connected bracelet to individuals at a high risk of victimization or tragic circumstance provides preventative services by minimizing the number of resources that would be required if the person were to go missing. This participant also discussed their agency’s proactive definition of victimization and how that led to the addition of a Children’s Aid Society (CAS) worker to their support services:

So we have the CAS worker here and for cases like that, not just for crime, but for tragic circumstance, right, because that’s important. Young people, it puts them at risk, right? You come home and you see your Mom [committed suicide], if you don’t have a mental health issue, you will after that. Right? So it’s making sure that they get the support that they need. (P04)

When Victim Service agencies address the needs of individuals affected by tragic circumstances, and not just crimes, the agency is able to provide preventative support. Meeting the security and emotional needs of individuals in this manner can contribute to minimizing risk for subsequent victimization and in the case of youth, can also contribute to minimizing the risk of future offending. In this way, the Victim Service agency is providing both proactive and reactive support to victims.

Participants within an agency that operates with a proactive response to victimization need access to information about individuals at risk as soon as possible. When asked how agencies can identify these victims or possible victims, Participant 5 (field note) discussed how
their agency is located within Police Services, which gives their agency access to police reports. Each day Victim Service workers read the crime reports from the previous day and night, assess the potential needs of the victim, and then contact the most vulnerable victims, often identified because they experienced the most severe or violent crimes. As this participant explained, the Victim Service workers have access to the police data so that their trained workers can identify which individuals might benefit from contact with Victim Services. The identification of victims is an important process for how individuals gain access to Victim Services. This process was facilitated by agencies who use a proactive approach to understanding risk and provide support to individuals who have been impacted by tragic circumstances or are at risk for a victimization. The process of identifying victims impeded access when secondary victims were not recognized as victims and therefore, did not qualify for support.

Relying on police officers to make referrals. The most common procedure identified by participants during the interviews that impedes access to Victim Services is that the agencies’ main source of referrals is from police officers. Participants discussed how when a police officer arrives at the scene of a crime, the officer is tasked with assessing whether the victim would benefit from Victim Services. The Victim Service workers expressed concern that this assessment process limits which victims gain access to support because police officers might have different understandings of victimization and might not prioritize the needs of the victim. The following participant discussed how the different organizational mandates between Police Services and Victim Services could impede a police officer making a referral:

I think sometimes officers tend to take carriage of something and the focus becomes the case, and you know, you’ve got Victim Services saying, but wait a minute, if you understood the model of Victim Services, the true model, involving us early helps the
victim: A, know she’s supported, and B, know that she’s got someone she can talk to, and C, she’ll make a better witness for you in court because it’s going to be, you know, it’s not going to be this airy fairy thing, we can actually help you, right? If your witness or your victim goes off side, well, you don’t have a case anyway. So what’s the harm, right? But, Police Services, unless there’s a directive that says you must do this, it leaves it up to their individual discretion. So that can sometimes be an issue. (P04)

As the above participant discussed, police officers can create barriers for victims accessing services when the officer does not provide a referral to Victim Services. The lack of a referral means that Victim Services cannot assist the victim to meet their needs immediately following the victimization. The participant above also acknowledged that those unmet needs might negatively impact the victim’s ability to be a reliable source of information for the police. If this occurs, then Victim Services cannot meet their goal of assisting victims and police officers cannot meet their goal of successfully building a case.

The following participant also expressed concern that referring to Victim Services might not be a priority for police officers:

Officers have a lot of responsibility. Our workforce is retiring, so we’ve got a lot of younger officers, their learning curve is huge, and I don’t mean to be rude, but their job is to arrest the bad person, right? So a lot of the times, you know, the victim’s not the focus, which is why we’re here. (P03)

When Victim Services have to rely on police officers as gatekeepers, victims in need of support may not be offered the service. The participant above reported that their agency is “looking at having a better referral process with the police. We really need to get away from them making the decisions for people” (P03). Placing responsibility on the police officer to assess whether a
victim would benefit from Victim Services was perceived by the participants as a process that impeded victims gaining access to support.

When discussing the reliance on police officers to make referrals to Victim Services, another concern participants identified was what factors a police officer might use to determine which victims would benefit from support. The Victim Service workers perceived that police officers might rely on the victim’s emotional state when assessing whether to make the referral. Referrals to Victim Services can thus be impeded if a victim does not present in an outwardly emotional state that demonstrates directly to the officer that the victim is in distress. A participant provided the following example:

I think if you’re somebody who doesn’t present in that manner. I’ll give you an example. We had a break and enter, and we weren’t referred to it. Three weeks after the break and enter, the victim called me. It was a self-referral, she found us on the web. She hadn’t slept, hadn’t eaten, had moved into a new home. There was a break and enter, it was in the daytime while she was at work, was in a really good neighbourhood in [city]. They had just moved from a really bad neighbourhood, to this really nice neighbourhood, so they were all like, “What?” It was an officer who refers to us all the time. So, when I followed up with him and said, “What’s up with that?” He said, “She was fine.” What he didn’t know was that she’d been sexually assaulted when she was fifteen in her home, so that, years later, brought all that traumatic incident up again and she had gone three weeks in hell because he didn’t make the referral. (P03)

As the above participant discussed, when a victim does not display emotional distress, a police officer might not provide a referral to Victim Services. As discussed in the literature review and supported by the findings of Study 1, the emotional state of the victim in the moments following
the crime are rarely an accurate assessment of the victim’s overall need for support. Thus, a police officer relying on immediate distress as a barometer for offering Victim Services results in victims in need of support missing the opportunity to access services immediately.

Participants also perceived that relying on police officers to make referrals creates a barrier to access when police officers are not aware of the support programs available through Victim Services. The following participant discussed the challenge uninformed police officers create with respect to referrals:

In the county, in the rural areas, we’ll have officers say, “Well, I didn’t refer you because they know their neighbours and their neighbours can support them.” Really? Because their neighbours know about the [financial support] program, the victim, you know, they know about [local agency name], they know about the free counselling, they know about? No, they don’t. So it’s getting through to the police that there’s a lot of services and a lot of things that we would do that friends and family may not know. (P03)

As the participant above identified, if a police officer does not know how Victim Services can meet the needs of victims that extend beyond the capacity of the victim and their friends or family, then the officer might not make the referral to Victim Services.

In addition to Victim Services having to rely on police officers making the referral, victims may choose not to access support if they erroneously assume that Victim Services are a branch of Police Services. The following participant explained this concern:

It may be that direct connection or indirect connection with the police. Where, we know that we don’t work with the police, we work in kind with the police, but we work for the victim, the client, so we have a confidentially agreement with them unless, you know, they break the rules, that we don’t go outside and go talk to the police about what we talk
about with our clients. They don’t understand that until we can sit down and have a conversation with them about that. *A lot of the times I see that there’s a disconnect because the police relationship with Victim Services. And policing is seen differently than Victim Services.* (P02)

A victim’s misconceptions about the connection between Victim Services and Police Services can only be addressed once Victim Service workers can speak directly with the victim. This opportunity might not arise if the police are the gatekeeper between the victim and Victim Services.

