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The Psychological Impact of Crime:
A Study of Randomly Surveyed Crime Victims¹

Executive Summary

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The Psychological Impact of Crime

Abstract

This project gathered information about the lifetime prevalence of major crimes among a community-based sample of adult women, about the nature of such crimes, and about their long-term psychological impact. Subjects were 391 adult female residents of Charleston County, SC, who were interviewed about crimes they experienced throughout their lifetimes. Current and lifetime mental health problems, as well as current psychological and social adjustment, were measured with standardized assessment instruments. About three-quarters (75.4%) of these women were crime victims, with sexual assault (53%) and burglary (45%) victims being the most prevalent. Almost one woman in four (23.3%) had been victim of completed rape, about one in 10 (9.7%) of aggravated assault, and about one in 20 (5.6%) of robbery. Only 28.5% of crimes involved stranger assailants. Husbands were assailants in 38.1% of aggravated assault and 23.8% of completed rape cases. Boyfriends were assailants in 7.1% of aggravated assault and 16.9% of completed rape cases. Over half (58.6%) of all crimes (N = 547) were never reported to police. Reporting rates were lowest for completed rape (7%) and remaining sexual assault (7.2%) cases. The major reason for nonreporting was that victims did not think of what happened as a crime. Only 8.6% of all cases were adjudicated. Victimization greatly increased the risk of current psychological symptoms, social adjustment, and mental health problems. Completed rape was much worse than other crimes. For example, victims of completed rape were four times more likely than victims of other crimes to develop Post-traumatic Stress Disorder and five times more likely to still have PTSD when assessed. Childhood rape had a particularly negative impact on mental health and current adjustment.

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I. Introduction

A. Why Study the Psychological Impact of Crime Upon Victims?

For years, crime victims and their problems have been neglected by the criminal justice system, the mental health community, the research community, and the general public. The President's Task Force on Victims of Crime Final Report (1982) concluded that "the neglect of crime victims is a national disgrace" (p. vii) and stated that it was important to improve the treatment of victims by the criminal justice system for two fundamental reasons: 1) humanitarian ideals and principles of justice demand that innocent victims be treated at least as well as criminal defendants, and 2) the criminal justice system cannot accomplish its primary goal of effectively prosecuting criminals without the cooperation of victims. Victims who do not report crimes to police, who drop charges, or who refuse to testify in court render efforts to apprehend and prosecute offenders ineffective. Thus, the President's Task Force (1982) specifically stated the importance of learning more about victims and their problems, particularly in relationship to the criminal justice system.

Without question, the psychological impact of crime is often as great or greater than the financial or physical impact (President's Task Force on Victims of Crime Final Report, 1982; American Psychological Association Task Force on Victims of Crime and Violence, 1984). However, experts agree that the former type of impact is much more difficult to measure than the latter two types.

One impetus for increased interest in crime victims and their problems is the establishment of crime victim compensation programs in many states. Although compensation programs have existed for years in some jurisdictions, the victim's rights movement has argued successfully that coverage under compensation should be extended to include psychological counseling for crime-related psychological injuries as well as for physical injuries or economic losses. The Federal Victims of Crime Act of 1984 (VOCA) specifically encouraged this expansion of coverage by linking Federal funding for state compensation agencies to their provision of funding for psychological counseling for victimization-related psychological

injuries. This expansion of compensation services to include mental health counseling has increased the need for accurate information about crime-related psychological injuries.

The mental health community has somewhat belatedly recognized the importance of gaining a better understanding of the short and long-term psychological impact of criminal victimization (e.g., APA Task Force on Victims of Crime and Violence Report, 1984). Another impetus for increased interest in this topic by the mental health community is a recognition that many of its clients have experienced criminal victimization and that many common victimization-related mental health problems are long-term in nature and have a high prevalence among its clients (e.g., Kilpatrick, 1985). As mental health professionals have begun to realize that criminal victimization has a substantial impact on victim's psychological well-being, it becomes clear that knowledge about the psychological impact of victimization upon mental health is important for the proper assessment and treatment of victims who seek treatment for mental health problems. Not all crime victims with victimization-related mental health problems seek treatment services. Thus, it is also important to gather data about the psychological impact of crime upon such victims and to attempt to ascertain reasons why some victims with problems fail to seek services.

B. Why Use Victimization Survey Methodology In Crime Victim Research?

Researchers studying crime victims face a major problem because many victims do not report crimes to police or seek services from health care or victim service agencies (e.g., McDermott, 1979; Skogan, 1981; Sparks, 1982). This raises the possibility that samples drawn from victims reporting to police or from those seeking services from agencies are not representative of the population of all victims. Another limitation of samples drawn from such sources is that they can provide no information about the characteristics about crimes that are not reported to police, about victims of such crimes, or about how the psychological impact of crime differs for victims who do, and do not, report to police or seek services.

Victimization surveys are uniquely suited to provide information about crime and its effects from representative victim samples. Briefly described, victimization surveys use random survey methodology to locate and interview representative samples about possible victimization experiences. Respondents who disclose an experience are then questioned about those experiences including whether they were reported to police. Information also can be gathered about reasons for reporting or not reporting the incident to police. Most victimization surveys attempt to ascertain major differences between crimes that are and are not reported to police.

Prior to reviewing specific studies, let us briefly consider seven basic criteria for methodologically sound research on this topic. First, the samples of victims studied should be as representative of the population of all crime victims as possible. Second, victim samples should be assessed with standardized measures that are sensitive to the types of psychological problems being studied. Third, an appropriate comparison group of nonvictims should be used to determine whether problems observed among victims are greater than among nonvictims. Fourth, if one wishes to compare the effects of different crimes, samples of more than one type of crime victim must be obtained and evaluated. Fifth, if our focus is long-term psychological impact of crime, the post-crime follow-up period must be sufficiently long to permit proper examination of such long-term effects. Sixth, the research design should permit an analysis of the extent to which multiple victimization experiences over the victim's lifetime might have a cumulative psychological impact. Seventh, studies involving sexual assaults must use screening procedures capable of identifying all types of sexual assault cases, not just events that women define as sexual assault.

Presented in Table 1 are summaries of 13 major research projects that studied the psychological impact of crime upon victims. Inspection of Table 1 indicates that 12 of the 13 projects studied female sexual assault victims. The Friedman et al. project studied burglary, robbery, and assault victims of both genders. Only three projects (Kilpatrick & Veronen, 1984a; Resick; Smith, Cook, & Harrell) studied both sexual assault and other crime victims.

Eight of the 13 projects used some form of nonvictim comparison group, but five did not. Only 5 of the 13 projects used standardized psychological tests to measure the psychological impact of victimization. The majority used structured interviews. Only three projects used a random victimization survey procedure to locate subjects, and two of these surveyed special populations of adolescents (Ageton) and college students (Koss). To date, the only project that surveyed a general population sample was the Kilpatrick-Veronen Charleston County Victimization Survey (1984a), which will be described more fully in the next section. The remaining projects obtained their victims from free-standing rape crisis centers ($n = 2$), hospital-based rape crisis centers ($n = 2$), public notices and media appeals ($n = 2$), hospital emergency rooms ($n = 1$), police reports ($n = 1$), and victim-witness assistance programs ($n = 2$).

With respect to the length of time post victimization at which assessments of impact were made, studies varied considerably. Several studies were longitudinal in nature in that they located victims fairly soon after the crime and followed them for several months or years afterwards (i.e., Ageton; Burgess & Holmstrom; Calhoun & Atkeson; Frank & Turner; Friedman et al; Kilpatrick & Veronen, 1984b; McCahill, Meyer, & Fischman; Resick; Smith, Cook, & Harrell). However, only three longitudinal studies included a follow-up period longer than one year (Burgess & Holstrom; Kilpatrick & Veronen, 1984b; Resick). The remaining studies were retrospective in nature and gathered data about victimization experiences occurring many years prior to the assessment of psychological impact (i.e., Becker; Feldman-Summers; Kilpatrick & Veronen, 1984a; Koss). None of the 13 studies reviewed included a comprehensive analysis of the potential cumulative psychological impact of multiple criminal victimization experiences occurring throughout the victim's lifetime.

Finally, the issue of using sexual assault screening questions sensitive to types of assaults that are not frequently defined as sexual assaults by the victims themselves is complex, but the basic problem is that many women have had experiences that meet the legal definition of rape or other forms of sexual assault but answer "no," when asked if they have

ever been raped (e.g., Kilpatrick & Veronen, 1984a; Koss, 1985). A chief reason for this phenomenon is that they are less likely to define certain nonstereotypic rapes (e.g., those involving nonstranger assailants) as constituting rape than those conforming more closely to cultural stereotypes about rape. Koss (1985) uses the term "unacknowledged rape" to define incidents that meet the legal definition of rape but that the victim does not define as rape. As Koss (1985) noted, women who don't think of themselves as having been raped are unlikely to report rapes to police, to approach victim service agencies for help, or to respond affirmatively to media requests for volunteers for rape victim research. Thus, unacknowledged victims are likely to be excluded from samples drawn from such sources, as were the samples from all but Ageton; Kilpatrick & Veronen, 1984a; and Koss studies.

