
Technical Working Group on Violent Victimization Research

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December 2, 2014

Welcome and Introductions—Nadine Frederique, NIJ

Dr. Frederique opened the meeting at 9:10 a.m., welcomed everyone and invited participants to introduce themselves.

Violent victimization has been a National Institute of Justice (NIJ) research topic for many years and NIJ is looking to further develop its program of research on violent victimization. This group was drawn from different fields to help focus NIJ research in this area and to provide varying perspectives on approaching this broad topic. This meeting is a first step in the planning process. NIJ may send participants a survey and will follow up in some way. The four topical areas under discussion today are: race and victimization, victim–offenders, special populations and victim services. However, participants should feel free to add areas, as it is recognized this is just a place to start.

Opening Remarks—Howard Spivak, NIJ

The research conducted at NIJ on violent victimization has been a patchwork with a focus on certain populations and certain issues. Now NIJ wants to cast a wider net to think more broadly about victims, victimization and victim services. NIJ wants to understand current gaps, identify future research questions, and move away from a patchwork approach to something more integrated. Subjective interpretations of the effects of victimization are increasing in importance as the science around victimization grows—namely, the relationship between the experience of violence and crime to physical and mental effects later in life. It is all the more important to prevent violence and to devise better interventions. Dr. Spivak encouraged participants to think more broadly when considering the overlap between violence and crime, *e.g.*, some violence is not always considered a crime and that it is not only a criminal justice problem but is viewed differently across disciplines. The part of our population affected by crime is at risk for various chronic diseases, post-traumatic stress disorder (PTSD), medical problems, etc.

Doing this work requires strong and well-integrated partnerships, beginning with government/private sector and researchers/practitioners. Currently, NIJ works closely with our partners at the Office for Victims of Crime (OVC) and the Bureau of Justice Statistics and we hope such collaborations will grow. This meeting is the beginning of what NIJ hopes will be a longer-term process to develop a strategic plan around victims and victimization. And, as we learn more, we want to modify our focus accordingly.

NIJ's Program of Research on Violent Victimization: History and Next Steps—Dara Blachman-Demner, NIJ ([View slides](#))

This meeting is the first step of an ongoing process. NIJ is the research, development and evaluation arm of the U. S. Department of Justice (DOJ), the nation's leader in scientific research on crime and justice. NIJ is dedicated to improving knowledge and understanding of crime and justice issues through science and to providing objective and independent knowledge and tools to reduce crime and promote justice.

Participants for this meeting will consider violent victimization, (i.e., when a person is harmed or threatened with violence, including rape, sexual assault, robbery, non-sexual assault, and homicide). Researchers strive to understand and reduce the occurrence and impact of these crimes—how and when they occur and the consequences for victims. The primary focus is on adults, with an emphasis on young adults, given their high rates of violent crime victimization. (NIJ maintains separate portfolio categories by age.)

Since 2000, NIJ has funded various projects, the majority being OVC-funded evaluations of victim-specific programs, services or policies. Early work began to examine the overlap between criminality and violent victimization. Since fiscal year (FY) 2012, NIJ has tried to make violent victimization more prominent in calls for proposals.

Complementary research portfolios include children exposed to violence, violence against women, gang violence and so on. In the last 2 years, more effort has been devoted to considering victimization more broadly. This meeting focuses on violent victimization with particular emphasis on race, ethnicity, and culture; victim services; the victim-offender overlap; and special populations.

Ongoing research projects include program evaluations of Vision 21-inspired and other OVC-sponsored demonstration projects, victim-offender overlap, race and victimization, and a general study of homicide risks. Other related projects were funded under NIJ signature programs, including the W.E.B. DuBois Fellowship program, the Graduate Research Fellowship Program, and a Data Resources Program, using the National Crime Victimization Survey (NCVS) and other secondary data sets. OVC programs include Vision 21, a study of successful victim service policies and practices, including program and policy evaluation. NIJ also works with Department of Health and Human Services (HHS) agencies, including the Centers for Disease Control and Prevention (CDC).

NIJ sees this meeting as a first step to working toward establishing sustainable programs through regular calls for proposals, continued and enhanced coordination among OVC, BJS, CDC, et al., and continued input from the field through workshops, web-based forums, and white papers. The objective of this meeting identifies four areas of interest as

a starting point. NIJ is known for its work on violence against women, and this meeting is intended to focus on other aspects of violent victimization. The participants' role is important to isolate major areas of interest, to assist in prioritizing key research areas, to provide information on emerging challenges and innovations in research methods, and to highlight key research areas.

Background and Context: Violent Victimization in the United States: Major Issues and Trends—Bethany Backes [for Arthur Lurigio, Loyola University of Chicago] ([View slides](#))

The following constitutes highlights from a working paper in progress. *Xlgy 'hwnlhp cnlf tchv+

Criminal victimization is common in the United States and touches the lives of most residents. Violent offenses are defined as murder, forcible rape, robbery and aggravated assault. Violent victimization rates consistently reflect an overrepresentation among youth, minorities and the most impoverished residents of urban areas. In an effort to better measure crime, the Uniform Crime Report (UCR) program was established in 1929, followed several decades later by the National Crime Victimization Survey (NCVS) (formerly the National Crime Survey) in the 1970s. These data are used in a variety of ways and it is important for this group to consider how to best use these datasets in understanding trends, patterns and the context of victimization.

The UCR program was designed to collect reliable and uniform crime statistics across the nation. The Federal Bureau of Investigation (FBI) collects, publishes and archives these statistics that are provided by law enforcement agencies. It is important to note that this is a largely voluntary program and participation and completeness of data will vary by law enforcement agency. Under the UCR program, violent offenses include murder, forcible rape, robbery and aggravated assault. Data are limited by inclusion of only “official” crime data and only the most serious crime in a multiple-crime incident. Other limitations that have been noted include the purposeful downgrading of crime to show crime reductions and the under-submission of data.

The NCVS is a household-based survey and includes 160,000 individual interviews from some 90,000 households. Its focus is the impact of crime and the characteristics of offenders. It provides estimates of victimization by type of offense, which is useful in understanding why victims fail to report crimes to the police. It sheds light on interactions and relationships between victims and offenders and can be useful in understanding victimization by population or sub-groups. Some noted limitations of the NCVS include the potential for respondent error, memory decay, telescoping, fear of

retaliation, respondents not identifying an incident as a crime, and underreporting. The NCVS is currently undergoing a major redesign.

The UCR indicates that 1,214,590 violent crimes were reported for 2012—a decline of 48 percent since 1993. Aggravated assault accounts for 63 percent of the violent offenses reported. Over the past 20 years, violent crime has consistently declined. The NCVS documented 6,842,590 violent victimizations in 2012—a decline of 49 percent since 1993. The violent victimization rate was much higher among young people, African Americans, men (except for rape and intimate partner violence), and people in lower income brackets.

Crime is estimated to cost victims \$450 billion annually. In 2000 alone, violent crime cost \$27 billion. Criminal justice expenditures (i.e., the expense of operating the correctional systems) cost \$80 billion in 2010—an increase of 350 percent since 1980. And that does not count long-term health issues and the emotional burden (e.g., feelings of vulnerability or dread, chronic anxiety, depression, PTSD). Cost-of-crime studies are important to conduct but it is difficult to identify both tangible and intangible costs to victims and society as a whole.

The crime victims' movements has been shaped largely by the field of victimology, the women's movement, noted examples of system failure, and grassroots efforts. The victims' rights movement began about 30 years ago and was focused on improving the treatment of victims by the criminal justice system. The criminal justice system was viewed as chronically failing to protect victims and the movement identified a need for victims to have an independent and participatory role in criminal proceedings. Typically, victims had been relegated to a witness role, but since the early 1980s, legislative initiatives have asserted victims' rights and their protection, such as the President's Task Force on Victims of Crimes (1982), the Omnibus Victim and Witness Protection Act (1982), the Victims of Crime Act (1984), the Justice for All Act (2004), and statewide crime victims' rights legislation.

Several forms of assistance stemmed from the victims' rights movement, including victim compensation, victim notification and information, victim and witness protection, victim services and additional advocacy. A broad spectrum of services are available to crime victims; however, a relatively small percentage of victims is aware of such services or accesses them.