Even when the police officer assesses that the victim would benefit from Victim Services and makes the referral, how the information is presented to the victim will have an impact on whether the victim consents to Victim Services contacting them for support. Participants provided the following examples:

If you don’t know about it, you don’t want it. And unless we have officers that are really good at explaining it, then, people tend to say no. Which is detrimental actually to the victims, because there’s a lot of things that we could help with that they don’t know about if we are not there. (P03)

A lot of times police don’t, may not, give them the information. Or may not explain it appropriately. You know, it’s all about the offer: “You don’t want me to call Victim Services, do you?” versus “I have an agency that can really provide you with support and help.” So it’s all about how they sell it. And yeah, some officers are pretty good at the sell and others that aren’t… *if they never heard of the service before, they’re not going to know even what they’re turning down.* (P06)
As the participants above explained, how the police officer offers Victim Services to a victim affects the victim’s assessment of whether they would benefit from the service. The police officer’s offer of Victim Services is likely to be impacted by the other factors discussed above regarding the lack of focus on victims, and the officer’s knowledge regarding what support Victim Services can provide. These factors are an impediment to victims accessing Victim Services, and will have more of an impact if the police officer is talking to a victim who has never heard of Victim Services.

**Being a well-kept secret.** For most victims, the first time they learn about Victim Services is when they are at their most vulnerable. Having individuals being uninformed about Victim Services was another frequently mentioned concern that impeded access to Victim Services:

Most people don’t know that Victim Services is available, especially the calls that we get, or that I get on the phone, they will say, “We didn’t know Victim Services existed, we just found out about you guys, we don’t know anything you do, we Googled you, we got your number, we called you.” (P02)

But sadly, there isn’t enough advertising that’s done. You know, it’s always been my pet peeve that Victim Services is kind of the province’s best-kept secret. You don’t know Victim Services exists until you become a victim. Right? So that’s a definite area for growth. (P04)

All the participants above expressed concern that too many victims are unaware of the support Victim Services can offer. Victims who are unaware of the supports offered by Victim Services may be left with unmet needs, and these unmet needs can result in greater levels of emotional
harm over time. When Victim Service workers can speak with a victim directly, the following participant discussed the benefits:

One of the issues I think for people is, you know, if you’ve never been a victim, you don’t know what services are out there. We have a ton of services, we do a handbook and we’re just [city], we’re not [bigger city], we have a ton of services. People are shocked at how many services we have that they can access that they’ve never known about, but they’ve never needed them. (P03)

Once a victim has direct contact with Victim Services, the victim gains access to supports that can assist in meeting their needs. Assuming that victims are aware of Victim Services impedes access to government-funded assistance.

**Overwhelming victims.** The final theme that emerged related to professional practices that facilitate or impede access to Victim Services relates to how overwhelming the experience of accessing support can be for victims. Specifically, participants discussed how victims would have difficulty knowing where to seek assistance:

I would say they just want help. Right, and they don’t know where to turn to. They have no clue. There are so many different organizations out there, that I mean, I wouldn’t even know them all if I was in a situation, right? (P01)

I think one of the issues is, a lot of our victims are traumatized when we actually see them because we see them immediately after the crime or within 72 hours usually. And then you give them referrals, and they go here for financial, they go here for court, they go here for housing, they go here for this, they go here for that, and it’s overwhelming. *It’s overwhelming for me and I’m not even traumatized.* (P03)
The above participants expressed concern for how the systems of support contribute to overwhelming victims by compounding their emotional distress. As presented in the literature review, victims have identified that accessing systems of support can exacerbate their overwhelmed feelings following a victimization and impede their ability to assess their options. For example, one participant discussed how frequently victims did not recall that they were offered Victim Services at the crime scene by the police officers and declined assistance, as recorded in the police report (P05, field note). One explanation for this inability to process information was discussed by another participant:

So my argument is, when we have people hear that somebody has died, they’ve lost somebody, and police show up at the door without Victim Services and say, “I’m really sorry to tell you, your son’s been killed in a car accident. Would you like Victim Services?” I can say for 100% certainty, your head is just doing this [spinning motion] and when somebody asks you a question and asks you to make a decision about something, I couldn’t even spell my name if I tried. (P04)

The above participant discussed how victims are rarely able to make a decision about the supports they might need in the immediate aftermath of learning of a tragic event.

Through the interviews with Victim Service workers, the professional practices that impact access to Victim Services emerged. These processes facilitate access when Victim Services utilized a broad definition of victimization that enabled the identification of victims from a variety of circumstances. The professional practices impeded access when Victim Services had to rely on police officers to make referrals, victims were unaware of the services offered, and the system of support exacerbated the victim’s feelings of being overwhelmed. The practices that facilitate or impede access to Victim Services affect the support workers’
understanding of victimization and the workers then rely on this understanding to shape how they provide support to victims.

**Research Question 2: Processes of providing support.** After a Victim Service agency defines what qualifies an individual as a victim eligible for support, the agency needs to decide how to offer support services to those individuals. The decision of how to provide support reflects the agency’s definition and understanding of victimization. The four main processes of providing support identified by the respondents were: (i) placing responsibility on victims, (ii) being trauma-informed, (iii) operating with implied consent, and (iv) being accountable to victims.

**Placing responsibility on victims.** The first process of providing support that emerged during the interviews was the agency’s policy of who would be responsible for contact between Victim Services and the victim. Some of the participants reported that their agency required the police to gain consent from the individual before they could contact a victim to offer support. If the victim did not receive a referral from the police, then they would need to self-refer and contact Victim Services themselves. Drawing from their personal experience of a tragic circumstance, the participant below acknowledged how much responsibility is placed on victims to reach out for assistance:

> And so, what happened was I never got the benefit of a police officer showing up at my door… So by virtue of the model of Victim Services, I would have to call Victim Services and ask for help. And that probably wouldn’t happen. (P04)

As the above participant noted, placing the responsibility on them to contact Victim Services decreased the likelihood that they would seek assistance, despite knowing they would benefit
from the support. The responsibility of the victim to contact services was reflected in the following participant’s assumption as well:

    I would presume that if an individual was not getting the help that they needed or the referrals weren’t working, they would call us back. That’s what I presume. (P01)

The above participant believed that victims who were struggling or unable to access further support would reach out again for assistance. The worker’s assumption reflects the processes the agency has in place at all stages of support because even an initial offer of support “would need, like if the police asked us to call them, we just need consent for that...it’s all based on consent” (P01). The requirement for victims to reach out or a service having to gain explicit consent before contacting them, assumes that victims are already aware of what Victim Services can offer, are able to assess their needs accurately and then rationally make a choice. When asked about the requirement for victims to give prior consent, one participant stated, “So you know, we expect a lot from victims. There’s a lot of responsibility put on victims” (P03). Requiring victims to reach out for assistance assumes that victims can assess their needs accurately following the victimization, and that the victim could proceed through the necessary steps to obtain assistance.

    Being trauma-informed. A second process that emerged during the interviews that demonstrated how some agencies use their understanding of victimization to place less responsibility on victims. The Victim Service workers at these agencies operate from a trauma-informed perspective. Victim Services that operate with a trauma-informed perspective recognize that trauma results from a series of life experiences as well as from an acute event. Adopting a trauma-informed perspective allowed the participants to provide support that acknowledges the complexity of a victim’s needs:
So you know, just trying to help that person figure out how are they going to access money and are they going to lose their home, or their apartment, and how are they going to feed their kids, and he took the vehicle, and all of those things. So we find that with domestic violence victims they’re so focused on just surviving, that they’re not focused on the long-term counselling and care that they need, my opinion. (P03)

As the above participant explained, victims are often focused on their practical needs first. If the victim is unaware that Victim Services can assist with these needs as well as their emotional needs, then victims who would benefit from access to Victim Services for support might not seek their help.