C. The Charleston County Victimization Survey

A victimization survey we conducted in Charleston County, South Carolina, in 1983 demonstrated the feasibility of conducting an in depth study of lifetime criminal victimization and its psychological impact upon victims. A representative sample of 2,004 adult female residents of Charleston County was interviewed via telephone by Louis Harris and Associates (Kilpatrick & Veronen, 1984a; Kilpatrick, Best, Veronen, Amick, Villeponteaux, & Ruff, 1985). The survey focused primarily on sexual assault and robbery but also included a few screening questions about the crimes of burglary and aggravated assault. The primary purpose of the survey was to determine whether it was feasible to survey a general population sample of women about crimes occurring throughout their lifetimes and whether a sufficiently large number of women participating in that survey would agree to participate in an in-depth in-person follow-up examination of victimization history as well as mental health history and current psychological functioning. A second purpose for the study was to determine if a crime victim sample located in such a survey would include sizable proportions of women who had not reported to police and/or who had not sought services from agencies.

The victimization survey results indicated that it was successful on all counts.

Completed interviews were obtained from 84% of respondents, and a high percentage (40.9%) of

respondents indicated that they had been victimized at least once during their lifetime. A large percentage of women surveyed agreed to consider participating in a potential follow-up study, with 79.9% of all crime victims and 73.7% of the nonvictims indicating their willingness to do so. Data on reporting to police and seeking help from agencies was obtained only from sexual assault and robbery victims. These data indicated that only 26% of all sexual assault cases had been reported to police, that only 20% of victims were seen by a physician after their assault, and that only 3% had been seen by a rape crisis center or victim service agency. In contrast, 74% of all robberies were reported to police, but fewer robbery than sexual assault victims had been seen by a physician (11% vs. 20%). There was strong evidence that victimization appeared to have had a profound negative impact on the mental health of many crime victims and that the vast majority of mental health problems came after the victimization experience.

D. Rationale for This Project

Sound empirical information about the lifetime long-term impact of crime would be of great value to the criminal justice system, to the mental health community, and to the research community. Victimization surveys, including the National Crime Survey, provide valuable data on the incidence of crimes during a given period, the extent of nonreporting, the characteristics of nonreported crimes and victims' reasons for nonreporting. However, they generally do not address the issue of lifetime prevalence of different types of crimes. With a few exceptions, existing studies have done a poor job of sampling for sexual assault victims in a way that does not exclude unacknowledged victims.

We concluded that a retrospective study conducted on a subset of the Charleston County Victimization Survey was feasible and had the potential to overcome many limitations of existing research. Specifically, the study was designed to include screening questions that measured all types of sexual assault, aggravated assault, robbery, and burglary incidents that occurred anytime during the victims' lifetime. Lifetime and current mental health problems indicative of psychological impact of crime were measured using standardized instruments with

good psychometric properties. A comparison group of nonvictims was included. The sample was drawn from a representative sample of adult women, not from just those victims who reported to police or sought services from police. This permitted an estimate of nonreporting as well as major reasons for nonreporting to police. Similarly, it could provide information about victim's help-seeking behavior or reasons for failing to do so. It could also provide descriptive information about the lifetime prevalence of the types of crimes studied as well. Finally, it could provide information about victims interactions and satisfaction with the criminal justice system and about whether there have been major changes in interactions or satisfaction during the past few years, a time during which there have been many attempts to improve victim's treatment by the criminal justice system.

II. Methodology of Current Study

A. Recruitment of Study Participants

Our basic research strategy was to attempt to contact and recruit all of the 1,467 potential participants from the parent survey who had expressed a willingness to be recontacted. Unfortunately, this was impossible to do, primarily because of an unanticipated long delay between completion of the parent telephone survey and the funding and initiation of the follow-up study. There was a minimum delay of 18 months between participation in the parent survey and initial contact about participation in the follow-up study. We were unable to contact 534, or 36.4%, of the 1,464 potential participants.

Of the 933 women who were contacted, 399, or 42.8%, agreed to participate and completed all assessment procedures. Data from eight of these subjects had to be excluded from the study because interviewers judged their data to be invalid due to the subjects' extreme confusion and/or inability to comprehend the meaning of assessment questions. Thus, the final sample size for the follow-up study was 391.

B. Description of Study Participants

Most women were between the ages of 30 and 49. The youngest participant was 18, and the oldest was 83. Mean age was 39.8 years. The sample consisted primarily of women whose racial status was white but non-Hispanic (72.9%) or black but non-Hispanic (26.6%). Less than 1% of the sample was comprised of other racial/ethnic groups. With respect to total household income, the sample was diverse. The modal income range was between \$15,001 and \$25,000 (26.1%), with slightly fewer women falling in the \$25,001 to \$35,000 range (21.5%). Approximately equal percentages of the sample fell into the lowest and highest income ranges (under \$7,500 = 11.5%, over \$50,001 = 10.0%).

Almost half of the women in the sample were employed full-time (47.3%), and another 10.0% were employed part-time. Approximately one-fourth (26.1%) of the women stated that they were housewives. Other sample members described themselves as retired (7.7%), unemployed (5.6%), students (2.6%), or disabled (0.8%).

The sample was heterogeneous with respect to highest educational achievement. Over half (53.5%) of the sample members had graduated from high school, and 18.2% were college graduates. Another 13.8% of sample members failed to complete high school, but 9.7% reported having received postgraduate education. A total of 4.9% of these women had received some type of technical or vocational training after high school.

The bulk of the sample was currently married (65.0%), but 14.8% had never married. Ten percent of these women were widowed, and the remaining women were either divorced (7.2%) or separated (3.1%).

C. Assessment Measures

The assessment battery consisted of two structured interviews and four paper-and-pencil self-report instruments.

1. The Incident Classification Interview (IC). This interview was designed to collect comprehensive information about lifetime victimization experiences of the subjects as well as about their demographic characteristics.

General crime screening questions requested information about each woman's lifetime experiences with several types of crime other than sexual assault. After asking about minor crimes such as car theft, nonviolent purse snatching, etc., screening questions inquired about experiences with the crimes of burglary, aggravated assault, and robbery. Instructions requested that incidents be disclosed even if the respondent was unsure whether or not the incident was a crime or whether or not it had been reported to police.

Sexual assault screening questions were prefaced by instructions designed to induce candor and to counteract women's tendency to conceptualize rape and sexual assault in narrow, stereotypic terms. Without such instructions, respondents might have been expected to think exclusively of sexual assaults committed by total strangers that involved considerable violence and that had been reported to police.

An incident classification section was designed to determine exactly how many and what types of major victimization experiences each respondent had experienced as well as when each of these experiences occurred. Women completed this section if they responded affirmatively to one or more screening questions indicating that they had experienced a sexual assault, an aggravated assault, a robbery, or a burglary. The end product of the classification section was the identification of up to three separate criminal victimization incidents: (1) the first victimization that ever occurred in the woman's lifetime, (2) the most recent victimization, and (3) the "worst" victimization if that victimization was other than the first or most recent. "Worst" victimizations were defined as such on the basis of the victim's personal judgement, using whatever subjective criteria she wished to use. A separate incident report section then collected detailed information about each of the up to three crimes identified.

2. The Mental Health Problem (MHP) Interview. This interview was a slightly modified version of the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981), a structured interview designed to provide data permitting an interviewer to determine whether a respondent meets DSM-III criteria for diagnosing current and lifetime presence of

the following mental health disorders: (1) major depressive episode, (2) agoraphobia, (3) social phobia, (4) simple phobia, (5) panic disorder, (6) obsessive-compulsive disorder, (7) post-traumatic stress disorder, and (8) disorders of sexual desire and/or sexual functioning. In addition, questions were included about lifetime and current problems with suicidal ideation and/or attempts, psychotic symptoms, and history of help-seeking for psychological problems.

Interviewers were clinical psychologists or clinical psychology interns, all of whom had receive considerable training in its use and who were blind with respect to whether or not respondents had been crime victims until the last part of the interview, the part that inquired about Post-traumatic Stress Disorder problems.