Overall, violent victimization is common but not ubiquitous and has been declining for 20 years. National measurements are useful and complementary but have shortcomings, and the NCVS is currently undergoing a redesign. The likelihood of violent victimization appears to vary largely by demographic characteristics. Victimization is costly to society

and individual victims, and more information is needed on tangible and intangible costs of crime.

Research on the Victim–Offender Overlap—Mark Berg, University of Iowa ([View slides](#))

The victim-offender overlap entails a situational dynamic, which opens new pathways for research. The following facts are apparent: a large proportion of victims are offenders and vice-versa; victimization is among the strongest correlates of offending and vice-versa; and the violence linkage seems strongest and the magnitude is contingent on circumstances (among the most durable facts). The pattern is rather reliable across data sources; age, sex and gender account for variations.

The following research questions relate to the source of overlap: What mechanism accounts for the strong positive association between victim and offender? Under what conditions is the overlap stronger or weaker? Do the same theoretical mechanisms predict each outcome? For indirect processes such as gun carrying, does that process increase rates of offending? (Yes, gun carrying encourages risk taking.) Does an unidentified other variable account for the entire causal system? Are victims and offenders symptoms of a common underlying condition? (If so, it would account for the entire relationship.)

Critical implications for scientific significance and policymaking are the prevalence of interpersonal violence, which would allow targeting high-risk groups to maximize benefits. But this idea rests on the common cause assumption. We need to illuminate the scope of leading theories of victimization and offending to reveal new insights about the evolution of disputes, (i.e., the process that leads to a killing). Knowing this might allow us to bring tools to the police department to reduce police officers' use of force.

Common design features of studies of victimization and offending are include cross-sectional surveys using items to assess the victimization experience 6 or 12 months after the fact, longitudinal surveys using repeated panel designs, hospital admission data, mortality files, and official police data (e.g., arrest data). Little of the victim-offender overlap is explained by standard theoretical processes or statistical adjustments for confounding. We have exhausted the pool of theoretically derived assumptions found in criminology, and data limitations preclude additional mining. Recent work has clarified, but not unmasked, the complex sources of this phenomenon. Consequently, the body of science is more coherent but not much deeper than it was 20 years ago.

Limitations of those methods are that survey items create a questionable dichotomy between victim and offender that masks incident dynamics and obscures escalation of

conflicts and the victim's potential role. A single survey item captures elements of victimization and offending in an incident. One challenge is isolating contributing conditions. The survey item is a blunt tool that cannot capture the true interaction. (For example, A insults B in front of B's friends, so B threatens A with violence. A responds by pushing B (moderate physical aggression). B strikes A, then B exits with friends. A may believe he is a victim, and so may B. A survey does not capture the insult or the shove.)

Non-recursive pathways complicate causal ordering. Without knowing which occurred first, it is difficult to isolate causal mechanisms, which obscures the "true" effects of victimization on offending, and vice-versa. Temporal ordering attempts to minimize causal problems by specifying prior year lags of X (with X = some number of years). Yet lags may omit information between years; there is no way of knowing whether the victim and offender events are related, which is an unintended cost of empirical clarity. Lags omit an enormous amount of information between years, which can overstate effects. We also lack within-person designs. Few studies control for unobserved confounders, so effects may be overstated.

Disciplines speak past one another. We, as criminologists, do not consider literature on aggression in (social and developmental) psychology of direct relevance to the overlap. The narrow criminological focus results in hypotheses framed from standard theories. These narrow academic approaches are then used to address broad and complicated social phenomena. We need a concerted focus on design challenges, such as implications of item definitions and response patterns. We rely on notions of aggression and coercion vs. crime, but rarely do we study non-offender victims and nonviolent conflicts. We need to develop new data sets with variables from a broader list of social science theories and to study social interactions, the escalation process (how a minor dispute evolves to serious violence), and why some conflicts end peacefully.

We need to fund and promote experimental research on competitive games and interactional dynamics, and we need to study aggressive intent. That would allow us to isolate causal mechanisms, which in turn suggests behavioral processes. We could develop experimental prevention programs as a pathway to understanding the mechanisms behind overlap, whether they be school-based, arrest-based, or court-based. We need to examine mechanisms unfolding during early developmental periods in toddlerhood and earlier, when evocative traits take hold. The family is the training ground—aggressive behavior is a way to control and get what you want. Longitudinal data usually omit infant and toddler years and this neglects developing process measures. Prospective designs should be the standard because retrospective designs come with too many limitations, although they are less expensive.

We should also expand the definition of what constitutes offending, relying on operational definitions of aggression or coercion (e.g., corporal punishment is permitted in some schools but would be considered assault in others.) We rely on operational definitions to separate aggression from coercion, but relying on non-legalistic (hence behavioral) definitions may bring about a more precise understanding of the types of behavior correlated with the victimization risk. Thus, we need to shift the focus of research to a broader range of behaviors.

Much has been learned from null findings. They eliminate potential explanations so we can turn elsewhere. Explaining the source of the overlap has significant implications for theory and prevention. Prevention is important because when a strategy is effective it can reduce the number of homicides. We need an interdisciplinary focus—one that requires new theoretical and data tools. Broad policy changes are a product of such a collaborative effort.

Discussion: Identification of Research Issues, Questions and Gaps—Dara Blachman-Demner, NIJ¹

Victim–Offender Overlap

- We need to identify several retaliatory disputes. Part of the issue is that victims and offenders are coming into a situation and we don't pay attention to the nature of the dispute. Dispute characteristics at the dispute level may be drawing in both victim and offender, but we don't know how that occurs.
- The victim advocacy field is moving in that direction (e.g., with battered women and victims of sexual violence). However, policymakers will argue against it because they want a clean definition.
- People who work on the victim-offender relationship do so in their silos of expertise—child abuse, dating violence, and domestic violence.
- All these things are clearly related. NIJ hopes to provide more linkages among its portfolios. Research on the overlap of victims and offenders is a starting point.

Childhood Experiences

- An observational study published in the mid-1990s addressed toddlers who failed to observe social norms and were repeatedly victimized. It raises the issue of whether people believe their behavior is harmful.

¹ For this and all other discussion sections, bullets are specific comments made by individual participants grouped by the note-taker into common themes. In a few cases, similar points were merged into one bullet statement. All comments are the opinions of one or more participants and do not reflect the official position of NIJ or the U.S. Department of Justice.

- It would be fantastic to study early childhood development and how parents help children resolve conflicts over toys, etc.
- Most adults we talk about come from the high-risk group that has had adverse childhood experiences. Failure to ameliorate or modify those situations and effects early on is a huge problem.
- We need to address what happens to kids who are victimized and what their responses are. More work has been done on females than males. Much female victimization occurs in the home, and this needs more research as to the effect on the victim and change in the victim's behavior.

Gender

- Implicit in research on the victim-offender overlap is that the predictors are the same for both men and women. Some research suggests that different processes might be operating. Research on the link between victimization and revictimization suggests that for men, offending is the primary mediating mechanism, whereas for women, drug and alcohol use, as well as offending, operate as explanatory mediators.

Genetics

- Studying the genetic basis of these behaviors is important.
- Research results indicate that the oxytocin receptor gene (*OXTR*) promotes and has a role in methylation, which implies behavioral phenotypes as a neurobiological basis of social behavior and cognition. Similar work has been done on serotonin. However, biomarker research costs some \$300,000 or \$400,000. NIH might be able to partner with the National Institutes of Health (NIH) or CDC.

Victims

- Changing the terms “violence, abuse, assault” to “illegal” broadens the identity of victims. They tend to become vulnerable after victimizations.
- Greater interest is emerging in starting with a general pool of study participants to see whether people use violence or not.
- Victim blaming is found among some groups, such as young black men and women.
- Victim-blaming stems from a dichotomy: criminal justice is about a single moment in time, but the study of the overlap is longitudinal. We are afraid of victim-blaming because of the comparative fault concept in criminal justice.

Criminal Justice System

- For a number of crime types, the criminal justice system is the entrée to a number of victim services. We see the good victim/bad offender dichotomy and there is no place in the criminal justice system to consider the overlap. System-based advocates are most aligned to that highly adversarial dichotomized model.