Another aspect of providing trauma-informed support acknowledges the importance of conducting follow-up contact with victims. One participant provided the following example:

We talked about this, this, and this, focusing on safety and then, last time we talked, we talked about the referrals, which ones did you access? So, a lot of the times they won’t have accessed any of the referrals. And again, it’s that overwhelmed state. (P03)

As the participant above discussed, it was not enough for the agency to provide a list of referrals for the victim and then send them on their way. Upon follow-up, the agency learned that the victim struggled to initiate contact with the next stage in accessing support. If the agency had not conducted that follow-up, they might have assumed that the victim was well-connected to supports. Another participant noted how they assist victims who struggle with accessing further supports:

But sometimes, instead of, you know, the victim always having to make that phone call to the referral organization, sometimes we just know they won’t because they’re just not able to. And, not in all cases, but in some cases, we’ll say, “Would you like us to make
that call for you?” Right, it might not be sort of inline with, you know, you have to empower them, but it’s like, you know what it’s a little thing, but we’ll make that call for them, if we have to, it’s helping them. And, and sometimes you have to have a cookie cutter policy but not everybody fits into it. So yeah, so we’ll follow-up as long as we need to. (P04)

There are situations in which the Victim Service worker can assess that the victim is less likely to reach out for support, even when it is agreed between the worker and the victim that further support would be beneficial. The participant explained how the worker assesses which victims would need this more comprehensive support:

When we do our training for our volunteers it’s from a *trauma-informed perspective*, to really understand how trauma impacts the victims. So you know, if you grew up in a violent home, you’ve normalized that, so it makes sense then that you might gravitate towards a man who too would be violent. So, when he assaults you, this is trauma related, on top of the existing trauma, and then when you have a child and if he assaults that child and you witness that, you’ve now trauma, trauma, trauma. So the decisions that you make may be, well I can’t leave him, that’s my baby’s father because you’ve normalized that whole process. Where somebody different, right, who has a child and they meet somebody and they get into a relationship and it’s not the biological, you know, father of that child, and you know, he’s violent [snapping sound] “I’m out.” Right, so very, very different. So that’s why we really want to teach people about that whole trauma-informed perspective. (P04)

For the above participant, it is important to train workers and volunteers to be trauma-informed and thus, provide comprehensive support to victims.
To provide comprehensive support that addresses a victim’s history requires workers to acquire this information from the victim. Participants expressed differing opinions regarding the importance of gaining an understanding of a victim’s previous experiences and exposure to trauma or crime. The participant below, when asked if they inquire about a victim’s previous victimizations, replied:

No, I don’t feel it wouldn’t help us even if we did because we’re kind of just working at that moment for that situation, so even to kind of track it or you know, if something happened before, I don’t think it would be really [helpful]. (P01)

Participants that did not inquire about a victim’s history of trauma explained that their support was offered to victims with respect to the victim’s presenting issue only. In comparison, the participant below provided this explanation to the same inquiry about a victim’s previous experiences:

We would try to provide comprehensive support, no matter whether they’d been a victim before or not. But you know, if we have some history on the person, it might help us in our response to them because we’ve dealt with them before, we might know some of their barriers. (P06)

Participants that do inquire about a victim’s history of trauma believe that knowledge enables them to address barriers that have perhaps limited the victims’ access to support previously. If the victim is requiring the services again, then they are still struggling with a life that places them at risk for future victimizations and on-going unmet needs. The following participant illustrated how it is important that Victim Service workers can contact the victims again:

We have a family that we’ve been dealing with now for [several] years because the trauma was so horrendous what happened. And it was generational. So we continually,
because we know that it will always be a struggle and they won’t always reach out to us, so for us, we need the resources to be able to continue to reach out. So yeah, we constantly touch base with them. “Are you sure you’re doing okay?” (P04)

Providing support from a trauma-informed perspective enabled Victim Service workers to address the complexity of a victim’s needs over a longer period than when a victim’s history is not considered. This perspective enabled Victim Service workers to provide comprehensive support to victims once they are in contact with them.

Operating with implied consent. Agencies that provide support from a trauma-informed perspective acknowledge that victims often feel overwhelmed, uninformed about Victim Services, and might have difficulty contacting other referral agencies. Based on this understanding of victimization, rather than waiting for victims to self-refer or obtain consent through the police, these agencies proactively operate with implied consent to contact victims:

The police call dispatch and request a Victim Service worker to come to the scene. The workers are able to respond within 40 minutes, and no prior consent is required. (P05, field note)

Most of the time they ask for the victim’s consent but sometimes they just see that they need us. If we arrive and the victim doesn’t want to speak to us, that’s okay too. (P06)

As discussed above, these agencies operate with implied consent to interact with victims. Rather than relying on a police officer to explain the services, their workers or volunteers make the initial contact with victims. One participant explained how their agency arrived at this decision:

When people are in trauma they don’t often know what they’re consenting to, and it’s been a whole thing that we’ve gone through, discussions with the Privacy Commission
on, and it’s *implied consent*. Because they don’t really know whether they want us or not, just because they may not understand what they’re being offered. (P06)

The ability to contact victims with implied consent acknowledges that victims in trauma might not be able to accurately assess whether Victim Services can assist with their needs at the time of the trauma or in the coming weeks. Another participant explained that the connection between a trauma-informed perspective and implied consent shapes how their agency provides support:

So now, what we do in Victim Services is I’ve said to our Police Service, I want to go with the officer. If the victim, if we’re there and the victim says, “We don’t need you, we don’t want you,” fair enough, we’ll leave. But we’re still going to call you after the funeral, because we know that it’s going to be tough. Even if you say, “No, I’m good.” We’re still going to call you because I know you’re not going to say that we’re harassing you. Every time we’ve done that, when we’ve had someone say, “It’s okay.” We’ve called them after the funeral, every single person, “I am so glad you called. This is so hard. I had no idea.” (P04)

As the participant above noted, victims who stated they did not need support immediately after the incident were grateful for the offer of support weeks later when they had time to process the trauma. Agencies that choose to operate with implied consent demonstrated how their processes of providing support reflect their trauma-informed definition of victimization.

**Being accountable to victims.** When an agency provided trauma-informed support and operated with implied consent, the participants reported a feeling of accountability to the victims they served. Participants discussed how their feeling of accountability resulted in policies within the agency through which victims could provide feedback regarding the support they received. The participants below presented strategies employed by their agencies to obtain feedback:
So what I say to our volunteers, whenever you are out on a call, cause they say we can’t
give a victim a survey. I’m not giving a victim a survey. At the end of a call, when you’re
leaving, just that question, “Is there anything different that we could have done that
would have made a difference for you?” Open-ended question, it’s not a survey. (P04)

One strategy is having a lock-box in the office. When victims come to the office for
support, the worker asks them at the end of the appointment if they would be willing to
provide anonymous feedback and place it in the box. The agency has been doing this for
about two years. They have received positive feedback from victims and thus, believe
this feedback demonstrates that Victim Services is making a positive difference for
individuals who come to the office for support. (P05, field note)

Many participants expressed the importance of balancing the agency’s desire to obtain feedback
with not being invasive with victims. The participants above demonstrated how their agencies
found that balance and how that feedback contributes to providing support that is accountable to
victims. One participant discussed why providing support that is accountable to victims is
important:

Because we see things very differently than a victim does. We talk the system every
single day. A victim doesn’t, right? So, when a victim says, “Well yeah, I didn’t
understand why the coroner had to come. The coroner, you know, said that my son was
the body and that was horrible for me.” Or whatever the case may be. Okay, then that’s
something that we need to take into consideration. So, we’re here for the victim. Right?
So to me, it should be victim-driven. You tell me what we’re doing well, and if we don’t
do something well, well I’m not taking that personally, I want to know, because I don’t
ever want to repeat that again, right? So yeah, that’s kind of how we do business. (P04)
As the above participant explained, the process of obtaining victim feedback reflected the agency’s commitment to victim accountability.