3. Self-Report Instruments

a. Derogatis Symptom Check List 90-R (SCL-90-R: Derogatis, 1983). The SCL-90-R is a 90-item self-report symptom inventory designed to reflect psychological symptom patterns of psychiatric and medical patients. Scores are obtained for 9 primary symptom dimensions: 1) somatization, 2) obsessive/compulsive, 3) interpersonal sensitivity, 4) depression, 5) anxiety, 6) hostility, 7) phobic anxiety, 8) paranoid ideation, and 9) psychoticism.

b. Veronen-Kilpatrick Modified Fear Survey (MFS: Veronen & Kilpatrick, 1980). The MFS is an 120-item inventory of potentially fear-producing items and situations. Each of these items is rated on a scale of 1 to 5 with a rating of 1 indicates that the item is "not at all" disturbing, while a rating of 5 is reserved for "very much" disturbing. It is possible to obtain an overall fear score on the MFS as well as scores on the following subscales: 1) Animal fears, 2) Classical fears, 3) Social Interpersonal fears, 4) Tissue Damage fears, 5) Miscellaneous fears, 6) Failure/Loss of Self-Esteem, and 7) Rape fears.

c. The Impact of Event Scale (Horowitz, Wilner & Alvarez, 1979). This scale is designed to measure the extent to which a given stressful life event produces subjective distress. Items are divided into two subgroups, those which measure avoidance and those which reflect intrusion. Intrusion and avoidance are key features in diagnosis of post-

traumatic stress disorder. Each statement is specifically linked to the specified stressful life event. Scores are obtained for Avoidance and Intrusion subscales.

d. The Social Adjustment Scale - Self-Report Form (SAS-SR; Weissman & Paykel, 1974). The scale contains sections that measure functioning in major role areas during the previous two weeks. In addition to an overall adjustment score, subscale scores can be derived from the following sections: 1) Work. Participants complete the section relevant to them: work at home, outside the home, or as a student. These items measure level of functioning, interest in work, satisfaction with work, relationships with others at work, etc. 2) Social and Leisure. These items measure level and type of interaction with friends, social discomfort, loneliness, and interest in hobbies. 3) Extended Family. This section focuses on interactions with parents, siblings, in-laws, and children not living at home. 4) Marital. This section assesses the level of intimacy, frequency of arguments, degree of sexual satisfaction with spouse or cohabitee. 5) Parental. These items measure the individual's degree of interest in and satisfaction with children who are living in the home. 6) Family Unit. This section concentrates on worries and concerns about partner or children. 7) Economic. This section deals with economic difficulties.

D. Definition of Crime Types

Incidents were defined as completed rape if they included actual sexual contact involving penetration of the victim's mouth, anus, or vagina by the assailant. All of these incidents also occurred without the victim's consent and involved the use of force or threat of force by the assailant.

Incidents were defined as attempted rape if they did not involve completed sexual penetration but did involve the victim's belief that the assailant was attempting to force her to complete such an act. Attempted rape victims might also have experienced some lesser form of actual sexual contact, however. These incidents, too, occurred without the victim's consent and involved the assailant's use of force or threat of force.

Incidents were defined as completed sexual molestation if they were neither completed nor attempted rape but included actual sexual contact involving the assailant's touching the victim's breasts or pubic area or making the victim touch his penis. Completed molestation incidents also involved use of force or threat of force by assailants and were nonconsensual.

Attempted sexual molestation was defined as such if the incident could not be classified as rape, attempted rape, or completed sexual molestation and did not involve actual sexual contact but in which the victim believed the assailant attempted to touch her breasts, pubic area, or attempted to make her touch his penis.

Other sexual assault was defined on the basis of respondents having responded affirmatively to sexual assault screening questions but negatively to all questions about forced, actual, or attempted sexual behaviors. Upon inquiry, the bulk of incidents defined as other sexual assaults were classified as such because they involved coercion rather than force or threat of force.

Aggravated assault was defined on the basis of at least one of the following sets of circumstances having occurred: (1) the victim was attacked by an assailant with a gun, knife, or other weapon, and/or (2) the victim was attacked by an assailant without a weapon but with the intent to kill or seriously injure her.

Robbery was defined as such on the basis of incidents involving someone attempting to take something directly from the victim by using force, as in a stickup or mugging.

Burglary was defined as an experience in which someone tried to forcibly break into the victim's home, either when the victim was or was not at home.

E. Summary Points Regarding Crime Classification and Definitions.

It is important to remember the following points about the crime classification and definitions used in this study. First, in cases involving elements of several different types of crimes, precedence was given to sexual assault, then aggravated assault, then robbery, then burglary. Thus, a crime involving elements of burglary, aggravated assault, and sexual assault

was classified as a sexual assault. Second, sexual assaults were conservatively and rigorously behaviorally defined. In particular, the definition of completed rape was quite rigorous, requiring nonconsent, use of force or threat of force by the assailant, and one or more types of completed sexual penetration. Third, the final outcome of the classification procedure yielded data about a maximum of three crime incidents: the victim's first, most recent, and most serious or worst victimization.

F. Representativeness of Sample

Since the Louis Harris sample was representative of the Charleston County population of adult women, we compared the demographic characteristics of the 391 members of the NIJ sample with those of the 2004 members of the Louis Harris sample. Comparisons were based on characteristics at the time of the 1983 Louis Harris survey. The NIJ sample members were significantly younger than Louis Harris sample members ($\bar{X} = 39.8$ years vs. $\bar{X} = 42.0$ years; $t(390) = -3.02$, $p \leq .01$). Whites (non-hispanic) were significantly overrepresented in the NIJ sample (72.9% vs. 66.1%; $z = 3.03$, $p \leq .005$), and NIJ sample members had significantly higher household incomes than did Louis Harris sample members (percent of samples with incomes over \$35,000 per year was 19.2% and 13.4% respectively; $z = 2.91$, $p \leq .005$). Thus, it appeared that the NIJ sample was somewhat unrepresentative in that its members were slightly younger, more likely to be white, and more likely to be wealthy than the Charleston County population. However, these demographic biases were relatively small in nature, and the sample was community-based and quite diverse with respect to demographic characteristics.

III. Study Findings and Conclusions

A. Overview

This project was highly successful in accomplishing its objectives. The research strategy used was able to identify a community-based sample of adult women, to interview them about lifetime criminal victimization experiences as well as about lifetime and current

mental health problems, and to assess their current psychological adjustment. The types of victimizations experienced by women in the sample included crimes that had not been reported to police. Many of the crime victims in this sample had not sought services from agencies. Thus, we were successful in obtaining a community-based sample, which our research design permitted us to compare with population characteristics to determine its representativeness. The sample was not strictly representative in that its members were slightly younger, more likely to be white, and had slightly higher incomes than did the population. These sample biases were small in nature, but their existence raises the possibility that sampling procedures requiring respondents to go to investigators offices for interviews may produce victim samples that are similarly biased.

B. Crime Prevalence and Frequency

The most striking finding of the study was the extremely high percentage of women who had been victimized. Slightly over three quarters of these adult women (75.4%) had been victims of at least one sexual assault, aggravated assault, robbery, or burglary sometime during their lifetime. Prevalence rates were particularly high for the crimes of sexual assault (53% of women had been sexually assaulted) and burglary (45% of women had been burglarized). Almost one woman in 10 (9.7%) had been the victim of an aggravated assault, while slightly more than one in 20 (5.6%) had been a victim of robbery. The fact that 53% of the women in this sample had been sexually assaulted is noteworthy and disturbing. However, that 23.3% of these women had been victims of one or more completed rapes was alarming, particularly given the fact that all completed rapes involved use of force or threat of force as well as a completed act of sexual penetration. Almost as disturbing was our finding that 18.4% of all women had been victims of completed sexual molestation and that 13.1% had been victims of attempted rape.

With respect to the frequency and type of crimes experienced, most women in the sample (53.7%) had experienced two or more crimes, while 21.7% had experienced only one crime. Of the 547 total crime cases, 49.0% were sexual assaults, and 38.6% were burglaries.

Completed rapes constituted 18.5% of all crime cases, and completed sexual molestations accounted for 14.6%. The remaining crime cases were attempted rapes (9.5%), aggravated assaults (7.7%), robberies (4.8%), attempted sexual molestations (3.5%), and other sexual assaults (2.9%).

These high lifetime prevalence and crime frequency rates have several implications. The first is that the extent to which women are likely to become victims of crime appears to have been seriously underestimated. Based on our findings, it is not unreasonable to assume that three out of every four adult women may have been victims of the types of major crimes studied. A second implication is that women appear to be at greatest risk for being sexually assaulted or burglarized. The risk of aggravated assaults and robbery was much lower. A third implication is that the high prevalence of crime victims within the population may constitute a relatively untapped constituency for criminal justice and public policy reforms designed to improve treatment of and services for crime victims. A fourth implication is that women were at risk for becoming victimized throughout their lifetimes. Particularly in the case of sexual assaults, risk of victimization was highest during childhood and adolescence. This suggests the importance of conducting careful victimization surveys of sexual assault during these high risk periods.