Research Methods

- Measurement issues are key. We need more methods research linked with the best measurements the field has—surveys, gaming, observational studies, etc. Otherwise we make the same mistakes over and over.
- What existing data have been underutilized that we could use to start addressing these issues sooner? A solicitation might be issued for re-use of existing data (e.g., Gerald Patterson’s Oregon Youth Study). And we have data from work by Ken Dodge, Pat Tolan and others.
- A multidisciplinary component is framing research well so it cannot be misused. Attorneys read the introduction and conclusion of research reports and then take words. People misuse research all the time and we have to prevent that.
- We need intense interdisciplinary conversations, and this is equally true concerning policy and funding for different services.
- From an academic perspective, not all institutions are receptive to interdisciplinary research, so the interdisciplinary aspect must be written into the solicitation.

Institutional Review Boards

- Researchers are generally poor at explaining to policymakers why research is important; neither do some institutional review board (IRB) members understand the victims’ field. In particular, IRBs need to have a better understanding of the methods (e.g., snowball sampling) that are necessary for research with difficult-to-reach populations (e.g., lesbian, gay, bisexual, and transgender [LGBT] youth).
- Collaborative meetings would be a good way to rectify this situation. Furthermore, each of us can and should volunteer to sit on an IRB.

Research Questions

- What are the consequences of victimization? Could that experience lead to offending? These issues have important implications for policy.
- How can we prevent victims from offending?
- One thing holding back victimization research is fear of asking certain questions about victims; many questions are off the table. We need to lose that fear and ask the hard questions, such as was the victim using drugs or alcohol before

victimization occurred? This question can open the research to charges of blaming the victim. The question may be objective, but the answer is subjective.

- A good victim advocate asks the tough question to know what is going on with victims to get appropriate services for them. In criminal justice, we have to ask those tough questions even though stigma comes with those questions and answers. Partnership between criminal justice and victim advocates would be possible and productive. It is important how you ask the questions that carry societal stigma. To do that, we need to look at the surveys that did it successfully. We need good stem questions. We do not need to recreate the wheel. Victims have as much stigma against themselves as others do, so we have to explain why we ask what questions.
- People experience a variety of types of violence, and a small portion of offenders actually use violence. The intersection with the justice response could be illuminating. What are the differences in how victims and offenders are treated in the system itself? For example, how do judges describe victims and offenders, and how does that influence outcomes? How do ordinary people deal with conflict? What is the difference between conflict and conflict that resulted in violence?
- What about the non-offending victim and the tipping point to violence?

Race and Victimization—Tanya Sharpe, University of Maryland **[\(View slides\)](#)**

Victimization involves the direct victim or victims as well as the indirect victims—namely, surviving family, friends and co-workers. Yet investigators devising strategies and approaches have not talked to the people impacted, and the literature does not reflect the African American experience.

Violent victimization is categorized as simple assault, aggravated assault, rape or robbery. The highest rates of simple, aggravated and violent assault occur among 15- to 24-year-old African American men, whereas the highest rates of rape and sexual assault occur among Native American women. African American and Latino males are disproportionately represented among homicide victims. Of 31,672 deaths in the United States from firearm injuries (19,392 suicides and 12,280 homicides), more than half were African American, while African Americans account for only 13 percent of the U. S. population; 25 percent of the victims were European American, who make up 65 percent of the population.

Research has been predominately conducted in urban areas, including mental health outcomes for victims (PTSD, trauma), risk and protective factors, coping (emotion- and

problem-focused, and service utilization). Gaps in the research include limited comparisons between urban, suburban, and rural victims; small samples for people of color; a dearth of perspectives of victims of color in the literature; limited research relevant to victim typology; and limited research on survivors of homicide victims. In short, blacks and Latinos are overrepresented in victimization, but underrepresented in the literature. The experience of being a homicide survivor thrusts you into a culture of shame, blame and stigma. Already subjected to racism and discrimination, these victims internalize the survivor stress because they don't want another stigma. All of this intersects in the social-cultural context.

It would be helpful to define terms and develop tools of measurement. Data collection should be expanded to where people frequently reside and what their perspective is, (e.g., where they access services). We need national studies on crime, victimization and survivors of homicide victims among populations of color, as they are overrepresented among victim and perpetrator populations. We have to start at a basic level with the people who have been impacted so they can describe their experiences; then we can determine whether available services are appropriate. We should specifically target victims of color. It would also be helpful to have more opportunities for interdisciplinary collaboration for both setting research agendas and conducting research collaboratively.

Tools of measurement need to be developed and utilized that best reflect how populations of color cope with violent victimization in their culture and religion. We should consider the culture of the type of victimization (e.g., homicide, sexual assault, gender-based). Studies must use mixed methods: exploratory methods to unearth unknown experiences of violent crime and victimization for blacks, and participatory action research methods to target the particular population so they feel accessibility, ownership and creditability of the research—so they are part of the process. Then we need to develop and implement interventions that are culturally relevant to the population. Models are another tool, but they must be developed and implemented in culturally responsive ways that examine the mechanisms by which victimization affects quality-of-life indices for diverse racial, ethnic and victimization groups. Longitudinal studies are important in terms of tracking, and we need increased support for more longitudinal research to examine the links between crime victim exposure and long-term physical and mental health, as well as the social consequences (e.g., employment, community engagement).

The variables to be considered in analysis must be expanded to include estimated cost related to crime victimization (e.g., job loss, depression, family function, cost to community), medical and mental health, community, and engagement with the criminal justice system and law enforcement (e.g., frequency, recidivism, quality of experience).

The victim may well not make the connection between trauma and physical and mental health (e.g., “I have a pain in my right side where Johnny was shot.”)

Moreover, we need to look at victimization from a macro-perspective, from the geographic areas where African Americans are experiencing grief and loss (e.g., by using geographic information system (GIS) mapping.) Another area of research interest is victims’ relationships with court advocates and how that affects whether they seek services and help.

Discussion: Identification of Research Issues, Questions and Gaps—Nadine Frederique, NIJ

Race and Ethnicity

- We need to discuss racial differences, the nature of victimization, and the risk of violent victimization—there is a sharp difference in the level of seriousness (e.g., gun violence vs. other kinds of violence.)
- As for descriptive data, there is not much research on bi-racial or multiracial people, and we have to get at that. The effect depends on age and how different cultures deal with homicide. We need to consider homicide where it occurs often compared with where it occurs rarely.
- People affected increases geometrically with minority status. If we start with disenfranchised persons, what happens if a group is criminalized by color?
- We must talk about Native Americans, especially those who do not live on reservations. African Americans and Native Americans are not represented in the literature although they are overrepresented in the statistics.
- When we say “race,” we mean black or white or Hispanic, not Mexican, Puerto Rican, Colombian, etc; however, these are distinct cultures. The literature also shows that native-born persons act very differently from foreign-born. We should collect data that allow us to distinguish these peoples.
- We are so tied to numbers, we get trapped in re-aggregating things that should not be aggregated. There are many different kinds of African Americans, Asians and Latinos. We merge different patterns when we do that. We encourage NIJ to think of ways to fund these gaps in research.
- The race of the researcher is a huge barrier. Hiring data collectors of the same ethnicity as the target population can help.
- We also need to consider household income. The implications of homicide in the African American community raise the notion of “contagion of violence.” It implies that families that suffer homicide will retaliate, but we do not see that at

the rates that contagion would imply. We should look at the rate at which subsequent violence does not occur.

Rural Populations and Location

- It takes a coordinated effort to address rural residence, and race or ethnicity. For example, in cases of homicide, all these people are bound together by loss of a loved one, but getting them to come in the standard way will not happen. We need to get data to allocate resources in a thoughtful, planned way. We need to use different, more creative ways to reach them, perhaps allowing different sampling frameworks to get at the different populations. We may have to provide transportation, or in rural areas we can use tele-help so these people do not have to come into the cities.
- We are starting to see new methods in GIS mapping that identify areas of states where, e.g., migrant laborers would be likely to camp. We can then send a research team to that area.
- We need to do more work on how messages vary across spatial and historical content. Higher victimization rates for one group or another are not the same everywhere. If we distinguish, we can then examine what limits those disparities.
- We need to look at the victimization process from a broader perspective (e.g., the neighborhood's cascading effects.)