Through interviews with the participants the processes of providing support based on the agency’s definition of victimization emerged. At agencies that require the victim to make the initial contact, participants expressed an understanding of victimization that views the experience as a discrete event in an individual’s life. The workers assumed that victims would accurately identify and present their most pressing need when accessing Victim Services. In addition, the workers conducted no follow-up because they believed that the victim would be able to pursue further support at other agencies. Alternatively, participants at agencies with a trauma-informed perspective of victimization discussed how they provide support that proactively connects with victims to provide support. The workers are trained to acknowledge the historical and societal barriers that victims experience in their lives and recognize how these barriers impede access to social supports.

**Research Question 3: Best practices for providing support.** The best practices for providing support to victims of crime emerged when participants discussed how to provide support they believed to be effective for the greatest number of victims possible. The best practices aim to offer support that recognizes the strengths of the victim while acknowledging the limitations in their life. Support that balances the victim’s strength with their limitations will empower victims and ensure that connections made with other support services are consistent with the victim’s goals. In addition, successfully connecting victims with other support services will expand knowledge about Victim Services within the community. Specifically, the three best practices for providing support identified in the interviews were: (i) empowering victims, (ii) creating multi-disciplinary collaborations, and (iii) increasing awareness.
**Empowering victims.** The first best practice for providing support that emerged during the interviews was empowering victims. Many of the participants described empowering victims as the goal of their work, which one participant defined as the ability to “educate, advocate, and inform” (P03) victims. The participant explained that by providing information about services and advocating for victim’s access to support, Victim Services enables victims to make informed decisions. To empower victims, participants discussed the importance of providing an individualized response to victims. When providing an individualized response, workers assist victims in identifying their personal needs and goals, and then help the victim to assess their personal capacity for achieving those goals. When there is a gap between the individual’s capacity and achieving the goals, the participants discussed how they provide contact information for appropriate referrals. The victim then chooses which supports to engage with and the worker supports whatever choice the victim makes.

When asked to explain the process of providing support to victims, one participant discussed how their agency trains Victim Service workers to assess the needs of the victim. The participant stated that workers conduct this assessment by addressing the victim’s presenting issue first and building rapport to get a sense of what else the victim is struggling with. Support workers build rapport by actively listening to the victim, being non-judgemental, and “being where the victim is at” (P05, field note). When a victim calls with a specific need, the worker provides information to meet that need first, and then uses the opportunity to introduce new ideas and referrals based on the information the victim has provided. The agency’s recognition that victims might have multiple needs resulting from various experiences also reflects a trauma-informed approach, and addresses the love and esteem needs presented previously. The
participant below also discussed why assessing the victim’s needs is important to providing support:

You’re not dealing with policies or procedures; you’re dealing with people. And everybody reacts differently, and everybody’s needs are different. So what I may need as a victim of domestic violence, may not be what you need. So I think that, victim support workers have to be really aware of who they’re dealing with. And what is the history of that. (P03)

By assessing the needs of the individual victims, the participants above expressed that they could then tailor the support they offered to the victim.

During the interviews, tailoring support for victims emerged as a best practice because it minimized overwhelming the victims by allowing the workers to focus on relevant issues for that individual. For example, all participants discussed how safety planning was one of the most used services they provide to victims, which reflects the priority placed on security needs in the hierarchy of needs presented previously. The participants explained how their agencies have adapted the process of safety planning with victims to address only the most applicable strategies:

And safety planning can be multiple different aspects and components. So it can be, when living with an abuser, when not living with an abuser, safety planning for the internet and technology. Safety planning for moving anonymously. Safety planning for just personal safety tips. Safety planning for break and enter. Different components and aspects to a safety plan, which can be relevant in different cases, right? (P02)

We have a certified professional threat assessor that did training for us that actually said, “Nowhere has it been documented that the more safety planning strategies you give
people, the safer they become.” Right? ...So safety for one person is something completely different for someone else. So we try to make it victim-driven, rather than me just sitting down and going, “Okay, so we’re going to do a safety plan, my safety plan, here it is.” Right? I don’t want to drive the process, I want them to tell me what they need. (P04)

When I first started we were giving out sheets of paper with all this stuff. And I’m like, I don’t have kids, so I don’t care about the children’s safety plan, so why are we giving that to them? Because I think that people are so overwhelmed when they’re in the situation, that they don’t need more, they need less. So we’ve kind of paired it down. (P03)

As the above participants discussed, tailoring their safety planning to match the needs of the victim is one example of providing services that empower victims to meet their security and esteem needs. The Victim Service workers educate the victim about various strategies they can utilize and then the victim is able to make an informed choice about which strategies to implement to address their level of risk.

Another best practice that emerged for empowering victims is providing services at a time when victims can access them. The following participant discussed how their agency attempts to accommodate victim’s schedules:

We try to you know, have office coverage seven days a week is the other thing. Simply because we get calls all weekend, and I think we’re one of the only sites that does that. We try to have somebody here at least a couple of evenings a week because people aren’t home during business hours, they’re not always available, so we try to accommodate our clients as best we can, at the times and dates that they’re available. (P06)
In addition to providing support services that are better suited to the victim’s schedule, participants discussed the importance of providing support that is culturally competent. Culturally competent support requires workers to understand the values that exist within the cultures represented in the communities they serve. One participant provided the following example:

We have our volunteer program and one of the things that I think is really unique about Victim Services is our cultural competency. So we have over 15 spoken languages within our volunteer base, including ASL…it’s incumbent on us to provide a service to victims that is culturally competent. For example, we had a family who came here from [a non-English speaking country]. They were coming to see their parents, didn’t speak a lot of English, the parents were here, the father had died. So the kids coming from [country] didn’t know that their Dad had died, they just knew that nobody picked them up at the airport. So they managed to get to the house and so now the officers are already there and now you have four people that don’t speak English and the officer that speaks only English. We had a volunteer that spoke [the family’s native language], so we were able to dispatch that volunteer who was able to speak to the coroner because again you have coroner showing up, trying to take the body and the people are not understanding what’s happening. It’s organized chaos combined with grief. Right? So, we were able to provide that cultural piece that blended everything and made it seamless, so that everybody understood. And at the end of the day, the officers were like, “I don’t know what we would have done without you.” The coroner was incredibly grateful, and the family was grateful. So it makes a huge difference, when you have that culture piece. (P04)
As the above participant discussed, providing empowering support to victims also requires that Victim Service workers educate themselves about the various cultures victims might be coming from. The ability to tailor support requires that services acknowledge that cultural factors will impact the priorities victims place on different needs and goals following a victimization.

The majority of participants identified empowering victims as the main goal of the support they provide. Participants explained how tailoring support for victims enables workers to educate victims about services that address the victim’s needs and risk factors. Once the victim is aware of their choices, the Victim Service worker assists the victim in making informed choices to meet their needs.