The National Crime Survey does an inadequate job of measuring the incidence of childhood and adolescent sexual abuse because of its poor screening questions and exclusion of children from the sample. However, a fifth implication of our study stems from the finding that the sexual assault screening questions used were highly sensitive and capable of detecting a wide variety of nonstereotypic types of sexual assault. This implication is that the National Crime Survey's ability to sensitively measure the incidence of sexual assault among adolescents and adults would likely be improved by the use of screening questions similar to those used in this study. The issue of measuring sexual assault among children is more complex, but it is clear that childhood is a high risk period and that better information is needed about the magnitude of the problem from longitudinal studies such as the NCS.

A final implication to be drawn from the study's findings is that it is feasible to conduct this type of lifetime crime prevalence study. Without question, some women in the sample failed to remember and/or to disclose all crime incidents they had experienced. However, both the number of nonrecent crimes that were disclosed and the rich amount of detail about those crimes victims remembered, suggests that victims are able to remember a great deal about these traumatic events.

C. Assailant Characteristics and Relationship to Victims

In virtually all cases in which the victim saw her assailant, the assailant was male (97.0%). All crimes but robbery were overwhelmingly intraracial in nature. Third, assailants in sexual assault and aggravated assault cases tended to be older or the same age as victims, while those in robbery and burglary cases tended to be younger or the same age as their victims.

A striking finding of this study was the extent to which crimes involved assailants who were known by victims. In roughly a third of all cases (primarily burglaries), victims never saw their assailants. However, only 28.5% of all crime cases involved assailants whom the victim had never seen before or did not know well. In 39% of all cases, the victim knew her assailant well. Sexual assault and aggravated assault victims had a higher probability of having been assaulted by someone they knew well than by a stranger. The converse was true for burglary and robbery victims. Perhaps even more striking was the extent to which completed rape cases were nonstranger in nature. Only 5.9% of all rapes were committed by total strangers and 14.9% by assailants seen before but not known well. Thus, 79.2% of all rape cases involved assailants known well by the victim. In aggravated assault cases, 61.9% of assailants were known well by victims.

Analysis of the most frequent types of nonstranger assailants in aggravated assault and sexual assault cases indicated that husbands were the assailants in 38.1% of the aggravated assault cases, 9.3% of the overall sexual assault cases, and 23.8% of the completed rape cases. Boyfriends or ex-boyfriends were identified as assailants in 7.1% of aggravated assault cases,

11.9% of overall sexual assault cases, and 16.9% of the completed rape cases. The fact that nearly half of the aggravated assault cases and completed rape cases were committed by men with whom their victims had been romantically involved or to whom they were married is a chilling commentary. Women are at greater risk of becoming a victim of completed rape or aggravated assault at the hands of their husbands or boyfriends than at the hands of total strangers. These findings about the high prevalence of rape and aggravated assault committed by husbands conflict with National Crime Survey estimates that only 5% of all serious assaults on women involved an assailant who was the victim's husband or exhusband, (Klaus, Rand & Taylor, 1983). However, they are consistent with the contention of the Attorney General's Task Force on Family Violence Report (1984) that family violence is a major problem that requires additional attention.

D. Objective and Subjective Dangerousness of Crime Incidents

Most crime cases where an assailant was present did not involve a weapon (85.6%), and victims did not sustain physical injuries in 79.0% of all crime incidents. However, there were major differences across crimes with respect to weapon use and physical injuries sustained. For example, weapons were present in 59.5% of aggravated assaults and 41.7% of robberies but only 5.2% of sexual assaults and 12.7% burglaries. Aggravated assaults were much more likely to produce physical injuries than other types of crimes. Completed rape was more likely to produce physical injuries than other types of sexual assault and did so in 36.6% of cases. In virtually all cases, physical injuries were minor rather than serious in nature and rarely prompted victims to seek medical care. Less than one percent of all cases resulted in the victims having to be hospitalized overnight due to injuries sustained.

Victims' subjective appraisal of the dangerousness of incidents as measured by having thought that they might have been killed or seriously injured during the crime incident were generally more severe than the objective measures of dangerousness just discussed. In almost a third of the cases where an assailant was present, victims appraised the situation as having involved the potential of serious injury or death. Subjective dangerousness was viewed

by victims as highest in aggravated assault (83.3%) and completed rape (62.4%) cases and lowest in robbery (29.2%) and burglary (25.4%) cases where an assailant was present.

The major implications of these findings are the following. First, the vast majority of all crimes did not involve weapons and did not result in victim's sustaining serious physical injuries. Second, it was not necessary for a weapon to have been present or for the victim to have sustained physical injury to produce a victim's subjective appraisal that she was in a potentially dangerous or life-threatening situation. In fact over twice as many victims subjectively appraised crimes as dangerous as sustained physical injuries irrespective of crime type. This confirms the importance of the victim's cognitive appraisal of dangerousness and suggests the wisdom of assessing it in victimization surveys such as the National Crime Survey. Third, aggravated assault and completed rapes constituted the most dangerous crimes as measured by the objective criterion of physical injuries sustained as well as by the subjective criterion of victim's appraisal of the likelihood of sustaining serious injury or death during the crime. Fourth, it is noteworthy that one burglary victim out of four who was at home when the burglary occurred reported that she thought that she might have been killed or seriously injured. Finally, robbery cases proved to be less objectively and subjectively "dangerous" that might have been expected. Weapons were present in 41.7% of the cases, but only 16.7% of victims in robbery cases sustained physical injuries and only 29.2% resulted in victims thinking that they might have been killed or seriously injured.

E. Victims and The Criminal Justice System

1. Reporting to Police and Apprehension of Assailants

A major finding of the study was the extent of nonreporting, particularly for certain types of crimes. Over half (58.6%) of all crimes were never reported to police, but reporting rates were extremely low for sexual assault cases, only 7.1% of which had been reported to police. Surprisingly, reporting rates for completed rape cases (7.0%) were no higher than those for remaining sexual assault cases (7.2%). Less than half (42.8%) of all aggravated assault cases were reported. In contrast, 61.5% of all robbery and 82.5% of all

burglary cases were reported. Analysis of reporting behavior in recent (occurring within the past five years) and nonrecent cases indicated that reporting rates tended to be somewhat higher in recent cases. The respective reporting rates for recent and nonrecent cases were: a) sexual assault (15.8% vs. 5.7%), b) aggravated assault (54.2% vs. 30.4%), c) robbery (66.6% vs. 55.1%), d) burglary (82.1% vs. 83.6%), and e) completed rape (10.0% vs. 6.3%). It appears that major improvement in reporting rates only occurred for the crimes of aggravated assault and sexual assault. However, it is particularly important to note that 45.8% of recent aggravated assault cases and 84.2% of recent sexual assault cases went unreported to police. Moreover, 90% of the most serious form of recent sexual assault cases, those involving completed rape, were never reported to police.

These findings suggest that underreporting of major violent crimes is still a massive problem, particularly in the case of sexual assault and completed rape. When compared to data from the National Crime Survey, reporting rates for crimes in the present study were much lower than NCS estimates for completed rape, somewhat lower for aggravated assault, about equal for robbery, and somewhat higher for burglary, (Klaus, Rand & Taylor, 1983).

With respect to apprehension of assailants by police, the most striking finding was that only 8.6% of all crime cases resulted in an arrest having been made by police. Arrest rates were highest for robbery (19.2%) and burglary (14.2%) cases and were lowest for cases of sexual assault (3.0%) and aggravated assault (9.5%). Only three percent of completed rape cases resulted in an arrest having been made. Specifically, arrests were made in only eight out of 268 cases of sexual assault. Of 101 completed rape cases, arrests were made in three. Out of 42 aggravated assault cases, arrests were made in four. Five arrests were made out of 26 robbery cases, and 30 cases out of 211 burglaries resulted in an arrest.

One obvious reason for low arrest rates was low reporting rates. Police cannot apprehend assailants if they don't know the crime occurred. Thus, the percentage of assailants apprehended was higher in cases that had been reported to police (20.7%).

Interestingly, arrest rates in reported cases were highest for sexual assault (42.1%), rape (42.1%) and robbery (31.3%) and lowest for aggravated assault (22.2%) and burglary (17.2%). It is also interesting to note that in 8.4% of all cases reported to police, victims were unsure about whether an arrest had been made.

These findings have several implications. The first is that few serious crime cases ever make their way to prosecutors' offices. For sexual assault and aggravated assault, the major reason is that victims don't report. Also, a contributing factor is failure to make an arrest in 57.9% of reported sexual assault and 77.8% of the aggravated assault cases. For burglary, the major problem is that arrests were made in only 17.2% of reported cases. Robbery cases had the highest arrest rate, but still resulted in 80.8% of cases not resulting in an arrest. Since prosecutor-based victim/witness assistance programs generally provide services only to those victims whose cases are being prosecuted, a second implication is that many victims will not be served by such programs. This strongly suggests the need for police-based and other types of victim assistance programs that are specifically designed to help victims in cases where arrests are never made.