Victim Compensation

- Most states' Victims' Bill of Rights came about because of a high-profile homicide of a middle- or upper-class white person; we need to critically analyze that foundation. How applicable is this to the underserved? We must challenge the foundational assumptions that we continue to build on.
- Victims get compensation only if they cooperate. This is unfortunate because the ones who need it the most may get it the least.
- Compensation programs came out of the desire for victims to cooperate with the criminal justice system, not from the belief that they deserve it. More recently, we have come toward the idea that victims are entitled to compensation because they are victims and not just people who can do something for the system.
- Only a small fraction of victims receive victim compensation. In part, this is because most victims are not aware of the program. But it is also the case that there are many restrictions on who can receive compensation.

Policymakers

- The personal story—not the research—has moved policymakers. Therefore, victim impact statements should be studied. It would at least make victims feel they are being listened to.

Victim Services and Resilience

- Mothers of homicide victims are very actively engaged, but the degree depends on where they are in being able to connect with people, those in key places, and other survivors. However, not all surviving family members are the same. Also, they should not go to a survivors' group immediately, but perhaps start with individual therapy. The group members tend to be incredible advocates for other survivors. This gives them a sense of empowerment and control. A problem is that women become heroes of the pedestal type, but an exhausted person cannot be put on a pedestal.
- The coping issue is important, and related is the longitudinal study. A study done by psychologists in Kentucky followed victims every 6 months and showed that the victims whose symptoms persisted were those for whom victimization is not a one-time event. Repetition is the problem, not coping ability.
- Some follow-up studies of trauma show that participating in research may impact one's involvement in advocacy. Survivors now participate in some victims' advisory councils. They are from the community and have been victimized, so they are important contacts for researchers. Victims can help inform the statistics.
- Many crime victims get entrée to services, but the good-victim/bad-offender model may not be useful, and services are not designed to recognize such nuances. Trauma symptoms have been shown to be reduced for families who have some court interaction with the offender.
- How does the trauma of being a homicide survivor compound the trauma of other disadvantages being experienced?

Intervention and Prevention

- How can we apply what we already know to intervention and prevention strategies? The public health perspective might be useful. The community-based intervention approach and environmental interventions could also be useful, but we need more research.

Violence on Campus

- A campus is its own community, with its own system of justice; it is a special population. We hear about sexual assault but we are swamped by “normal” victimization on campus because campuses bring in many people from many

more cultures (e.g., rural Michigianians vs urban Chinese peoples). In fact, campuses are the third most common place for hate crimes. Given the heightened focus on these issue by policymakers, we are currently in a unique time when some positive actions could happen on college campuses.

- One of the meeting participants served on the Cleary Act Committee and will share the information and the final regulatory language. The investigative team for the Office of Civil Rights is particularly focused on hate crimes (e.g., campuses are now obligated to report all hate crimes and to label them as such.)

Criminal Justice

- There has been a boom in literature about sexual violence victims and their relationship with criminal justice. Understanding those communications would be revealing of effects on victims and of declination rates.
- Criminal justice is important. When a homicide occurs in a white, middle-class neighborhood, there's easy access to both the civil and administrative parts of the criminal justice system; that easy access doesn't happen in lower-class communities. This area is ripe for research.
- Also, many crime victims have nothing to do with the criminal justice system; we need information about them too.
- The criminal justice system attracts a lot of criticism, but no other system is stepping up and at least they're trying. Research shows there can be positive outcomes as well as negative, but because we have not studied what we are doing right, we cannot capitalize on that.

Research Methods

- We need mixed methods. Often an overlooked approach is critical for areas where we have enormous gaps. We need to include these specifics in funding announcements so reviewers can understand the need and importance.

Victimization Among Special Populations: Sexual Minorities/LGBTs—Amy Hequembourg, SUNY Buffalo ([View slides](#))

Sexual minorities include lesbian, gay, bisexual and transgender (LGBT) individuals. For a variety of methodological reasons, it is difficult to definitively estimate the size of the sexual minority population in the United States. However, some estimates suggest that about 3.5 percent of the population identifies as lesbian, gay, or bisexual, and as many as 700,000 transgender individuals likely reside in the United States. They are at disproportionately high risk for experiencing bias-based crimes. While sexual minorities make up only 3.5 percent of the

population, 30 percent of reported hate crimes each year involve sexual orientation- or gender identity-based violence.

Sexual minorities report a range of health risk behaviors and poorer health outcomes compared to heterosexuals. These disparities are thought to be the consequence of experiencing sexual minority-based stigma that creates unique stressors that are above and beyond typical stressors found in the general population. These disparities are important to consider for their potential intersection with violent victimization, particularly risky drinking patterns and mental health problems (e.g., anxiety, depression).

The FBI's Uniform Crime Reports indicated that 1,376 cases of sexual orientation-based hate crime offenses were reported to U.S. law enforcement agencies in 2012, with more than half of these reported crimes directed at sexual-minority men. Estimates of violent victimization among this population are not widely available, although other sources (e.g., National Coalition of Anti-Violence Programs, Center for Disease Control and Prevention's National Intimate Partner Violence and Sexual Assault Survey) do provide some insights into the magnitude of the problem. These data indicate that sexual minorities are at greater risk for being victimized than heterosexuals, with some subgroups of sexual minorities (e.g., bisexual women, transgender individuals) at increased vulnerability.

Violent victimization is uniquely detrimental to sexual minorities; it is not only experienced as a personal attack but also serves as a symbolic reminder of vulnerability, isolation and lack of legal protection to the LGBT community. Biased-based attacks targeting sexual minorities tend to be more violent and to produce greater adverse long-term psychological consequences for LGBT victims than other forms of crime. Violence targeting sexual minorities appears to have unique characteristics, but further research is needed to better differentiate the nature of this biased-based violence from violence targeting other minority groups.

Reported rates of violent victimization targeting sexual minorities are conservative at best because underreporting is common. Sexual minorities are reluctant to report crimes because there is a history of prejudice against this population in our criminal justice system. Sexual minority victims also underreport experiences of violence due to fear of re-victimization and fear of "outing" oneself. Underreporting also occurs because law enforcement officers often lack the training, skills and means to identify a bias-related crime and document it properly.

Further research is needed to better understand the extent, nature and consequences of bias-based crimes targeting sexual minorities. However, researchers face a number of methodological challenges, including the difficulty of recruiting sufficient samples of this hidden population for their studies. A necessary first step toward solving this problem is to include questions about

sexual orientation and gender identity in all research, particularly population-based studies. Furthermore, studies utilizing longitudinal designs are needed to better understand the complex causal processes underlying vulnerability to and consequences of violent victimization among this population. In order to better understand how multiple and overlapping identities impact experiences of violence, researchers should enroll sufficient subgroups in their research—particularly bisexuals and racial/ethnic minorities—to conduct comparative analyses. We should consider community-based study designs that utilize other recruitment approaches, such as Respondent-Driven Sampling. We need to evaluate existing programs and seek better understanding of how current services can be refined to meet the needs of this population. Other issues to consider are secondary victimization, the identification of mechanisms associated with victimization, the role of risky alcohol use in experiences of violence, and long-term psychological consequences of violent victimization among sexual minorities. Finally, we need to identify, develop and test intervention and prevention programs to reduce violent victimization incidents among LGBTs.

Research on Victimization Among People with Disabilities— Angela Browne, VERA Institute of Justice ([View slides](#))

Definitions of disabilities vary. For purposes of this presentation, disabilities include: a physical, mental or health impairment that substantially limits one or more major life activities of an individual; a record of such impairment; or being regarded as having such an impairment. Approximately one in five Americans has some type of disability (Brault, M., *Americans with Disabilities*, 2010; 2012). Disabilities include cognitive, physical, sensory and psychiatric impairments. Each disability type has unique victimization risk factors, reporting challenges and research considerations.

The voices of people with disabilities are often silenced; they have few channels to report victimization, they may not label what is happening as victimization, and the perpetrators may be people they depend on for care, housing or survival. Rates of victimization are very high (62 per 1,000 individuals with disabilities vs. 25 per 1,000 non-disabled individuals), while access to informed help sources is often very limited.