*Creating multi-disciplinary collaborations.* The ability of Victim Service workers to provide support that addresses a multitude of needs requires them to be knowledgeable about other services in their community. Participants discussed how knowing what services exist is not enough to ensure successful collaboration that benefits victims. The following participant identified some of the challenges that impede successful collaborations:

> I think that we still to some degree operate in silos, right? I’ve sat on the Death Review Committee, and I see how everybody sits at the table after someone’s died and *everybody’s got a piece of the puzzle* and they’re like, “Well, if I’d known that, I would have done this.” And then this person says, “Well if I had known that, and that, I would have done this.” So, I still think we do that a little bit here. (P04)

As the participant explained, when agencies working with the same individual fail to share relevant information, the system of providing support breaks down. Agencies that recognize this break down have adjusted their policies to improve collaboration. One participant provided the following example of a policy change:
When I first started, when you referred to an agency, the agency would say, “Well, they need to call us, we need to talk to them, we can’t talk to you.” There’s a lot more of the um, they’re calling it a soft handover now. (P03)

The ability to provide a soft handover benefits victims by enabling agencies to share information. The victim does not have to provide all their information again, which can be stressful and impede victims contacting new referrals. Through this form of collaboration, agencies provide comprehensive support by working together to address the goals already identified by the victim.

In addition to sharing information, multi-disciplinary collaborations are a best practice because they increase awareness of services and service gaps within communities. The following participant discussed the benefit of a multi-disciplinary collaboration for their agency:

We sit on a High-Risk Domestic Violence Committee where decision-makers are at the table together and can problem-solve immediately for needs that are not getting addressed due to waitlists, and mandate limitations. The agencies are working together to address needs and advocate for clients. They need to know what we can offer, we need to know what they can offer. Operating in silos does not work. (P05, field note)

Collaborating with other agencies enables Victim Services to address gaps in services, inform other agencies about their services, and advocate for victims. The ability to advocate for victims through collaboration with a wide range of community agencies is important because the needs of victims frequently cut across multiple systems of support.

Victim Service workers discussed how collaborating with other agencies also enables them to provide a case management function for victims who need extra support. Through their collaborations, Victim Service workers can assist victims as they navigate various systems:
If they’re anxious and they are apprehensive, then we will, either ourselves or one of our volunteers, walk them through the process. (P03)

For individuals applying for financial compensation, as well as homicide and domestic violence, Victim Services will provide ongoing follow-up because they’re providing a case management type of support as victims deal with ongoing issues, including applications to be completed, court dates to attend, and legal documents to file. (P05, field note)

As the above participants discussed, they will provide support to victims during criminal cases, requests for financial support, and other applications for assistance. The ability to provide ongoing support relies on Victim Services collaborating with other agencies the victim encounters.

In addition to collaborating with other service providers, the participants discussed the importance of gaining the support of police officers for making referrals to Victim Services. To address the processes that impede referrals from police officers, as discussed above, participants identified several strategies implemented by their agencies. The best practices identified to increase referrals from police officers include making referrals easier, and training police to assess a victim’s needs.

The first strategy participants discussed to increase referrals from police officers was to simplify the referral process, as the following participant explained:

Our referral process is a pen and paper right now. Ha! Yeah, so we’ve gone to them and said, this is obsolete, can we figure out another system where everything is computerized? So we’re looking at getting some basic access to their database, their system, so that the officers can just task us, and they will be able to do that from their cars. So they won’t have to come in, find their referral form, find a pen, rewrite
everything, they’ll be able to just copy and paste it from the computer in their cars. So if that happens, *I think that’s going to benefit victims because I think we’re going to see a lot more referrals.* (P03)

The participant above acknowledged the stressors police officers face when doing their job and perceived that if a referral to Victim Services is one more burden, officers are less likely to make the referral. To increase the likelihood of an officer making a referral to Victim Services, the best practice is to make the referral system as straightforward as possible.

To improve collaboration with police officers, another best practice identified by participants was to provide training for police officers on assessing when a victim would benefit from a referral to Victim Services. One participant explained that their agency has acknowledged that systemic changes that decrease the reliance on police officers as gatekeepers are unlikely to occur, so their agencies provides training to local Police Services. During this training, Victim Service workers provide strategies police officers can use to assess the victim’s needs. For example, police officers are taught that their daily exposure to crime and victimization might desensitize them to recognizing experiences that are traumatic for other people. During the training, police officers are encouraged to provide referrals to victims of violent crimes, victims who have never experienced a trauma before, and victims who have had multiple contact with police previously. In addition, Victim Service workers explain that victims who need support are not the just the ones “freaking out” (P05, field note). This participant’s agency identified strategies that improved collaboration with Police Services to increase referrals.

The multi-disciplinary collaborations formed by Victim Services are a best practice for providing support. These collaborations enable Victim Service workers to advocate for victims with other agencies, provide more comprehensive support, and increase referrals from police
officers. The ability to collaborate with other agencies, also increased awareness of Victim Services.

**Increasing awareness.** Increasing the awareness of Victim Services within communities was the final best practice identified by participants. While best practices for collaboration and gaining the support of police officers increases awareness of Victim Services within community services, it is still vital that community members are aware of Victim Services prior to needing them. The following participant discussed why raising awareness is important:

So victim services, our biggest barrier is around marketing because you don’t know who the next family involved in crime is, it’s really hard to market to people. So I think I said, you know, it’s not like I’m selling *Pampers* and you’re pregnant. There is no direct correlation. It’s not like that. It’s really hard to figure out because crime hits all families. So that’s our biggest barrier for sure. (P07)

As the above participant acknowledged, it is challenging for Victim Services to conduct targeted marketing. In addition, most participants stated that their agency is working with a limited budget for advertising which makes increasing awareness a challenge. Given these limitations, participants discussed creative ways in which their agencies attempt to raise awareness:

Some of our volunteers do community liaison. So we do, I don’t know how much we do now, but we go out to the malls, we set up booths, we set them up at [local] colleges and universities sometimes. So we’re doing that as well to increase the awareness. (P02)

We have a website and a Facebook page, so you know we have a social media presence as well, and a Twitter account. (P06)

The agency will promote their services in community resources in the section on victim supports, advertise services at public events such as going to information fairs during
Victim Services Week. Also, the agency’s contact information is on the back of every Police Services’ business card for officers and civilian employees. In the future, the agency plans to purchase advertising space on buses to increase awareness. (P05, field note)

As the above participants explained, increasing awareness of Victim Services requires a multifaceted approach. By utilizing various advertising methods, Victim Services increases the likelihood that someone affected by crime or tragic circumstance will be informed about their services.

The best practices for providing support to victims of crime enable Victim Services to empower victims, collaborate with other agencies, and increase awareness of their services. Participants discussed how empowering victims requires the tailoring of their support services. By tailoring support, Victim Service workers provide information that assists victims in making informed choices about their needs. Once the victim’s needs are identified, collaboration with other service providers increases the Victim Service worker’s ability to provide comprehensive support to the victim. Collaboration with other agencies also raised awareness of Victim Services within the community, and increased the likelihood of police referrals. Participants whose agencies implemented these best practices believed that they were providing comprehensive support to victims and increasing access to that support for other individuals in the future.
Conclusion

This mixed-methods study examined what factors contribute to victims engaging in
behavioural changes to meet their safety needs, and explored how Victim Service workers view
their role in assisting victims to meet their needs. Victims are individuals unjustly harmed who
experience negative physical, financial and psychological effects because of that harm. From the
harms caused by crime, several needs will emerge. These will relate to a victim’s sense of
security, emotional well-being and esteem, and they will emerge in a hierarchical order (Maslow,
1943). In accordance with Maslow’s hierarchy, victims prioritize their need for safety above
their emotional and esteem needs (Brickman, 2002; Davis et al., 1999; Dinisman & Moroz,
2017; Madoc-Jones et al., 2015). Following a victimization, the greatest threat to a victim’s sense
of security is a subsequent victimization (Kilpatrick & Acierno, 2003; Lauritsen & Quinet, 1995;
Lowe et al., 2015; Ruback et al., 2014). To overcome this threat and meet their need for security,
victims are motivated to engage in crime prevention strategies (Tan & Haining, 2016).