A third implication is that there is considerable reason to question the extent to which samples of incarcerated assailants are representative of all assailants. Particularly in the case of rape and sexual assault, it appears extremely unlikely that the three percent of assailants who are arrested, and the even smaller percentage who are convicted, would be representative of all sexually abusive men or rapists. Thus, data obtained from such samples should be viewed with considerable caution.

2. Major Reasons for Reporting and Not Reporting Crimes to Police:

The most important reason for nonreporting to police was because victims did not think of what happened as constituting a crime (30%). Since underreporting was most likely to occur with the crimes of sexual assault and aggravated assault, it was disturbing to learn that many victims do not conceptualize these types of violent attacks as crimes.

However, failure on the part of victims to define events as crimes has been identified by

other investigators as a major reason for nonreporting (e.g., Block & Block, 1984; Sparks, 1982).

Another reason for nonreporting was the victim's belief that reporting would be futile in that nothing could be done or that her report would not be believed (19%). Clearly, such an expectation would do little to encourage a woman to report. Nor would victim's feelings of shame or embarrassment, a reason for nonreporting given by 10% of victims. Ten percent of victims specifically stated that they did not report because they knew their assailant. Interestingly, only 7% of victims did not report because they feared how others would react, and only 3% because of fears for their safety should they report.

Victims reported crimes to police primarily because they felt they had a moral obligation to do so (42%), or because of a need to file a report or make a record of what happened, (20%). Only for aggravated assaults was the victim's fear given as a major reason for reporting.

These findings have the following implications for attempts to increase reporting of crimes to police. First, a great deal of education is required to inform the public about the true nature of what crime is and about the importance of reporting it to police. It is highly likely that many individuals have strongly held, albeit incorrect, beliefs that violent sexual or physical attacks are not crimes unless they are perpetuated by strangers. However, aggravated assaults and completed rapes were much more likely to involve assailants who were acquaintance than strangers. More rapes and aggravated assaults were perpetuated by the victim's friends, boyfriends, and husbands than by strangers. As the Attorney General's Task Force on Family Violence Report (1984) stated, the public should be informed that violent attack and/or unwanted, forced sexual activity are crimes that should be reported to police, regardless of the assailants identity or relationship to the victims. Second, a major motivation for reporting identified by victims was a sense of legal or moral obligation to do so as well as a desire to make some official record of the incident. These factors might be incorporated in public education efforts. For example, efforts might emphasize the fact that many assailants

are recidivists who are likely to attack the same or other victims unless they are apprehended. They could be informed about recent evidence that reporting to police appears to reduce recidivism of family violence. Such emphasis on the positive outcomes of reporting for other potential victims as well as for the victim herself might strengthen existing motivations for reporting to police.

3. Police Behaviors That Made Victims Feel Believed By Police

With the exception of robbery victims, who identified the police having offered emotional support or concern as the most reassuring police behavior, all other types of crime victims stated that following routine procedural activities was the police behavior that was most reassuring. Given victims' concerns about whether their report of crime would be believed by police, it is likely that routine investigatory activities on the part of police indicates to victims that the police believe that a crime has taken place and are working hard to solve it. Offering support or concern was the second most reassuring police activity. It is interesting that police offers of protection were identified as most reassuring by 10% of aggravated assault victims and 5% of burglary victims. An implication of these findings is that police could gain great credibility with victims by making a point to follow routine investigative procedures and by informing victims that they are doing so. Furthermore, simple offers of support and concern appear to pay great dividends.

4. Assailant Attempts to Discourage Reporting to Police

In 10% of all crime cases, some attempt to discourage reporting was made by the assailant (7.3%), his family or friends (2.2%), or by both him and his family or friends (0.5%). This was a somewhat lower proportion of cases than expected. However, attempts to discourage were more frequent in cases of completed rape (25.8%) and aggravated assault (14.3%) than in remaining sexual assault (8.4%), robbery (3.9%), or burglary (3.8%) cases. The most frequent type of discouragement was a threat that the victim would not be believed if she reported, a type of discouragement that occurred exclusively in sexual assault (42.5%) and aggravated assault (33.3%) cases. Such threats occurred more frequently in completed rape

(46.2%) than in remaining sexual assault cases. This threat is both salient and potent for many victims. Recall that a major reason that victims gave for nonreporting was concern that it wouldn't do any good or that they would not be believed. Threats to kill or harm the victim occurred in 20% of the discouragement cases. This threat was most likely to occur in aggravated assault cases (50%) but also occurred in a few sexual assault (17.5%) and burglary (12.6%) cases. In 16.4% of discouragement cases, the assailant or his family asked victims to drop charges. Offering victims money to drop charges was infrequent overall (3.6%) but occurred in 25% of the burglary discouragement cases.

5. Victim Attitudes Towards Police

Several interesting findings emerged about attitudes towards police. First, most victims (70.9%) who did not report crimes to police still believed that they had been correct in not doing so. However, sexual assault and robbery victims were more certain of the wisdom of their decision than were aggravated assault victims. Second, about 8 out of 10 victims (79.9%) said they would be likely to report similar crimes should they happen in the future, and more than 8 of 10 victims (83.6%) would encourage friends to report such crimes. Attitudes towards future reporting were most favorable among burglary victims (96.7%) and least favorable among sexual assault victims (65.3%). Third, victims who did report had generally favorable attitudes towards police. In 80.2% of all reported cases, victims thought police believed their report. However, this attitude was most widely held among robbery victims (93.8%) and least prevalent in sexual assault cases (63.2%). Surprisingly, victims in sexual assault cases involving completed rape were less likely to have felt police believed them than in other types of sexual assault cases (42.9% vs. 75.0% of reported cases).

Fourth, a majority of victims in all crime cases (70.9%) were either very (45.8%) or somewhat (25.1%) satisfied with police treatment while only 22.5% were dissatisfied. Robbery cases resulted in the greatest percentage of victims being satisfied (98.8%). Dissatisfaction was greatest among victims in sexual assault cases (36.9%). Much of this dissatisfaction with police treatment came from 3 of the 7 (42.9%) completed rape victims who

reported to police and indicated extreme dissatisfaction with police treatment. Fifth, most victims who reported to police said that the way police had treated them either made it easier (41.0%) or had no real effect (49.3%) on their ability to cope with victimization-related problems. Only 9.7% of victims stated that treatment by police had made their attempts to cope more difficult. Police treatment was most likely to produce favorable effects on victim coping in cases of aggravated assault (61.1%) and least likely to do so in sexual assault cases (31.6%). In almost half (42.9%) of the seven cases of completed rape reported to police, victims said that police treatment had a negative effect on their ability to cope.

In summary, victims attitudes about police, treatment by police, and future reporting of crimes were generally favorable and speak well for the job police are doing as well as for their public relations efforts. However, victim's attitudes remained less favorable in sexual assault cases than for other types of crimes. This suggests that improvements are needed in both dealing with sexual assault cases and with public education about changes in police attitudes and treatment of such cases.

6. Adjudication of Cases

A major finding of the study was that such a small percentage of cases were ever adjudicated. Specifically, assailants were apprehended in only 47 of the 547 crime cases (8.6%), of which 8 were sexual assaults; 4 were aggravated assaults; 5 were robberies, and 30 were burglaries. Only 14, 2.6% of all cases, went to trial. Eleven of these cases were burglaries, two were robberies, and one was an aggravated assault. Not one of the 268 cases of sexual assault went to trial. Most cases that did go to trial resulted in convictions (85.7%). An additional eight cases were resolved by plea bargain negotiations of which 4 were burglaries, 2 were robberies, 1 was an aggravated assault, and 1 was a sexual assault. Thus, only 22 out of 547 cases (4.0%) were adjudicated. Charges had been dropped in another 8 cases (1.5%), and three cases (0.5%) were yet to be adjudicated. Importantly, victims did not know the disposition of 14 cases (2.6%).

A second major finding was that only 20 of the 547 cases (3.6%) resulted in the assailant's having been adjudicated guilty. Conviction rates were highest for the crimes of robbery (7.7%) and burglary (6.2%). However, the conviction rate was lowest for aggravated assault cases (4.8%) and was infinitesimal for sexual assault (0.4%). Only one of the 268 cases of sexual assault, a single case of completed rape, resulted in an assailant having been adjudicated as guilty.

These statistics are nothing short of shocking. They suggest that violent crime occurred frequently, but virtually always went unpunished. An obvious implication is that the criminal justice system is having limited success in detecting the existence of major crimes and of successfully prosecuting them. Much of the problem with such crimes as sexual assault and aggravated assault results from victims failure to report crimes to police. However, it is clear that a great deal of effort will be needed to ameliorate this deplorable state of affairs.