Current literature suggests that women with disabilities experience sexual assaults that are more severe, involving more types of assault by more perpetrators over a longer period. There has been little research on men. Moreover, victimization may also take nonviolent forms, such as controlling access to or breaking the victim's adaptive or assistive equipment and withholding medication or food. In addition to the challenges victims face in reporting these offenses, individuals with disabilities may appear to be easy targets, unable to protect themselves, and have often been taught to be compliant from an early age. Although this is usually intended to help them cope with daily life, it increases their vulnerability to abuse. They also may be viewed as less credible by

authorities and thus discounted. Perpetrators may be persons the victim relies on for care, housing and survival, and persons they are near regularly (e.g., family members; intimate partners; personal care attendants; program or hospital staff; transportation providers; other clients, consumers, or patients at care providers' homes or hospitals).

Factors contributing to reluctance to report among people with disabilities include: concern about not being believed or seen as credible; concern that a 'disability' label might be used against them; concern that their disability will be made public or be made a matter of public record; concern about retaliation by caregivers; concern that they will be institutionalized; and concern that they will be referred to Adult Protective Services.

Study design instruments must be accessible and effective (i.e., they should use simplified language and offer accommodations or modifications for deaf participants.) Furthermore, they should capture unique realities, risks and considerations, including types of abuse that may be unique to certain types of disabilities. Caregiver abuse should be recognized as a form of domestic violence. When collecting data, researchers should be sensitive to the location and presence of potential perpetrators and should use caution regarding using proxy respondents (e.g., family members, caregivers) to respond for the participant, since proxies might underreport due to lack of knowledge that the individual has been victimized or because they are the perpetrator. Research considerations vary by disability type. Other issues include sampling, study design and data collection, informed consent, interview location (accessible and neutral), confidentiality (staff, interpreters, helpers, and contacts), instrument challenges (accessible, interpretable), and interviewer mandate to report (which varies by state).

Estimates of the number of people with disabilities in the United States vary widely. Reasons include lack of standardized definitions and the fact that some individuals may not identify as having a disability. People with a disability are sometimes hard to reach through traditional random sampling techniques such as phone, mail, or door-to-door sampling, and studies have depended largely on convenience samples and care providers. Surveys often do not ask specifically about disability status, or they do ask but combine types of disabilities, masking information on risks for different disability types.

Informed consent requires a form written in simplified language that eliminates repetition, to reduce confusion and difficulty for interpreters and for respondents who are deaf. (In sign language, repeated information is treated as new information.) Depending on the range of disabilities among the respondents, the consent form may also need to be accompanied by a built-in, non-insulting competency assessment. Some states require researchers to file reports of abuse if violence is disclosed during interviews, and participants should be made aware of this possibility before the interview begins. (See www.rainn.org for maps at state level for this requirement.)

Discussion: Identification of Research Issues, Questions and Gaps—Bethany Backes, NIJ

Offenders

- Frequent offenders have multiple motivations, and researchers could categorize that.
- We need data on the motivations and childhood experiences of perpetrators.

Victims

- Multiple characteristics (e.g., having a disability and self-identifying as LGBT) may make people more vulnerable.
- The Vera [Institute] study does not include a study of details of the actual sexual assault; it only verifies that a violent sexual incident occurred. It also does not collect data on nonphysical abuse such as financial abuse.
- We need to study the declination rates of these kinds of cases (victims with disabilities). Case file records across studies indicate that, in most jurisdictions, very few cases proceed to indictment or trial.
- In addition to the observation that very few cases proceed to indictment or trial, another challenge is our capacity to believe the victim vs. our capacity to convince a jury of 12 to believe the victim.
- We need to think about the communities from which we collect data (e.g., the absence of hate crimes in a particular area does not necessarily imply tolerance.) Where minorities come forward, the police have come forward first. (This would be the District Attorney's Office.)
- The theme for special populations is underreporting to the police department. NIJ has a policing/criminal research division that perhaps could address this.
- Relevant issues are community trust and victim reporting to the police department.

Deafness

- For people in the deaf community, we need to consider how the primary communication mode is related; variation is tremendous—lip reading, sign language. Knowledge of deaf populations comes primarily from college settings (e.g., Gallaudet University in Washington, DC), where the deaf community does not consider deafness a disability.

- The first consideration is safety. We have to go to the communities themselves and get expert advice from them.

Consent/Assent in the Study of Disability

- To address consent vs. assent, Vera [Institute] investigators worked with advisors from the advocacy and service-provider communities.
- Another issue is the complex issue of guardianship. People who have guardians may be more likely to be victims; some guardians may also be the perpetrators. This must be considered in revealing the purpose of a study (e.g., to learn more about physical or sexual violence or other forms of abuse) to guardians and asking their permission for the potential respondent to participate in the study.
- People have a range of disabilities with a range of severity. In the Vera study, the competency assessment is built in to the consent process but is framed as making sure the interviewer has clearly explained the study.
- The advantage of not interviewing subjects in the place they usually spend their time is that it reduces the risk that they might be at the site of victimization or near the perpetrator. A timed option, which is informal, can be offered if they change their mind.

LGBT

- Obtaining consent for LGBT youth is a challenge if they are not “out,” as they may be outed in the process of reporting.
- The LGBT population is missed in broader studies. Researchers put these individuals at risk unless they can find ways to not out them. They want to tell their story, and often researchers are the only people they can talk to.
- As for LGBT populations and domestic violence, having a police liaison was valued in the community. However, we need to be careful; we need police (or other officials) who are sensitive to the issue, although not necessarily of the same group (e.g., LGBT, women).
- Some things are age-related: victimization of individuals in the mid-20s to 30s often involves alcohol; for young children, it is runaways; for older people, domestic violence. But these crimes are not only age-related; they involve ethnicity and sexual identification as well.

Mental Health

- Many police departments develop strategies to train officers to interact with and engage people with mental health problems, but these strategies have not been evaluated. In some places they send a mental health practitioner with the officer.

- There are Web-based technology aids for training and interventions, such as prevention for firefighters and training courses using mental health practitioners who work with these people. If we can't get resources to the victims, technology may help because most people today have internet access or smart phones.

Services/Research Intersection

- All work is community based, but some agencies and communities have no clue about what goes into research. We need to educate them on the meaning of “variable,” “logic model,” etc., at the macro-level. During these training discussions we can talk about relevance, importance and process.
- When working with a program, you're helping program recipients as you carry out your research. Results can then be co-presented to other community-based programs.
- There are also structural impediments and regional challenges.
- A challenge with community partnership is that they see evaluation as a way to prove their program works rather than a way to determine what works and what doesn't.
- NIJ is funding research in practitioner partnerships; researchers and practitioners need to collaborate and interpret each other's material, so there is a translational side. We also need large-scale partnership projects. We need to help people to not be scared of research. A large evaluator piece is tied to funding.
- Additional areas in need of research include:
 - Substance abuse and disability ;
 - Chronically homeless adults, a third are veterans who are reluctant to seek assistance;
 - Mental health that is either a cause or a consequence of victimization;
 - Muslims, Sikhs, and Middle Easterners, who have experienced an increase in hate crimes since 9/11;
 - Racial hoaxes, where people blame a particular crime on a race; and
 - Mass tragedies. (Currently, we only do after-incident reports and reports on the impact on the community.)

Recap and Plans for Day 2—Dara Blachman-Demner, NIJ

We discussed three of the four areas of focus—race, victim–offenders and special populations. On day 2 we will discuss victim services, and then participants will join break-out groups for deeper discussion of the four areas. We want to identify priorities, overlaps and common themes.

The day's sessions were adjourned at 4:20 p.m.

December 3, 2014

Recap of Day 1 and Review of Today's Agenda—Nadine Frederique, NIJ

Dr. Frederique opened the meeting at 9:04 a.m.

Angela Moore, Division Director at NIJ, gave more detail on NIJ's Policing Portfolio; Brett Chapman and Eric Martin (not present) manage this research. The Justice System Division spans the gamut from policing to reentry, including police response to crimes, police interaction with victims, and how police are viewed by the citizenry. The division does a little work with the Office of Victims of Crime, trying to enhance police response and how they treat victims. But it is an across-the-board response; it is not focused on victims *per se*. The goal for the police department is to treat everyone with respect. Recently, body-worn cameras were introduced, and we want information on response to that.