Study 1 analyzed data from the 2014 GSS to explore the relationship between the impact
of victimization and implementation of crime prevention strategies. The findings from Study 1
suggest that victims are more likely to meet their security needs through crime prevention
strategies when they are female, suffer long-term emotional impact from the victimization,
experience more victimizations in a year, and are dissatisfied with their own personal safety from
crime. These strategies may include installing burglar alarms, taking a self-defense course or
moving to protect themselves and their property from crime. These finding are in line with
previous research conducted to examine the factors that lead to behavioural changes victims
make to increase their personal safety from crime in England (Tan & Haining, 2016).
The implementation of the strategies victims use to meet their needs takes a financial and emotional toll on victims. The high cost of victimization means that often the needs of victims extend beyond the capabilities of their coping skills and that of their personal support network (Dinisman & Moroz, 2017; Freeman, 2013). In recognition of the far-reaching impact of victimization and high cost of coping with trauma, the Canadian government takes some responsibility for assisting victims of crime by funding Victim Service agencies across the country (Department of Justice Canada, 2004). Victim Services demonstrates to victims and the wider community that meeting the needs of victims is a societal concern worthy of community resources (Jägervi, 2014; Mawby, 2016; Simmonds, 2013; Stuebing, 1984; Weed, 1997). Despite the existence of Victim Services, more than a third of victims who express a need for assistance do not receive it (Van Dijk, 2015). As a result, there are victims who need assistance and cannot access Victim Services, and then there are victims who can access Victim Services but do not receive the type of support they need.

Through semi-structured interviews with Victim Services workers, Study 2 examined the professional practices that impact access to support, how support is provided, and what the best practices are for assisting victims to meet their needs. The findings from Study 2 suggest that the understanding of victimization used by the Victim Services and other referring agencies (such as Police Services) can facilitate or impede access to Victim Services. When access to Victim Services is impeded, support is not provided to victims in accordance with the principles established by the government. The findings from both studies provide a greater understanding of what processes contribute to meeting the needs of victims.

The most frequently discussed barrier to accessing Victim Services was that too often victims must rely on referrals from police officers. Relying on police officers to assess which
victims should be referred for support results in unequal access to Victim Services for a number of reasons. First, Victim Services do not have a standardized referral protocol for police officers to follow (Ostrowski, 2013). Without a standardized protocol, police officers must remember to make the referral, as it is not part of their routine duties. However, police officers are more likely to view the concerns of the victim as a distraction from their policing duties, rather than a priority (Wilson & Segrave, 2015). When assisting victims is treated as a distraction, rather than an integral part of their duties, police officers are more likely to rely on stereotypes to assess victims’ needs. Relying on stereotypes means that police officers provide more referrals to victims who are visibly emotional and to female victims (Hatten & Moore, 2010). Victims who do not match these stereotypical examples may not receive a referral to Victim Services.

Assessing the needs of a victim in the immediate aftermath of a crime cannot be determined solely by observing outward expressions of emotion because victimization is a subjective experience. What causes great harm to some individuals would not create the same harm in others. The variation in impact of harm and subsequent needs are related to the individual’s previous exposure to trauma, socio-economic status, and their ability and willingness to access supports (McGarry & Walklate, 2015; Ponic, Varcoe, & Smutylo, 2016; Young, 1988). The findings from Study 1 also suggest that relying on short-term emotional expressions to assess need is insufficient, as short-term emotional impact was not a significant predictor of behavioural changes in victims to meet their security needs.

Given the subjective experience of victimization, Victim Services must carefully consider the definition of victimization they use to determine who gains access to government-funded support. Although most participants reported that their agency used a broad definition, the services often focused on direct victims only. Secondary victims, such as the family members of
a homicide victim, are not eligible for support at most Victim Service agencies despite having needs similar to direct victims (Dinisman & Moroz, 2017). When individuals who experience harms as a result of victimization are denied access to service because they do not fit the definition used, they are left with unmet needs that negatively impact the quality of their life (Ostrowski, 2013). Therefore, access to Victim Services should be determined based on whether individuals identify themselves as victims rather than by an objective standard.

The participants in Study 2 also discussed their concern that Victim Services is a well-kept secret. Access to Victim Services is impeded when victims are not aware of the options available to them (Bryce et al., 2016; Quinn & Brightman, 2015; Wedlock & Tapley, 2016; Zaykowski, 2014). In the immediate aftermath of the crime, victims who do not already know what Victim Services can do to assist them may decline an offer for support for reasons that do not reflect their actual needs (Hatten & Moore, 2010; Ostrowski, 2013; Simmonds, 2013). Prior knowledge of Victim Services will increase the likelihood that victims who want support are able to access it.

The greatest number of barriers emerged from participants who placed responsibility on the victim to access Victim Services. When an agency relied on police officers to obtain consent from victims through discretionary referrals, or required that victims contact Victim Services directly, the agency also created more barriers to meeting the needs of victims once victims were in contact with them. The barriers that emerged regarding the processes of providing support included: defining victimization as a single event, conducting minimal inquiries about a victim’s life circumstances, and providing no opportunities for follow-up or feedback from victims. Victim Service agencies that operated with these processes demonstrated an understanding of victimization that failed to recognize the inherent disadvantages experienced by most victims.
Placing responsibility on victims to access Victim Services assumes that victims possess equal possibilities and abilities to assess their needs and to take actions to meet those needs (Virkki, 2015). This assumption is at odds with the principles on which the government based the funding of Victim Services and limits the number of victims who can access and are supported by Victim Services.

By comparison, there were participants in Study 2 who provided support to victims with an understanding of victimization that minimized barriers and attempted to reach the greatest number of victims. Participants at these agencies operated with implied consent conducting active outreach to clients. Active outreach increases victims’ awareness of services, increases victims use of these services and most importantly, increases the likelihood that victims will have their needs met (Brickman, 2002).

Victim Services that operate with implied consent were also more likely to provide trauma-informed support. A trauma-informed perspective works to minimize the harms of crime through an understanding that the emotional impact of victimization is multi-layered and contextual (Ponic et al., 2016). Trauma-informed support enabled Victim Service workers to inquire about a victims’ full history. Recognizing that each victimization occurs within the larger context of a victims’ life also enables Victim Service workers to tailor support to victims. Tailoring the support offered to meet a victim’s needs is important because repeated victimizations can make goal identification difficult and it may take time for needs to emerge (Goodman et al., 2016).

Lastly, Victim Service workers who operate from a trauma-informed perspective were also more likely to establish collaborations with other services. Providing coordinated care increases the ability of Victim Services to assist victims in meeting their needs because
frequently the needs of victims cut across multiple systems of support (Goodman et al., 2016). When Victim Service workers provide referrals to victims through established collaborations, a greater number of victims receive support, and have a greater number of their needs met (Zweig & Yahner, 2013, p. 335). Through active outreach, trauma-informed support, and coordinated care, these Victim Service agencies operate to meet the needs of victims and minimize the negative long-term effects of victimization experienced within our communities.