F. Victims and the Mental Health System

Attitudes towards mental health professionals were generally favorable in that victims in 83.2% of all cases said they thought that mental health professionals could be trusted to be supportive of victims. Victims in 12.6% of crime cases weren't sure whether mental health professionals could be trusted, and in only 3.7% of cases did victims state that professionals could not be trusted. However, victims in completed rape cases were less likely to say that mental health professionals can be trusted (74.3%) and more likely to say that they could not be trusted (9.9%). Victims in 62% of all crime cases said that they knew how to obtain professional help, but victims in 35.5% of cases lacked such knowledge. Knowing how to find help was lowest in sexual assault cases (45.5%). In only 4.6% of all cases did victims actually seek mental health counseling. Seeking mental health counseling was more likely to occur in aggravated assault (19.1%) and completed rape (12.9%) cases than in robbery (3.9%), remaining sexual assault (1.8%), or burglary (0.0%) cases.

The major reason victims gave for not having sought treatment was that they didn't think they needed help (87.2%). This reason was given more often in robbery (96.0%) and burglary (98.6%) cases than in aggravated assault (73.5%), remaining sexual assault (82.9%) and completed rape (70.5%) cases. It is interesting to note that 5.7% of victims in completed rape cases and that 11.8% of victims in aggravated assault cases reported that they didn't seek help because they lacked sufficient funds. Moreover, another 8% of victims in completed rape and 5.9% of aggravated assault cases said they didn't know how to find help.

Particularly in light of the extent to which many victims appear to develop crime-related mental health problems, these findings about the extent to which victims fail to seek services from mental health professionals are noteworthy. Clearly, more crime victims have problems than seek services. Several reasons for this are possible. First, some victims with crime-related problems may not recognize those problems as being crime related. A portion of these victims may actually have sought treatment for such problems but not have considered themselves as seeking treatment for crime-related problems. Second, there is still considerable stigma attached to seeking mental health treatment. As the famous Hollywood producer Louis B. Mayer once said, "Anyone who goes to see a psychiatrist ought to have his head examined!" Thus, some victims may think that it is a sign of craziness or weakness to seek help from a mental health professional and refrain from doing so. Third, it is clear that the mental health professions have done a relatively poor job of informing crime victims about the services they can provide.

G. Comparison of Recent and Nonrecent Crimes

One important finding from this study was that the survey was able to detect a substantial proportion of crimes that had occurred more than five years prior to the survey (67.9%). The bulk of these nonrecent crimes (62.0%) were sexual assaults, while the majority of recent crimes (60.5%) were burglaries. A second finding was that victims in recent sexual assault cases were somewhat more negative about reporting to police than those in nonrecent cases.

At the time of assessment, the mean length of time since victimizations had occurred was determined. Sexual assaults occurred an average of 21.9 years prior to assessment. For aggravated assaults, 10.5 years had elapsed since the victimization occurred. The mean length of time postvictimization for burglaries was 8.1 years, whereas robberies occurred an average of 7.8 years prior to assessment. Completed rape cases occurred an average of 17.0 years prior to assessment.

H. The Psychological Impact of Criminal Victimization

1. Current Psychological Functioning and Victimization

A major, important finding of the study was that there was a significant relationship between the number and type of criminal victimizations experienced by women throughout their lifetimes and current levels of certain psychological symptoms. This was true in spite of having used an extremely conservative data analytic strategy of conducting follow-up analyses only when multivariate canonical correlations indicated that significant relationships existed between victimization history and current psychological functioning variables. Completed rape and aggravated assault had by far the most powerful impact on current psychological symptoms. Victims of these assaults were significantly more likely than nonvictims of these crimes to experience increased levels of Hostility, Depression, Paranoid Ideation, Psychoticism, Anxiety, and Obsessive-Compulsive symptoms as measured by the SCL-90-R. Victims of completed rape were more likely than nonvictims of rape to experience levels of these symptoms that suggest a need for clinical treatment intervention, particularly with respect to symptoms of hostility, depression, and paranoid ideation. Victims of aggravated assault were more likely than nonvictims of aggravated assault to experience clinically important levels of psychoticism.

2. Current Social Adjustment

Significant positive relationships were found between criminal victimization and every type of social adjustment except parental. In every case, results indicated that increased victimization was associated with increased problems in social adjustment. The types

of social adjustment most related to victimization were work outside the home, extended family adjustment, and family unit adjustment. Completed rape, attempted rape, and aggravated assault were the types of victimizations that had the strongest negative effect on current social adjustment. Completed rape was associated most strongly with current problems in social and leisure, family unit, and marital adjustment. Attempted rape was most strongly associated with extended family adjustment, and aggravated assault was associated with adjustment problems in work outside the home and economic problems.

3. Impact of Events

Intrusion of crime-related thoughts, images, feelings, and dreams as well as avoidance strategies for dealing with such intrusions were significantly related to the number and types of victimizations experienced. Completed rape and aggravated assault were the crimes that were most related to intrusion and avoidance, although completed rape produced the highest levels of these symptoms.

4. Current Mental Health Problems

Just as was the case with measures of current psychological functioning, social adjustment, and impact of event measures, there was a significant overall relationship between victimization history and whether victims met the diagnostic criteria for certain mental health problems at the time of assessment. Completed rape was the worst type of victimization. The types of current mental health problems most likely to be associated with victimization were sexual disorders, major depressive episode, obsessive compulsive disorder, and social phobia. Current social phobia was 4.5 times more prevalent among completed rape victims than nonvictims of rape and 5.8 times more prevalent than among nonvictims of any crime. Sexual disorders were twice as likely to occur among completed rape victims than among nonrape victims and 2.7 times more likely than among nonvictims of any crime. Obsessive-compulsive disorders occurred 5.5 times more frequently among rape victims than among nonvictims of rape and 5.2 times more frequently than among nonvictims of crime. Major depressive episode

was 2.7 times more prevalent among rape victims than among nonvictims of rape and 9.9 times more prevalent than among noncrime victims.

Therefore, completed rape victims were from 2 to 5.5 times more likely to have these major mental health problems at the time of assessment than were nonvictims of rape. Moreover, they were between 2.7 and 9.9 times more likely to have such problems than nonvictims of crime.

5. Lifetime Mental Health Problems and Victimization

There was a significant overall relationship between lifetime victimization experiences and lifetime mental health problems. The nature of this relationship was that a history of completed rape and aggravated assault were related to a history of depression, sexual disorder, obsessive-compulsive disorder, and social phobia. A history of aggravated assault and burglary were also related to a history of the mental health problems of psychosis and panic attacks. Completed rape was the most powerful predictor for social phobia, sexual disorder, obsessive-compulsive disorder, and major depressive episode. Aggravated assault was the strongest predictor of psychosis and panic attack, although burglary was the second best predictor of these two mental health problems.

Lifetime history of sexual disorder was 1.5 times more prevalent among rape victims than among nonvictims of rape and 2.0 times more prevalent than among nonvictims of any crime. Major depressive episode occurred 1.8 times more frequently among rape victims than among nonrape victims and 2.5 times than among noncrime victims. Social phobia was 3.1 times more prevalent among rape victims than among nonrape victims and 3.2 times more prevalent than among noncrime victims. Obsessive-compulsive disorder occurred 5.7 times more often among rape victims than among nonvictims of rape and 6.3 times than among nonvictims of crime. Victims of aggravated assault were 7.5 times more likely to have been psychotic than nonvictims of aggravated assault. Not a single nonvictim of crime had a history of psychosis. Panic attacks were 3.6 times more likely to have occurred among

aggravated assault victims than among nonvictims of aggravated assault and 13.3 times than nonvictims of crime.

6. Post-traumatic Stress Disorder

A major finding was that victims of completed rape were much more likely to have been currently experiencing PTSD than victims of other crimes. Only 3.4% of victims of all other crimes who were not victims of rape were currently experiencing PTSD. In contrast, 16% of all victims experiencing one rape and 20% of those experiencing 2 rapes currently met the diagnostic criteria for PTSD. Rape victims were nearly 5 times more likely than victims of other crimes to have PTSD at the time of interview. Rape victims were also about four times more likely than victims of other crimes to have ever developed PTSD.

Another major finding was that victims with and without a current diagnosis of PTSD did not differ with respect to current age, racial status, education or income. However, it was clear that victims who sustained serious physical injuries or who thought that they might have been killed or seriously injured during the crime(s) were significantly more likely to have PTSD than their more fortunate counterparts. Only 6.4% of victims in all crimes sustained serious injuries, but 30.8% of those who did still had PTSD. Among victims whose crime did not involve a cognitive appraisal of life threat, only 4.7% had current PTSD. In contrast, 10.8% of victims with one crime including this element and 20% of those experiencing two crimes with such a threat still had PTSD.

