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Reactions of Female and Male Victims of Rape or Robbery
Executive Summary.

NIJ Grant No: 85-1J-cx-0042

ACQUISITIONS

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I. Purposes of the present study.

A. To compare the reactions of rape and robbery victims in order to determine if rape reactions are due to having been sexually assaulted or whether they are due to having been exposed to a life-threatening trauma.

B. To compare rape and robbery victims on a number of precrime, within-crime and postcrime variables to determine whether the two crimes and samples are similar.

C. To compare the reactions of male and female robbery victims to determine if there are sex differences in victim reactions or recovery.

D. To compare male and female robbery victims on a number of precrime, within-crime, and postcrime variables to determine whether the samples and crimes are similar.

E. To explore the effects of the precrime and crime-related variables on postcrime functioning within each group.

F. To examine the effect of participating in the criminal justice system on work adjustment, social support and psychological symptoms.

II. Methods

A. Subjects.

Participants consisted of 75 female rape victims, 91 female robbery victims and 108 male robbery victims in the major cross-sectional sample. There were also 19 robbery victims who were assessed only once at 12 months postcrime and another 19 robbery victims who were assessed at 18 months only. For the longitudinal analyses, only participants who successfully completed all five sessions were included. There were 18 rape victims, 16 female robbery victims and 25 male robbery victims in the longitudinal sample.

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The demographic analyses were based on the analyzable data from session one, a sample size of 274. Chi-square or t-test analyses were conducted to compare male and female robbery victims and to compare rape and female robbery victims. The groups were compared on age, racial composition, marital status, years of school, highest academic degree earned and employment pattern. Differences were found within both comparison groups on marital status. In order to obtain valid Chi-square results, it was necessary to collapse all marital categories into single vs. married. In the male vs. female robbery comparison, men were more likely to be single than women, $\chi^2 (1, N=199) = 7.4, p < .01$. In the comparison of the female groups, there was also a significant Chi square, $\chi^2 (1, N=166) = 8.96, p < .01$. Rape victims were more likely to be single than robbery victims. While male and female robbery victims did not differ on any other demographic variables, rape and robbery victims differed on years of schooling. Rape victims reported more years of schooling than robbery victims.

B. Instruments.

With the exception of several demographic questions at the end, the entire battery was programmed into an Apple Computer. The instruments are presented and described in the order they were given.

1. Demographics.
2. Work Adjustment. (Weissman & Paykel, 1974).
3. Tennessee Self-Concept Scale (TSCS: Fitts, 1964).
4. Veronen-Kilpatrick Modified Fear Survey (MFS: Veronen and Kilpatrick, 1980).
5. Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock & Erbaugh, 1961).
6. Brief Symptom Index (BSI: Derogotis and Spencer 1983).
7. History of Violence Questionnaire.
8. Crime Information Questionnaire.
9. Legal Questionnaire.
10. Social Support.
11. Lifestyle.
12. Impact of Events Scale (IES: Horowitz, Wilner & Alvarez 1979).
13. Counseling Questionnaire.
14. Final demographics.

C. Procedure.

Each week during the data collection period, three police departments, St. Louis City, University City and St. Louis Unincorporated County, sent us the names, addresses and phone numbers of rape and robbery victims who had reported their crimes that week. The project sent both a cover letter from the appropriate police chief and a pamphlet about the project to all rape victims, and to those robbery victims who fell within the same age range as the rape victims, (generally under 35). The one exception to this was the procedure for rape victims in St. Louis City. Because the sex crimes unit was already sending a list to the Victim-Witness Assistance Unit, they preferred for us to get the list from the Victim-Witness unit. The Victim-Witness Assistance Unit, part of the Circuit Attorney's office, sent out a cover letter from the Circuit Attorney and the project pamphlet along with their own materials. The cover letter informed potential participants about the project and the sponsorship of the police or Circuit Attorney. They were also informed that we might be calling to request their participation. During the two years of data collection 1,605 letters were sent out.