Discussion

- We have two issues: victims, and police working with victims. The most important tool the police department has is information, which they get from people in crisis. There is little in the way of looking at people as a tool of the trade, and how they relate to them.
- Recanting would be addressed by the Victimization Division—it's more about the victim than the police, although they could work on police understanding. We need to make police understanding primary to our work.
- Regarding body cameras: Once turned off, the contents must be transferred to the prosecutor's office by disk or electronically, but in a format they can use to review the contents and include it in case material. Identification and control of the information are among issues to be considered.
- Russell Strand has done a massive amount of work on training. There is a division between training and research, but there are some areas of training that could be worthwhile to explore.

The State of Victim Services Research—Bruce Taylor, NORC at the University of Chicago ([View slides](#))

Since the 1980s, studies have looked at who victim providers serve, and the efficacy of victim services (i.e., whether services reduce violence and increase adjustment). Some of the early work was broad and covered a variety of crime victim types. With funding later

focusing on intimate partner violence (IPV), a fair amount of the research on victim services shifted to mainly IPV victims. This presentation will focus on two main areas: research on who victim service providers (VSP) and informal networks are reaching and whether they are addressing the main stated needs of crime victims; and research on the effectiveness of victim services on outcomes such as reductions in victimizations, satisfaction with services, and quality-of-life outcomes.

To begin with, there are some definitional issues to discuss. First, who is a victim? Must victimization involve violation of criminal law? Does psychological abuse qualify? The legal definition of a crime victim serves as the gatekeeper to rights and service provisions. Second, which types of victims should be studied? Currently, it is mainly domestic violence and sexual assault victims.

Decisions also have to be made on what counts as a victim service. Services could be formal or informal; system-based (justice, health, mental health), community-based, or faith-based. Services can be provided by agencies and groups whose principle function is to serve crime victims, or by groups (e.g., hospitals) whose main function is something else and who provide victim services as an add-on. Research is needed in areas such as emotional support and listening, safety services, professional therapy, criminal justice advocacy, and individual needs assessment. We also need to know the extent to which victims need help navigating the criminal justice system (e.g., getting case information, understanding case handling, going to criminal justice appointments) or need practical assistance (e.g., help getting to doctor appointments).

What do we know from the extant literature on victim services?

First, we know from studies in the 1970s, 80s and 90s that few crime victims use formal victim services. Based on NCVS data from 1993 to 2009, only 9 percent of victims used services provided by government- or privately funded VSPs. Victims have multiple needs but only a small percentage receive help from VSPs. Many victims do not seek services because they are not aware of their availability. Many victims reported relying on personal networks for assistance. Researchers have also found a somewhat higher use of victim services is reported by crime victims who have involvement in the criminal justice system, and that even crime victims with psychological symptoms are reluctant or delay treatment for assistance with issues associated with their victimization. In a general population study, Norris and colleagues (1990) found that only 12 percent of crime victims contacted mental health professionals within 3 months of the crime, but violent crime victims who were repeat victims and crime victims with depression were more likely to seek treatment. They also found that sexual assault victims were most likely to use victim services (50 percent), followed by 22 percent of physical assault victims, 16

percent of homicide survivors, 14 percent of burglary victims and 4 percent of robbery victims.

Research based on National Crime Victimization Survey (NCVS) data is helpful for determining who receives victim services. NCVS data indicate that those receiving victim services are more likely to report their crime to the police, more likely to be female, and more likely to have experienced serious violent crime. Also, victims in rural areas are more likely to receive services. Based on NCVS data, reporting to the police increased the odds of seeking services by three times. However, we still need to uncover the mechanisms that explain police involvement in linking victims to services.

Research has also identified a number of important subgroup of victims that are underserved. Young men of color are most likely to be victimized by violent crime but few receive services. There are few services for non-domestic violence and nonsexual assault victims, and for victims who identify as LGBT, are members of various racial/ethnic minority groups, who have mental health or substance abuse issues, or who have disabilities.

Furthermore, there is conflict between the services provided and what victims need. Victims who do reach VSPs often have multiple needs addressed. For example, domestic violence victims at shelters are also likely to receive individual and group counseling, legal services, case management, child care, life and career skills, transportation, medical care, and/or financial assistance. Back in 1990, Davis and Henley noted a mismatch for kinds of assistance offered by VSPs and the needs of victims. The most prevalent needs of victims are practical in nature (e.g., better locks), but these are the services least likely to be offered by VSPs. Still to this day, there is very little data on the efficacy of VSP programs on victims and whether services match their needs. Theoretically important variables are often unmeasured (e.g., economic and emotional dependence, social and cultural factors), and this holds back research on predictors of reporting behavior.

There are important gaps in our knowledge of the services provided by informal sources to victims. We need to know more about the number of victims who get informal help by crime type and their characteristics, the types of informal help provided, the extent the help or aid affects the recovery process, and how providing aid to victims affects the helpers emotionally and financially.

There are significant gaps in our understanding of predictors and barriers to help-seeking and service use by victims. In 2010, McCart and colleagues used Andersen's (1995) model to review three main determinants of help-seeking that will be important for researchers to explore:

- Predisposing characteristics. Individual-level factors (e.g., age, gender, ethnicity, education, socioeconomics, marital status) influence help seeking.
- Enabling resources. Factors at the individual- and community-level that can either facilitate or impede service use (e.g., insurance coverage, transportation, social support, service awareness).
- Needs. An individual's subjective perception of need or an evaluative need provided by a professional.

The research designs used in victim services research are also of low rigor. Typical evaluation designs for victim service program research are generally low quality—data collected at a single point in time; small, nonrandom samples of victims; and no comparisons of served vs. non-served, or of victims' situation before and after receipt of services. There are few evaluations; not until 2001 did victim service programs' funders start requiring evaluations. Few randomized clinical trials (RCT) and quasi-experiments have been done. Research on whether victim service programs improve outcomes for victims is generally inconclusive and mixed for a variety of victim service outcomes (e.g., victim safety, psychological well-being, victim satisfaction). However, there has been some promising work in coordinated community responses to violence and therapies for certain child and adult crime victims.

Generally, with one major exception, we do not have strong data to address the question of whether or not victim services improve outcomes for victims. One of the most researched victim services is second responder programs—home visits by a crisis response team following up on an initial police response to domestic violence. A meta-analysis of the best eight studies (five RCTs and three quasi-experiments) on this intervention was done by Davis, Weisburd, and Taylor in 2008. This team detected a small positive effect for increased police complaints and reports of domestic violence and abuse to police for those receiving the second responder program compared to the control group. However, this team found no effect on actual domestic violence and abuse based on self-reported victim surveys.

We have few data on how to optimize and structure delivery of victim services, although there is some evidence that coordinated service leads to improved victim satisfaction. Recent developments in using technological communication advances are being used to address barriers. Some internet-based programs for trauma-exposed victims (e.g., interactive psycho-educational modules; multiple-week, therapist-assisted treatment programs) are promising, but they need follow-up.

Costs are the least-studied aspect of victim services, individually and programmatically. Based on national survey data collected by Cohen and Miller in 1994 from mental health

staff, crime victims obtaining treatment made up 20–25 percent of client populations and over \$8 billion in services, with fatal crime, rape and child abuse cases involving even higher costs. Also, cost, services offered, and their evaluation are currently being addressed by BJS’s current national survey on VSPs.

Some of the key lessons learned from this literature are that most victims neither report to authorities nor seek needed health care services. Beyond these facts, however, much remains to be learned. We know there are multiple barriers to reporting and to service utilization, but we have few data on what victims need to navigate the criminal justice system to overcome these barriers. Most research on the use of victim services is based on small samples that are not generalizable, and therefore may not be applicable to other regions. For example, in 2009, there was a review of 18 intervention studies for victims of intimate partner violence; only 3 qualified as rigorous research. Most research has been done on female victims of sexual assault or domestic violence. We need more research on male crime victims and other forms of violent crime (e.g., physical assaults, robberies) to help place our existing knowledge in better context, and which might further elucidate predictors of, and barriers to, reporting and help seeking. We also have good data to suggest that young men of color are most likely to be victimized by violent crime, but few receive services. Research also suggests that there are fewer services for non-domestic violence and non-sexual assault victims. Today every state has at least some programs available to victims, but we lack “compiled information about the current capacity of service providers, including data on their current funding sources, staff and management expertise and diversity, use of technology, and other indicators of organizational capacity” (National Center for Victims of Crime, 2011, p. 8). Overall, we lack a clear picture of the most basic components of victim services efforts (e.g., how victims come to VSPs, funding, costs of running VSPs, services offered/used, outcomes for victims using services), and without such knowledge, it will be very difficult to move the field forward.