Limitations

Despite the empirical and practical contributions made by this mixed-methods study, limitations exist. The findings from Study 1 are limited by the nature of secondary data analysis. The GSS is a comprehensive survey of victimization, and the questions were not designed for the purpose of exploring specifically what factors predict a victim’s use of crime prevention strategies. However, the GSS provided a large random sample of victims, which is expensive and time-consuming to obtain. The large random sample allowed for the development of two separate regression models, each with several predictor variables that contribute a greater understanding of the impact of victimization in Canada. The findings from Study 1 provide direction for future research by identifying which factors should be examined in greater detail to expand our knowledge of a victim’s motivation to meet their needs.

In addition to the limitations of secondary data analysis, conclusions drawn by research conducted with victims is limited by the ability of victims to accurately recall their victimization experiences (Nazaretian & Merolla, 2013; Weed, 1995). In Study 1, this limitation is particularly relevant to the GSS questions inquiring about the emotional impact of the victimization. Respondents were asked to report the emotional impact of each victimization separately which, based on the timeline of data collection, meant that some victimizations will have occurred up to
12 months prior to the date of the survey. In addition, the majority of GSS respondents experienced more than one victimization (Perreault, 2015), so it may have been difficult for victims to accurately assess which victimization resulted in feelings of anger versus frustration. To address this limitation, Study 1 created composite measures to assess the short-term and long-term emotional impact of victimization rather than treating each emotion as a separate variable.

Study 2 has limitations related to the small sample size and restricted geographic location from which the participants were drawn. The experiences of the eight Victim Service workers in this study cannot be said to represent the perspectives of the majority of workers within Victim Services. However, saturation regarding the processes used by Victim Service workers was reached within the study. In Constructivist Grounded Theory, saturation is achieved when no new theoretical insights emerge (Charmaz, 2014). By the final interview, the comparison of what processes Victim Service workers use to provide support had reached saturation.

Another limitation of Study 2 is that it did not include interviews with victims to explore their experiences of accessing Victim Services. Despite lacking direct input from victims, the findings from Study 2 provide important information from Victim Service workers regarding their awareness of the barriers victims experience in accessing and receiving support. Combined with the results from Study 1, the findings suggest that victims are motivated to engage in behavioural and emotional changes to meet their needs yet they do not have equal access to the emotional and financial support the government provides.

**Directions for Future Research**

This program of research is the first mixed-methods analysis of how victim’s coping strategies and Victim Services contribute to meeting the needs of victims. Future research can build on the findings from the two studies presented here to explore the needs of victims further.
Large-scale surveys conducted with victims, in which they are asked specific questions of their needs, would provide a better understanding of the level of need within communities following crime. In addition, mixed-method longitudinal research conducted with victims and the Victim Service workers supporting them would be beneficial. Following a victimization, quantitative research could establish a baseline of impact and needs for each victim in the study. Interviews with victims could examine their understanding of how their needs emerge, their ability to cope with their needs and their willingness to access support. Once external support is accessed, follow-up interviews and quantitative assessment can be conducted to measure whether the victims’ needs were met. In addition, interviews with the Victim Service workers who supported the victims could explore the process of providing support to victims whose needs have been clearly identified. This combined research would allow for governments to provide greater funding for support in communities with higher identified need, and identify what strategies Victim Services can utilize to match their services with the needs of victims.

**Policy Implications**

Three policy recommendations emerged that could be adopted by governments and Victim Services to increase their ability to meet the needs of victims. The first policy recommendation is for government funded services to utilize the findings from Study 1 to support an increase in funding for the areas of need in which victims spend their own resources.

A second policy recommendation is to increase awareness of Victim Services. To reflect the Ontario Ministry of Attorney General’s commitment to assisting victims, province wide advertising should be provided for all Victim Services. The advertising could target some of the demographics identified in Study 1 to increase awareness of Victim Services for victims already motivated to engage in strategies to meet their needs. In addition, the participants in Study 2
discussed their agency’s strategies for increasing awareness, indicating that each one is responsible for their own advertising. Advertising at the provincial level will have a broader reach and increase awareness of Victim Services to ensure families are aware of the resources available to them before they need them (Ostrowski, 2013).

A third policy recommendation is for more Victim Services to operate with implied consent. The ability for Victim Service workers to contact victims directly, without having to rely police officers to obtain consent, would increase the number of victims who gain access to support. Operating with implied consent is recommended because workers perceived that contacting victims directly minimized the barriers experienced by victims in accessing support, such as having to rely on police officers to make referrals, and victims being too overwhelmed to know which agency to contact for support. In addition, operating with implied consent enabled agencies to contact victims who initially declined support but who benefited from access to Victim Services after they have had more time to process the impact of their victimization (Bryce et al., 2016).

As the above policy implications suggest, meeting the physiological, safety, and esteem needs of victims will require a greater financial commitment from the government and changes to Victim Services so that support for victims reflects the priority placed on assisting individuals in their recovery from the trauma caused by victimization.
References


Appendix A

Questions Used to Create the Crime Prevention Scale

Have you ever done any of the following things to protect yourself or your property from crime?

1. Have you ever changed your routine, activities, or avoided certain people or places?
2. Have you ever installed new locks or security bars?
3. Have you ever installed burglar alarms, motion detector lights or a video surveillance system?
4. Have you ever taken a self-defense course?
5. Have you ever obtained a dog?
6. Have you ever changed residence or moved?

Questions Used to Create the Short-Term Emotional Impact Scale

At the time of the incident, how did this experience affect you emotionally?

1. Angry?
2. Upset, confused, frustrated?
3. Fearful?
4. More cautious/aware?
5. Shock/disbelief?
6. Hurt/disappointment?
7. Victimized?
8. Sleeping problems?
9. Depression/anxiety attacks?
10. Ashamed/guilty?
11. Afraid for children?
12. Annoyed?

13. Lowered self-esteem?

14. Increased self-reliance?

15. Problems relating to men/women?

**Questions Used to Create the Long-Term Emotional Impact Scale**

Now some questions about longer term effects of the incident you experienced.

1. In the past month, have you had nightmares about it or thought about it when you did not want to?

2. In the past month, have you tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

3. In the past month, have you felt constantly on guard, watchful or easily startled?

4. In the past month, have you felt numb or detached from others, activities, or your surroundings?
Appendix B

Recruitment Email

Dear [insert name],

I’m writing to you today to inform you about the research study I’m conducting for my Master of Arts in Criminology at Wilfrid Laurier University. The objective of my study is to understand the needs of crime victims and what factors may contribute to their risk and experiences of multiple victimization. In order to acquire an in-depth understanding of the needs and risks of crime victims I will conduct interviews with workers who provide support services to individuals who have experienced more than one incident of criminal victimization. From these interviews I will examine: (1) why individuals access victim services; (2) what the best practices are for providing support to victims of crime; and, (3) what differences, if any, are there in supporting first time victims compared to victims of multiple victimization.

I am contacting you to inquire about your willingness to be interviewed. The interview would be conducted by telephone or in person, and would last approximately an hour. I will follow this email with a phone call next week, and if you are willing, we can arrange an appointment for the interview. The interview can take place at a location of your choice.