Potential participants were called within two weeks of the one month target date and, if interested in participating, were scheduled for interviews. People could be scheduled one week on either side of their target date. If it was not possible to schedule them within that two week time period, they were not invited or were dropped from the study. Although we had considered that some type of random assignment might be needed to determine who to call because of the large number of potential participants, in practice it was not necessary. People without phones were sent letters asking them to contact us. Many people had their telephone disconnected or changed after the crime. These two groups rarely contacted us but were scheduled if they did. Many people were never contacted although repeated attempts were made to reach them at various times of day.

Participants were scheduled for three sessions (1, 3, & 6 months), as part of an NIMH project. The NIJ project was to continue data collection for the 12 and 18 month assessments. With the onset of this NIJ project, participants who were currently active were informed of the extension and asked to continue through their 18 month assessment. Participants who had completed their six month assessment but were not more than one year postcrime were

recontacted and asked to return for the 12 and 18 month assessments. We also attempted to contact people who we had been unable to contact during the first grant project. We wanted to see if we could generate enough new subjects to comprise two single-test groups, one at 12 and one at 18 months post-crime. These two single-test groups could be compared to the major sample of the study, the repeated assessment groups, in order to determine the effect of repeated assessment on reporting of symptoms.

The assessment battery was programmed into an Apple II Computer. The program was set up with branching programs to skip questions or sections that were not appropriate for a particular participant. For instance, if someone responded "yes" to the question about being abused as a child, a series of other questions would follow. If she/he responded no, the program would skip to the next section. Occasionally, the battery was completed with a paper and pencil version when the computer was being serviced or when it was necessary to schedule two subjects at the same time. In those cases a research assistant entered the data into the computer from the paper and pencil version.

All participants were seen five times, if possible, at 1, 3, 6, 12, and 18 months postcrime. If participants missed their second session, they were not scheduled for the third session. If we realized that a participant's data were invalid (eg. person was drunk, psychotic or mentally retarded) we made no further attempt to schedule them. Of those people we tried to schedule for more than one session during the first grant, 71% completed all three sessions. An attrition rate of 29% is comparable to other longitudinal studies of rape victims over the same length of time (Kilpatrick & Veronen, 1982 personal communication, 30% across 6 months; Resick et al, 1981, 34% across 4 months). At the 12 and 18 month sessions the attrition rate was much higher because of the time lag between the two grants. A number of the subjects who had participated at the beginning of the first project had already passed their 12 or 18 month postcrime period.

III. Results

A. Rape versus Robbery Victims.

It was hypothesized that rape victims would have greater problems with self-esteem and depression than robbery victims, but they would look similar to robbery

victims in terms of fear. These hypotheses were only partially confirmed. Rape victims in this sample were significantly more depressed than robbery victims at all but the 12 month session on the BDI and one and three months postcrime on the BSI.

Rape victims also reported significantly lower self-esteem at two of the later sessions, although as a group they did not differ from the normative mean. Self-esteem was the only type of measure on which there were differences between rape and rape-robbery victims. Rape-robbery victims reported significantly poorer self-esteem on several of the subscales at several of the sessions than either rape or robbery victims.

As hypothesized, rape victims did look similar to robbery victims with regard to fear on the MFS (except for sexual fears, which was predicted). However, contrary to hypothesis, rape victims scored higher than robbery victims on the overall distress score (GSI) of the BSI and many of the subscales, including fear and anxiety measures, through six months postcrime. Rape victims also scored higher than robbery victims on the IES, the measure of post-traumatic stress disorder, across all five assessment sessions of the study. Therefore, although it had been hypothesized that rape and robbery victims would experience similar fear and anxiety, this was not the case. Rape victims reported significantly more distress than robbery victims on almost every measure.

Because of the smaller sample sizes for the longitudinal analyses, the dependent variables included in the longitudinal analyses were four summary variables of the four major instruments (BSI, TSCS, MFS & IES) plus the score from the BDI. The summary variables were chosen following factor analyses. The comparison of the smaller longitudinal sample of rape and robbery victims who completed all five sessions did not produce the same group differences as the cross-sectional analyses. Of the five measures, rape victims were significantly different than robbery victims on only one, IES. This might have been due to the smaller sample sizes or to some possible difference between those who completed the entire study and those who dropped out for one reason or another. Analyses of sessions effects indicated that significant improvement occurred on the GSI, MFS, and IES between one and three months postcrime and then showed only gradual improvement such that the 18 month session was also significantly different from the three

month session. On the BDI there was significant improvement between the one and three month session and then no further change. There was no improvement on the TSCS across the 18 months of the study.