Predictors of having ever developed PTSD included current age (those developing PTSD were significantly younger) as well as serious physical injury and cognitive appraisal of life threat. In cases where serious injuries occurred, 69.2% of victims developed PTSD in contrast to a rate of 25.9% in cases where serious injury did not occur. In cases without the victim's cognitive appraisal of life threat, 17.8% of victims developed PTSD. However, 44.6% of victims did so if they had a single crime involving this threat, 50% if they had two such crimes, and 100% if they had three such crimes.

Another important PTSD finding was that 7.5% of all crime victims in the sample still had crime-related PTSD at the time of assessment. The prevalence of crime-related PTSD among all women in this sample was six percent. This means that six percent of all women surveyed had crime-related PTSD.

7. Suicidal Ideation and Behavior

There was a strong relationship between a history of criminal victimization and history of suicidal ideation or attempts. Only 16.7% of nonvictims of crime had ever seriously considered attempting suicide. In contrast, 38.9% of attempted molestation, 37.4% of completed rape, 34.2% of aggravated assault and 33.3% of completed rape victims had done so. Suicidal ideation had occurred 2.2 times more frequently among rape victims than nonvictims and 2.3 times more frequently among attempted molestation victims than among nonvictims. Compared to nonvictims, suicidal ideation was 2.1 times more prevalent among aggravated assault victims and completed molestation victims. Current suicidal ideation was most prevalent among victims of attempted molestation (11.1%), aggravated assault (7.9%), and completed rape (4.4%). A very important finding was that not one nonvictim of crime was currently experiencing suicidal ideation.

Actual suicide attempts had been made by only 5.2% of nonvictims but 19.8% of completed rape, 15.8% of aggravated assault, and 12.5% of completed molestation victims. Completed rape victims were 3.8 times likely to have made a suicide attempt than were nonvictims. Aggravated assault victims were 3 times more likely to have done so. Suicide attempts were 2.4 times more prevalent among completed molestation victims and 1.9 times among completed molestation victims and 1.9 times among attempted rape victims than among nonvictims of crime.

8. Summary of Psychological Impact Findings

Several extremely important findings about the psychological impact of criminal victimization emerged from this study. The first such finding is that there is a significant relationship between lifetime victimization history and lifetime mental health problem history.

Since the study design was retrospective in nature, it is inappropriate to infer a causal link between victimization and lifetime mental health problems. However, it is abundantly clear that a history of victimization is a strong risk factor for development of such lifetime mental health problems as depression, sexual disorders, social phobias, obsessive-compulsive disorders, panic attacks, and even psychosis. The crimes of completed rape, aggravated assault, and to a lesser extent, burglary were most strongly associated with the development of these mental health problems. Criminal victimization was also a strong risk factor for the development of suicidal ideation and behavior. Completed rape, aggravated assault, completed molestation, and attempted molestation victims were all over twice as likely as nonvictims to have seriously considered making a suicide attempt. Actual suicide attempts were 3.8 times more likely to have been made by completed rape victims, 3 times by aggravated assault victims, and 2.4 times by completed molestation victims than by nonvictims. For both lifetime mental health problems and suicidal ideation and behavior, completed rape was by far worse than other types of crimes.

A second major finding was that criminal victimization history was strongly related to current psychological functioning, social adjustment, mental health problems and suicidal ideation. Specifically, lifetime victimization history was related to current symptoms of hostility, depression, paranoid ideation, anxiety, obsessive-compulsivity, and psychoticism, particularly if the victimizations were completed rapes or aggravated assaults. Current social adjustment problems were most strongly related to a history of completed rape, aggravated assault, or attempted rape. Mental health problems of sexual disorders, depression, obsessive-compulsive disorder, and social phobias were between 2.7 and 9.9 times more likely to exist among completed rape victims than among nonvictims of crime. Current suicidal ideation was exclusively a problem for crime victims, with attempted molestation (11.1%), aggravated assault (7.9%), and completed rape (4.4%) victims being most likely to have this problem. Clearly, a history of victimization greatly increased the risk that women would have current psychological, social adjustment, mental health, and suicidal ideation problems.

A third major finding was the 6% of all women in the sample and 7.5% of all crime victims were currently experiencing crime-related PTSD. Completed rape victims, victims who sustained serious physical injuries, and those who thought they might have been killed or seriously injured during their assault were much more likely to develop and still be experiencing PTSD than victims of crimes without these characteristics.

In summary, this study produced strong evidence that there are important links between criminal victimization and mental health. Particularly for the crimes of completed rape and aggravated assault, victims had much higher risk of having current psychological, social, and mental health problems. Completed rape was by far worse than any other type of crime. Given that the mean length of time postcrime was several years, these findings suggest that crime has a long-term psychological impact on victims.

These findings have the following implications. First, the assessment instruments used in this study were successful in detecting the long-term psychological impact of crime and should prove useful to both researchers and mental health professionals. Second, the higher prevalence of mental health problems among crime victims suggests the wisdom of mental health professionals inquiring about the victimization status of patients seeking treatment. At the minimum, they should inquire about possible rape or aggravated assault experiences. Third, current mental health problems of many crime victims were sufficiently great as to warrant formal treatment intervention. Fourth, there is a need for well-designed, carefully conducted longitudinal research on the psychological impact of crime. Such research could determine whether the associations found in this study between victimization and mental health problems are causal in nature.

I. Stranger, Marital and Date Rape

The findings of this study not only offer little support for common assumptions about marital and date rape but directly refute them. The assumption that marital and date rape occur infrequently and affect few victims was strongly refuted by the finding that nearly twice as many women had been raped by husbands (23.8%) or boyfriends (20.8%) as by

strangers (20.8%). The assumption that stranger rapes are more objectively and subjectively dangerous than marital or date rapes received equally little support. Victims assaulted by a stranger were no more likely to sustain physical injuries or to think that they might have been killed or seriously injured than were those assaulted by husbands or dates. Finally, the assumption that rape by a husband or boyfriend had a less severe impact on long-term mental health than rape by a stranger was not supported. Women assaulted by strangers, husbands, and boyfriends were equally likely to be depressed, socially fearful, obsessive-compulsive, and sexually dysfunctional.

These results have several implications for future research, clinical intervention, public and professional education, and public policy. Clearly, more research attention should be devoted to marital and date rape. These results suggest that over 40% of all rapes are perpetrated by husbands and boyfriends, yet the majority of the research literature concerns stranger rape. Future research efforts should reflect the prevalence of this problem.

Mental health treatment and training programs should recognize the unique relational dynamics of marital and date rape. While marital and date rape victims may have many of the same psychological problems as stranger rape victims and benefit from the same types of therapy, their relationship to the assailant must be taken into account in clinical intervention.

Public and professional education on the severity of the impact of marital and date rape is a critical need. Both the public and professional community should be made aware of the prevalence of marital and date rape, that it is not infrequent but one of the most common forms of sexual assault. Also, public and professional education should describe what is known about the lack of differences in the psychological consequences of marital, date, and stranger rape. Through significant public education, incorrect assumptions about marital and date rape can be challenged. Through professional education, services to marital and date rape victims may be improved.

Finally, public policy should reflect the reality of marital and date rape. Marital exclusion clauses in sexual assault laws are based on many false assumptions. The idea that rape cannot occur in marriage because the wife has given perpetual sexual consent is rooted in the supposition that rape is strictly a sexual act between two people. Though rape obviously is sexual, it is primarily a violent crime with severe consequences for the victim, as these data demonstrate. The assumption that rape occurring in families is somehow less harmful or less severe than rape perpetrated by a stranger was also refuted. If anything, the opposite trend was true. Public policy and the legal process should recognize marital and date rape for the violent crime that it is.

J. Childhood Sexual Assault

1. Prevalence

Among the more interesting and important findings of the study was that 33.5% of the women in the sample had been victims of at least one sexual assault prior to age 18. Of these 131 women, 33 had been victims of more than one childhood sexual assault. Almost one woman in 10 (9.9%) had been victim of at least one completed rape during childhood; 7.4% had been victims of attempted rape; 13.8% of completed molestation, 4.4% of attempted molestation, and 2.6% were victims of other sexual assault.

2. Current Psychological Functioning

Given that it had been an average of more than 20 years since these childhood sexual assaults occurred, the relationship between childhood sexual victimization and current psychological functioning was surprisingly strong. Results indicated that being a victim of completed rape as a child was associated with increased levels of somatization, interpersonal sensitivity, anxiety and hostility as measured by the SCL-90-R. There was also evidence that childhood rape had a cumulative effect on these symptoms. For example, 85.7% of all women having experienced two childhood rapes had symptom levels on the SCL-90-R that suggested a need for clinical intervention. In contrast, "only" 34.4% of those with one childhood rape and 25.6% of those with no childhood rapes had symptom levels of that magnitude.