Discussion: Identification of Research Issues, Questions and Gaps—Bethany Backes, NIJ

Research Gaps and Questions

- NIJ has an ongoing OVC-funded evaluation project to examine wraparound legal services for crime victims in six different jurisdictions.
- The first problem is that researchers are not well-funded and are not interested in understanding the complexities of how a service is provided. Service providers are busy providing and don’t have time to conduct research. Many victim services

are not trauma-related but address practical issues such as job skills or building and rebuilding self-esteem.

- Another issue is the effect on victims of forensic science, cold-cases, innocence projects, and jury expectations in the way of forensic science. Studying these issues has to be multidisciplinary.
- Victim agencies are hesitant to go to evidence-based practice; much training is needed to convince them of its importance.
- The impact of case declination—can we prove this to a jury vs. “did this happen to you?”
- The use of technology is growing exponentially.
- We don’t know the research questions because we don’t know the outcomes we are aiming for. What is the ultimate goal of victim services? Victim services cut such a wide swath; each service may have different outcomes and objectives. The field has not defined research questions. For example, is the goal to end domestic violence, or for victims to understand their options to become more safe? Maybe we need to study multiple research questions and discuss outcomes starting with what victims need.
- Researchers must work closely with providers, but they often don’t speak the same language.
- Our data are old. Much research dates from the early 1990s. Cost estimates come from work done in 1982 and 1983, and many things have changed since then, including post-9/11 experiences. Technological advances are important for funders, and part of that is prioritization.

Victim Services

- VSPs are flexible in applying funding streams to provide services for the individuals who come in the door. These workers have an underappreciated skill, which we should learn more about.
- In some cases, VSPs may only be able to provide one type of service, which may or may not fit the needs of all victims.
- We have to move past victim satisfaction as an outcome measure. We need to look at issues such as future employment and housing. However, research doesn’t capture that. What additional measures are needed to capture that?
- We begin with a baseline assumption of efficacy, that what the VSP is doing is effective; this creates a barrier. The word has to get out that we do not have hard evidence to back up what we are doing.
- Dynamics differ between long-term crisis therapy and getting the locks fixed.

- Many victims don't report crimes because of complicit internal behavior (e.g., the streetwalker who gets mugged is not likely to report the mugging). Research may explain why they do not report.

Randomized Clinical Trials

- RCTs require negotiations to be undertaken and they require much education of providers. Providers tend to think you're taking something away from the victim; therefore, treatments look very similar to controls. RCTs have value but there are other good options too.
- There is now push-back against use of RCT as the gold standard, even in the field of health. We did not need one to know that sanitation is beneficial.
- It is not design issues that are not holding us back; it is the absence of research.

Research Methods

- Now we have evidence-based ignorance, and that's the exposed part of the iceberg. We are not looking at non-reporting. We don't know what it means for a program to work other than asking the victim. Individual programs at the state level have tried to define outcomes, but they are based on victims' beliefs.
- To measure the effect of services on women, these investigators found a proxy: They counted the number of social service workers and police officers per capita in the metropolitan area and compared those with the incidence of reported IPV. Places with more social service workers and police officers had lower rates of IPV.
- There are so many differences across places, in terms of what people are doing, that it is hard to compare. However, people doing anything is better than not. We should not confine ourselves to the micro-level. Something is going on—how do we get at it?
- We don't always have to do experiments if the effect is large. In this area we do experiments and find small or negative effects (e.g., more victim services lead to more violence). We need macro-level experimental data, but there are so many variations about what's going on. No statistical model allows for this much variation, but we can find out if the presence of more police officers reduce crime. As in physical health, even though effects are small, we do many things to retain health. The effects of duress were found to have a huge effect. The rigor of the design helps uncover the large effect that gets covered by all the other things people are doing. It calls for continuous evaluation.

- Design methods are impeding the research; that is why research in certain areas is absent (e.g., how to ask questions—there are provider questions and research questions).
- We need a consistent, methodical way to conduct research. How many interventions are designed to address risk factors that have been modified by input from providers and victims?
- Focus on the kind of victim creates another silo. The victim needs service now, and we have to figure out how to get around that impediment.
- There is an emphasis on quantitative methods to the exclusion of qualitative field research, but, for example, we cannot get at race issues with quantitative research.
- We can get data with laptops while victims are waiting for services and can include qualitative information with the quantitative data.
- Research staff is a critical problem. We need to start with generalists who then specialize (as in the medical world). We have to ask victims, but that cannot be our only criterion.

Criminal Justice System

- Some perceive a criminal justice bias in victim services, which can create problems. Criminal justice goals are penalological services.
- Several service providers balk at the term “crime” victim when they mean financial abuse, protective orders or fraud victims. They think only in terms of services, not crime. For criminal justice, victim service is keeping victims notified of the proceedings.

Access to Services

- Finding services is important for the victim, but it is often quite challenging to figure out where to go for the appropriate service. We need research to find out how to increase awareness to utilize existing services more efficiently—traditional media vs. newer tools, minority vs. majority populations.
- Do services work for existing programs? Health-seeking options are nonexistent unless they fit into the categories being studied—sexual assault, domestic violence, etc. Other kinds of victimization are ignored. Also, the language is not the same. We need to keep the scope broad in terms of services availability.
- Victims are so different from each other and their needs are similarly different. We don’t ask them about the efficacy of the service in a way that gives us useable data. There is often a disconnect between what the victims need and what service providers think they need. We could have blocks of types of needs; then, have some service providers say what they think they need and compare that with what

victims say they need. We have to listen to what victims say. If you ask, they will tell you. But questions have to be asked in a standardized way to produce useable data.

People with Disabilities

- About one in five people in the United States has a disability. For domestic violence, the cutting edge is that people with disabilities be explicitly included in everything to do with domestic violence, whether they live in a group home or a facility. People with disabilities should be included in the mission statement, in practical issues, and in capacity issues. Often, the underserved are not mentioned anywhere. Most handicapped people who are abused are abused by people they know well.

Compensation

- The most recent research on victim compensation for tangible losses was done in the 1980s. We don't know whether victims know about the possibility of compensation.
- A secondary resource is restitution, but that requires receipt of costs before a judge will order it. If imposed, the funds are generally transferred to a different office, such as the Probation Office. Victim services could be helpful in working with the Probation Office to be sure the victim receives the money.
- We have dealt with traditional victims, but crime is evolving and changing. (For instance, a New England state with pharmaceutical companies looked at the companies' sale of harmful drugs as health care fraud, but they will file criminal charges for people who have suffered serious effects from using the drugs. Compensation board insurance is now dealing with that [the company went out of business].) There is huge inequity in compensation, state by state, and there are still so many limitations in available services depending on where you live in this country.
- Research suggests that restitution is not always imposed, even when restitution is statutorily mandated. Moreover, even when imposed, full restitution is paid in less than half of all cases.

Break-out Groups

Participants broke into groups to discuss the following topics:

- Race and victimization;

- Victim-offender overlap;
- Special populations; and
- Victim services

Report Out: Prioritization of Research Issues, Questions and Gaps—Dara Blachman-Demner, NIJ

Victim-Offender Overlap

1. Foster research on measurement issues, including measurement of items and structure of questions. Concerning conflicts and situational issues, without proper measurements, what are we analyzing?
2. Funding streams that allow researchers to locate data sources are not easy to find, (e.g., data gathered several years ago on adolescents).
3. Locate early childhood data to identify family process precursors. This would allow us to develop life-course chronology of victim-offenders and conflicts in general. The way children are taught to resolve conflicts is manifested in adolescence and afterward.
4. Do a better job of promoting research that integrates substantive research on intimate partner violence and its methods.
5. Fund research on disputes (including nonviolent ones), the evolution of conflict, the relationship between offending and victimization, social networks, and social resources.
6. Incorporate in research new technologies to document incidents, and apps on phones; this relates to measurement. We tend to be foggy about temporal relationships between one event and another. And we need to resolve etiology.
7. Fund development of interventions that rely on institutionalized populations or those in schools. That way, we can convey to people actively involved that there may be unfortunate outcomes if they continue what they are doing. It would involve mechanisms to resolve conflicts without violence, would involve parents, and would involve evaluation.
8. Focus on contextual mechanics that may moderate the relationship between victim and offender. Focus on: history and timing (whether something has changed over time), contemporary American violence trends, rural/urban differences, and school settings.
9. More work on gender differences in victim–offender overlap. It has been a male-focused line of research and we have generalized too much from that line of research.