Findings from my study will be presented in a written dissertation that summarizes the common themes identified across the interviews, which will be shared with you at your request. Also, I intend to submit my findings to relevant journals for publication and presentations at conferences. As a participant in this study all of your information will be kept confidential and anonymized in all written reports. My study has been approved by Wilfrid Laurier University’s Research Ethics Board (REB #5046).

If you have any questions about the study or your participation, please do not hesitate to contact me via email at this address. Thank you very much for considering my invitation.

Sincerely,
Jenniffer Olenewa
MA Candidate, Criminology
Wilfrid Laurier University
Appendix C

Letter of Information / Consent for INTERVIEWS

Principal Researcher:
Jenniffer Olenewa, MA Candidate in Criminology
Wilfrid Laurier University, 73 George St. Brantford, ON N3T 2Y3

Thesis Supervisor:
Dr. Judy Eaton
Associate Professor, Department of Psychology
Wilfrid Laurier University, 73 George St., Brantford, ON N3T 2Y3

Research Objectives
This research study is being conducted as my thesis project to meet the requirements for a Master of Arts in Criminology at Wilfrid Laurier University. The objective of my study is to understand the needs of crime victims and what factors may contribute to their risk and experiences of multiple victimization. In order to acquire an in-depth understanding of the needs and risks of crime victims I will conduct approximately 5 interviews with individuals who provide support services to individuals who have experienced more than one incident of criminal victimization. From these interviews I will examine: (1) why individuals access victim services; (2) what the best practices are for providing support to victims of crime; and, (3) what differences, if any, are there in supporting first time victims compared to victims of multiple victimization. Findings from my study will be presented in a written dissertation that summarizes the common themes identified across the interviews. Also, I intend to submit my findings to relevant journals for publication and presentations at conferences. The findings from my study will address a gap in the academic research by contributing insight into the experience of victimization gathered directly from crime victims.

Procedures involved in the Research
You are invited to participate in this research by sharing your experiences and insight as a victim service support worker. You will be asked to participate in an interview conducted by myself during which I will invite your open-ended responses to several questions about your work and experiences with victims of crime. The interview will take approximately 60 minutes to complete and will occur at a location of your choosing. With your consent, I will digitally record the interview on a password protected recording device for later transcription and analysis by me. I may contact you a second time with follow-up questions or with questions of clarification. You may, at your choosing, review the transcript of your interview.

Potential Harms, Risks or Discomforts
There are no physical risks to participation in this study. While I will keep your identity and information confidential, because of the small number of victim support service providers in the Kitchener-Waterloo and Brantford area there is a minimal risk that informed observers might surmise your identity or involvement from the final dissertation. This could have negative peer or professional consequences. If at any time during the interview you do not wish to answer a question, you are free not to. You may also end the interview and withdraw from the study if you
wish, at any time, for any reason, without any explanation. There is no consequence to withdrawing your participation in this study. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed.

Confidentiality
All information provided to me for the purposes of this study will be kept strictly confidential. Only myself and my supervisor (Dr. Judy Eaton) will have access to this signed consent form containing your name; the interview recordings and transcripts will be kept separately from the consent forms. I am assigning a number to this interview rather than your name, and all your answers will be held in strict confidence. This consent form will be kept separate from the data and stored in a locked filing cabinet in a secure office on campus. All data and identifying information will be kept until May 2023 and will then be destroyed. Your digital recorded responses will also be assigned a number and will not be identifiable in the final report. If you choose to withdraw from the study you can choose to have your digital voice recording deleted. Anonymity will be maintained for research participants through anonymous quotation in the final dissertation.

Participation
Participation in this research study is entirely voluntary. You are free to withdraw at any time and without prejudice. If you decide to withdraw before the interview is conducted, the interview will be canceled. If you withdraw during the interview, the interview will stop and the recording will be destroyed. If you decide to withdraw after the interview, but before the final report is written, you may contact myself or Dr. Eaton to do so. All your data will then be destroyed unless you specify otherwise. At any point throughout, or after, the interview, you may request to have your data removed from the study. In such cases, your data will not be included in the final analysis or dissertation. You will receive a copy of this consent form for your records.

Publication
In addition to the written dissertation, the results from this study may be presented at academic conferences or published in a journal. As with the dissertation, the participants’ confidentiality and anonymity will be protected through the use of anonymous quotations in all publications.

Rights of Research Participants
If you have questions at any time about the study, or you experience adverse effects as a result of participating in this study, please contact: Jenniffer Olenewa or Dr. Eaton.

This study has been reviewed and approved by Wilfrid Laurier University’s Research Ethics Board (REB #5046). If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact: Dr. R. Basso, Chair, University Research Ethics Board, Wilfrid Laurier University Research, by phone at 519-884-1970 ext. 4994, or via email rbasso@wlu.ca
CONSENT

I, (print name)_______________________________________ have read and understand the above information about the study on the experiences of crime victims. I have received a copy of this form and I agree to participate in this study, in accordance with the terms set out above.

I agree to have the interview digitally voice recorded: Yes______ No_____

The researcher would like to be able to use quotations from the study in presentations of the study results. No names or identifying information would be used in these quotes. You may still agree to participate in this study even if you do not wish your quotes to be used.

Yes, I agree to permit the researcher to use quotes from my study materials. ______

No, I do not want the researcher to use quotes from my study materials. ______

I agree to allow the researcher to contact me in the future, if necessary: Yes______ No_____

I wish to obtain a copy of the interview transcript: Yes______ No_____

I wish to obtain an electronic copy of a summary of the research findings or the written dissertation: Summary ______ Dissertation ______ Neither ______

If yes, provide follow-up contact phone number, email address and/or mailing address:

____________________________________________________________________________

Participant’s signature: ____________________________ Date ________________

Researcher’s signature: ____________________________ Date ________________
Appendix D

Interview Guide

1. Can you tell me a little about yourself and your role at this agency?
2. What services does your agency provide?
3. How do individuals learn about your services?
   a. What is the process for victims seeking support to use your services?
4. How long do individuals usually use your service for?
5. Which of your services are the most commonly used?
   a. What in your opinion influences this? (someone to talk to, practical support, financial assistance)
6. What barriers does your organization face for informing victims of your services?
   a. How does your organization try to overcome these barriers?
7. In your opinion, what barriers prevent victims from accessing your services?
   a. How does your organization try to overcome these barriers?
   b. Do you think repeat victims face different barriers? If so, in what way?
8. Do you inquire about an individual’s victim history?
9. How do you balance concerns about revictimization while still being able to assess the victim’s needs?
10. Would you be aware if someone has used your agency, or other victims supports, before?
11. How often do you think you see repeat victims?
12. Does your support/service change if the individual has previous victimizations?
   a. Why, or why not? How?
13. What, in your opinion, contributes to multiple victimization?
14. Do you discuss crime prevention strategies with victims?
   a. If yes, which strategies do you perceive as being most helpful? Least helpful?
   b. If no, why is that?
15. What, in your opinion, demonstrates success for your services?
16. What do you think your organization does particularly well?
17. How do you evaluate your programs and their success?
   a. Do you have any follow-up procedures in place after someone has used your service?
18. What role, if any, do victims who use your service play in evaluating success?
19. Do you collaborate with any other services?
   a. Who do you collaborate with and what do you do together?
20. What victim support services do you think are missing in your community?
21. If you had unlimited resources to assist victims, what would you do?
22. Is there anything you would like to add that we have not had the opportunity to discuss?
Appendix E

Sample Concept Map