Completed childhood molestation was associated with increased levels of anxiety and hostility. In particular, levels of anxiety symptoms were much more likely to reflect the need for clinical intervention among molestation victims than among nonvictims of childhood molestation. Twenty percent of childhood molestation victims had such anxiety symptoms levels, whereas only 8.9% of nonvictims of molestation had clinically elevated anxiety symptoms. As had proven to be the case with all sexual assault cases, completed rapes occurring during childhood had a stronger association with current psychological functioning than childhood molestation and all other types of sexual assault.

3. Current Mental Health Problems

There were several striking findings about childhood sexual assault and its association with current mental health problems. First, the overall relationship between childhood sexual assault history and current mental health problems was significant. Second, attempted rape during childhood was related to increased risk of currently experiencing a major depressive episode. Of nonvictims of child attempted rape, 3.9% met the criteria for major depressive episode, whereas 15.4% of victims of one child attempted rape and 66.7% of victims of two attempted rapes met these criteria. Therefore, victims of at least one childhood attempted rape were 5.3 times more likely to be depressed at the time of interview than nonvictims of attempted rape. Third, completed childhood rape was related to increased likelihood of experiencing current mental health problems of agoraphobia, social phobia, panic attacks, and obsessive-compulsive disorder. Among nonvictims of childhood rape, rates of agoraphobia (1.1%), social phobia (3.7%), panic attacks (1.1%), and obsessive-compulsive disorders (3.4%) were generally quite low. However, victims of at least one completed rape during childhood were 11 times more likely than nonvictims of childhood rape to have agoraphobia, four times more likely to have social phobia, seven times more likely to have panic attacks, and three times more likely to have obsessive-compulsive disorder.

In summary, a history of childhood sexual assault, particularly if it consisted of attempted or completed rape, dramatically increased the risk that a woman would have

certain current mental health problems. Childhood attempted rape increased the risk of major depression while childhood completed rape increased the risk of several anxiety disorders.

4. Lifetime Mental Health Problems

Only childhood rape was related to lifetime mental health problems. Specifically, victims of childhood rape were four times more likely than nonvictims of childhood rape to have had agoraphobia, nearly four times as likely to have social phobia, four times more likely to have had obsessive-compulsive disorder, and 40% more likely to have had sexual disorders.

5. Summary of Childhood Sexual Assault Findings

The high prevalence of childhood sexual abuse in general (33.5%) and completed rape in particular (9.9%) will probably surprise and shock most people. However, these prevalence estimates are generally consistent with those found by other investigators (see Koss & Harvey, 1987, Chapter 1 for a recent review). Clearly, these findings confirm that childhood sexual abuse is a major societal problem which requires considerable attention by the criminal justice system and the mental health community.

That there is a link between childhood sexual assault and current psychological functioning, current mental health problems, and lifetime mental health problems is irrefutable. Risk of current mental health problems and current negative psychological symptoms was much higher for victims of childhood rape, attempted rape, and completed molestation than for nonvictims of these crimes. Although the retrospective design used in this study precludes us from demonstrating that childhood sexual abuse causes these symptoms and problems, the fact that childhood abuse and current problems and symptoms are so highly related has at least four major implications.

First, since adult women who were victims of child sexual abuse were much more likely than nonvictims to have current problems and symptoms, it would be prudent for mental health professionals to routinely inquire about histories of childhood sexual abuse among clients. Second, consultation should be made with appropriately trained and

experienced mental health professionals when childhood sexual abuse is detected. Careful assessment of child and adolescent victims should permit mental health professionals to identify those victims with preexisting problems as well as those victims who develop problems as a result of the victimization. Providing treatment to such victims might be expected to reduce the existence of mental health problems and negative symptoms victims will experience as adults. Third, it is highly likely that many adult victims of childhood rape, attempted rape, and molestation who have mental health problems related to their victimizations fail to appreciate that current problems may be related to long-distant victimization experiences. Thus, there is a need for education about potential long-term effects of childhood victimization for victims, for mental health professionals, and for the general public. Fourth, the need for longitudinal studies of the impact of child sexual abuse is apparent.

K. Recommendations

Several suggestions and recommendations have already been made throughout the body of this report. In this section, we will highlight and summarize the major recommendations.

Recommendation 1: Increased educational efforts about the true nature of crime and its effects should be undertaken. Findings from this project suggest that much of the current wisdom about the lifetime risk of victimization, the risk of nonstranger assault, the nature of crime itself, the extent of nonreporting, and the long-term psychological aspect of crime is not supported by empirical data. Additional education should be provided to the general public, to criminal justice system personnel, and to mental health professionals.

Recommendation 2: Greater emphasis should be placed by the criminal justice system on the problem of nonstranger violence. Rape, other types of sexual assault, and aggravated assault appear to be primarily nonstranger rather than stranger crimes. Women should be informed that violent acts perpetrated by nonstrangers are crimes that should be reported to police. It goes without saying that police should be prepared to investigate nonstranger cases as vigorously as they do stranger cases and that prosecutors should be just

as vigorous as in stranger assailant cases in their efforts to obtain convictions. Given the widely held false assumptions about these crimes, prosecutors should consider judicious use of expert witness testimony designed to provide juries with accurate information about the true nature of nonstranger crimes.

Recommendation 3: Victim/witness assistance personnel as well as mental health professionals should be provided with information about the long-term psychological impact of criminal victimization. This information should include types of mental health problems and symptoms crime victims are most likely to experience as well as methods for interviewing mental health clients about victimization experiences. They should also be provided with information about factors that appear to increase the risk for Post-Traumatic Stress Disorder (e.g., having sustained a serious physical injury, having thought that she might have been killed or seriously injured during the crime, and/or having been a victim of completed rape).

Recommendation 4: Provisions should be made to enable crime victims to obtain treatment for their crime-related, long-term mental health problems. In jurisdictions that have not already done so, crime victim compensation coverage should be extended to include treatment of long-term, crime-related mental health problems.

Recommendation 5: Service delivery systems for crime victims should be designed that enable all crime victims to receive services -- not just those victims who report to police or whose assailants are apprehended.

Recommendation 6: Additional research is needed in several areas. Better information is needed about the incidence of child and adolescent sexual abuse. Longitudinal research should be conducted investigating the long-term psychological effects of criminal victimization in general and child sexual assault in particular. The National Crime Survey screening questions for rape should be modified to increase their sensitivity to the types of nonstereotypic sexual assault studied in the current project. A carefully designed study using a representative national adult sample should be done to determine the lifetime prevalence of

major crimes for both men and women. Finally, researchers interested in studying the psychological impact of crime should consider using all or part of the assessment battery used in this project since most measures proved sensitive to crime-related problems and symptoms.

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Table 1
Summary Descriptions of Projects Studying Psychological Impact of Crime on Victims

<u>Research Project</u>	<u>Type of Crime Victims</u>	<u>Nonvictim Group</u>	<u>Type of Instrument</u>	<u>Recruitment Source</u>	<u>Participation Rate</u>
Ageton (1983)	Female sexual assault	Yes	In-person survey	Random survey of adolescents	73%
Becker (1982)	Female sexual assault	Yes	Structured interview plus psychological tests	Public notices and media requests for volunteers	Convenience sample; NA
Burgess & Holmstrom (1974)	Female sexual assault	No	Semistructured interview	Hospital emergency room	No information given
Calhoun & Atkeson (1981)	Female sexual assault	Yes	Structured interview plus psychological tests	Hospital-based rape crisis center	12%
Feldman-Summers (1979)	Female sexual assault	Yes	Structured interview	Public notices and media requests for volunteers	Convenience sample; NA
Frank & Turner (1981)	Female sexual assault	Yes	Structured interview plus psychological tests	Rape crisis centers	50%
Friedman et al. (1982)	Male & female burglary, robbery, assault	No	Interviews	Police reports	15% of total cases
Kilpatrick & Veronen (1984b)	Female sexual assault	Yes	Structured interview plus psychological tests	Rape crisis center	62%
Kilpatrick & Veronen (1984a)	Female sexual assault, robbery, and aggravated assault	Yes	Telephone survey	Random survey of adult women in Charleston County, SC	84%

(continued next page)

Table 1 (continued)

<u>Research Project</u>	<u>Type of Crime Victims</u>	<u>Nonvictim Group</u>	<u>Type of Instrument</u>	<u>Recruitment Source</u>	<u>Participation Rate</u>
Koss (1981)	Female sexual assault	Yes	Written questionnaire	Random survey of college students	No information given
McCahill, Meyer, & Fischman (1979)	Female sexual assault	No	Structured interview	Hospital-based rape crisis center	56%
Resick (1985)	Female sexual assault, male and female robbery	No	Structured interview plus psychological tests	Victim-witness assistance program	In progress; no information available
Smith, Cook, & Harrell (1985)	Male & female sexual assault, robbery assault, domestic assault, burglary, & other crimes	No	Structured interview	Victim-witness assistance program	Convenience sample; NA

(See: References)