Race and Victimization

1. Context, both social and cultural, of victimization. We talk about race, but what does that mean? The issue of race in terms of cultural trauma. We should gain a fundamental grounding in understanding, build from that, and develop different models.
2. Victimization theories at micro- and macro-level. We need a guide to have more focused research. We need to know what exists; such a document would be helpful.
3. Racial stereotypical attribution and victimization. How do stereotypes play into victimization and how can we change stereotypes?
4. We need offender data. Currently, we only gather data and information from victims.
5. We should be clear whom we are talking about (e.g., using “ethnicity” when you mean “Hispanic”).
6. Variations by client types.

Special Populations

1. Special populations are those that are unique in some way relevant to the operation of the criminal justice system. One approach to thinking about them is in terms of statistical interaction: a procedure or practice that is effective for most citizens is ineffective or harmful for a particular group of people. For example, general police practices for interviewing may be counterproductive for the mentally ill; victim services may be ineffective for some groups (e.g., LGBT teenagers) for whom services might mean being identified, when they do not want their identity to be known.
2. Which populations? Physically or mentally disabled, LBGT, homeless, veterans, Middle Easterners, Muslims?
3. Males are usually considered as offenders, but we need to also consider them as victims.
4. Risk of victimization—factors that cause victimization and unique factors of these populations (e.g., victim literacy, health literacy). We need more descriptive information about crime.
5. Accessing services should be included in the report to the police department. Health-seeking could occur with friends or a mental health professional or by calling the police.
6. Police training to respond appropriately.
7. Community trust.
8. Interaction with the criminal justice system; bridges to policing.

9. Methods and ethical issues crosscut the way that researchers can study how different parts of the criminal justice system deal with special populations. For example, there are questions about sampling strategies that may be the only way that some groups can be studied, if those sampling strategies might make generalization difficult. Regarding ethics, special populations raise questions about whether individuals can give true consent—or even assent—if others (e.g., caretakers) may be affected by responses to questions.
10. Privacy implications of technology.
11. Violence risk, accessing systems—all are affected by methods.
12. Characterizing these types of victims.

Victim Services

1. Conduct a victim needs study. To what extent can services be aligned to that? Include victim compensation and informal services. Some 90 percent of victims do not get services, and we need more data on why.
2. Effectiveness research on victim services. We need to think broadly about outcomes. A way to get at that may be to talk to providers in addition to conducting a victim needs study.
3. Cost of service. It is hard to get people to provide continued funding if they don't know how much it costs. Also, the cost of victimization. We need cost/benefit analyses, including the cost of unaddressed victimization. It is important to understand the costs behind all this.
4. The role of restorative justice.
5. The role of the police. Why is it that people who contact the police are much more likely to seek services? The role of police officers as guides to services. Laws that mandate police to give information on services and the format in which it is given (e.g., is it more effective to use 8- x 11-inch paper or a three-fold brochure? We need to make the most of marketing technology (e.g., apps to notify people).
6. Increase the literature on poly-victimization and do not “silo” groups of victims. Do we need to develop victim services that respond to poly-victimization?
7. Non-traditional service providers. How and whether they reduce the effects of trauma.
8. Challenges include collecting data from victims, and hard-to-reach populations, which makes it expensive. Therefore, we may have to move incrementally.
9. Commitment to rigorous research and explicit recognition of this need.
10. Methods. Build on existing work such as the changes in NCVS, and explore the longitudinal nature of data and whether they are repeat victims.

11. The need for multiple approaches and multiple sources, not just RCTs (e.g., data collected locally, methods to deal with them.)
12. Needs and why services are accessed. Protective factors that appear or do not.

Common Themes

1. Different modes of presenting information—how best to frame information to be meaningful and to resonate with people. Use small experiments to get at this.
2. First we have to ask victims if they want services, rather than assuming they do. Research from California shows that large percentages of victims are totally unaware of the possibilities, so many never contact anyone who would ask them if they want services.
3. Methods approach—being deliberate about rolling out an agenda to look at race/ethnicity and services, but also victims’ perception of services. Qualitative data that speak to that experience. Phase 1, gather data (that don’t exist—how do we get the samples?). Phase 2, analyze.
4. Terminology. Crime vs. victimization. How is the term “victim” received by the public regarding marketing, funding and clients?
5. Cost could be thought about as a tax on the government when people are victimized, because they are not contributing and producing. That might be more than the cost of remediation.
6. Racial bias in victim services can sometimes be seen in victim compensation. It may require cooperation with the police in communities where some individuals may not trust the police. The assumption is that all victims need certain services, but some people are not identified as victims.
7. Develop foundational research in phases. Determine and identify characteristics of offenders as well as victims.
8. Common challenges: disaggregate the kinds of victimization. We may be talking about these problems at too high a level of aggregation to figure out how to do that. Context, poly-victimization, and overlap challenge how to do research. Maybe NIJ could seek tools for how to do it. Products that come from research have to go to various audiences—researchers, service providers, policymakers—which means terminology and delivery of products must be appropriate to each.
9. Victimization experiences for young, poor, urban, black and Hispanic males have implications for victim-offender overlap and VSPs. In the United States, this implies a discussion of gun violence (which was not brought up). Firearms are one dimension of this cluster of issues. We need incident characterization.

10. Continued support for interdisciplinary meetings (like this one) to discuss how to dissect, roll-out and publish this kind of research. This spills over to victim services.
11. Translation of research to practice. With all research, we must keep in mind its practical application of how we would use it in the field for different audiences.
12. What do you want to accomplish? The field must be ready for the answers in real time, and that may help in instances of retaliation.
13. What do court systems need to be more effective? Research should provide that, and it is being worked on in a translational study. Start with the end-users and what they need from the research. This policy applies across the board now.
14. We need expert witnesses on gender bias, racial bias, etc. One participant strongly encouraged others to consider this. One challenge is that the world researchers live in is different from the world of the court. We need to establish researcher/practice partnerships. We need to educate researchers so they can be effective witnesses. Jurors have to be able to interpret all information presented, so the expert witness is really a teacher on the stand.
15. Victims go through various impacts and needs at each stage of the criminal justice system process—declination, sentencing, parole, cold cases. Service providers must adapt and offer appropriate services.
16. Another issue is that not many cases get to trial. When we ask victims what they think they need, services are offered in a uniquely American framework. It is important to think outside the box. (For example, in Australia, where they have government-supported medical and psychiatric services, they work with restorative justice.)
17. Role of the community—both the role it plays and its potential role.
Race/ethnicity, health-seeking, informal network. Young people are the most often victimized and the least likely to get services.
18. Macro-level factors—context; urban vs. rural.
19. Innovative use of technology (e.g., evaluation of interventions and data collection).
20. Methods, theory and how to bring these together as a community.
21. Applying for a solicitation requires 6–8 weeks for prospective researchers to get the necessary sign-offs to apply, so enough time must be allowed between notification of available grants and the application date.

Wrap-Up, Summary and Next Steps—Bethany Backes, NIJ

NIJ will be reaching out to participants about publications and input and will share meeting notes and presentations on the NIJ Web site (www.nij.gov). Ms. Backes was thankful for the various levels of expertise; practitioner perspective is essential to NIJ's research.

Adjournment

Ms. Backes adjourned the meeting at 3:00 p.m..

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Appendix: Slide Presentations

NIJ's Program of Research on Violent Victimization: History and Next Steps, Dara R. Blachman-Demner, Social Science Analyst, NIJ

Violent Victimization in the United States: Major Issues and Trends, Arthur J. Lurigio, Ph.D.

Reappraising Research on the Victim Offender-Offender Overlap, Mark T. Berg, Ph. D.

Race and Violent Victimization, Tanya L. Sharpe, MSW, Ph.D.

Victimization Among Special Populations: Sexual Minorities/LGBTs, Amy Hequembourg, Ph. D.

Research on Victimization Among People With Disabilities, Angela Browne, Ph.D.

The State of Victim Services Research, Bruce G. Taylor, Ph.D.