Both rape and robbery victims experienced considerable distress following their victimization. Almost half of the rape victims and one third of the robbery victims scored at least two standard deviations above the normative mean on the GSI at one month postcrime. Two thirds of the rape victims and one third of the robbery victims reported severe PTSD symptoms (as measured by the IES) at one month postcrime. At 18 months postcrime, 20% of the rape victims and 10% of the robbery victims still scored at least two standard deviations above the normative mean on the GSI. Over half of the rape victims and one third of the rape victims scored at least one standard deviation above the normative mean at 18 months. At 18 months postcrime, 15% of the rape victims and 10% of the robbery victims scored in the severe range on the IES. Forty percent of the rape victims and 10% of the robbery victims continued to score in the moderate range of symptoms on the IES. Therefore, although there is considerable improvement, a majority of the rape victims and 20% of the robbery victims are continuing to experience distressing symptoms, intrusive memories and avoidance 1 1/2 years after the event.

In order to determine if some historical or crime-related factors could account for the differences between the groups, a series of analyses were conducted. After examining seven types of prior victimization it was found that there were very few differences in history of victimization between rape and robbery victims. A majority of both groups had experienced some victimization prior to the current event and a substantial minority had been victims of serious crimes. Eliminating the effects of prior victimization through covariance analyses indicated that these variables did not account for the differences between rape and robbery victims.

Three indicators of prior psychological problems were also examined and it was found that the rape and robbery samples did not have different histories with regard prior psychological problems or treatment. Therefore, these variables were not subjected to covariance analyses.

There were, however, many differences between the two crimes with regard to assault variables. Rape victims were

subjected to more threats, restraint, injuries and greater crime duration. Robbery victims were more likely than rape victims to be accosted by more than one assailant. There were no differences between the two groups in acquaintanceship status with the perpetrator or whether the perpetrator displayed a weapon.

When the effects of these assault variables were eliminated, some of the differences between rape and robbery victims were reduced. Rape victims continued to report more global distress at three months postcrime, and more depression and PTSD symptoms through six months postcrime. There were no differences between the groups on any of the five measures examined at 12 or 18 months postcrime. These analyses completely eliminated the differences that had been observed in self-esteem. Therefore, although the assault variables do play a role in the different reactions of the two groups, they do not account for the differences completely.

Nine within-assault variables fell into three categories: thoughts, feelings, and behavior. The thoughts were cognitions regarding the victims' perception of imminent death, injury or harm to loved ones. Feelings assessed were anxiety, anger and calm. The behaviors were passive, active, and aggressive resistance. Analyses comparing rape and robbery victims indicated that rape victims experienced greater anxiety, perception of imminent death and perception of imminent injury than did robbery victims. They also engaged in greater resistance during the crime than robbery victims.

When the effects of these within-assault victim reactions were eliminated, many of the differences between rape and robbery reactions were also eliminated. Rape victims still scored higher than robbery victims on the GSI at three months and the IES at six months. Otherwise there was no differences in the reactions of female robbery and rape victims.

Social support was assessed with three variables: perceived social support regarding the crime, number of people talked to about the crime, and number of people the victim talked to on a regular basis (network size). There were very few differences between rape and robbery victims on social support. At the six month session, robbery victims reported a greater network size than rape victims. However, because there was this difference at one session,

social support was also included in covariance analyses. The effects of social support on the differences in victim reactions between rape and robbery victims were minimal. The covariance analyses on GSI, MFS, and IES were the same as the original analyses. On the BDI the difference between rape and robbery victims' scores was eliminated at three months and on the TSCS were eliminated at six months postcrime. There were no changes at the other sessions on those two measures.

Following the analyses to compare the reactions of rape and robbery victims, a series of stepwise regression analyses were conducted to examine the influence of a number of variables on reactions and recovery within each group. The variables were: history of victimization, precrime psychological problems, assault factors, within-crime reactions, social support, postcrime behavior responses and postcrime treatment.

Generally, these variables did not affect the reactions and recovery of rape victims as much as robbery victims. History of victimization was related to reactions and recovery of rape victims. Extent of previous victimization, domestic violence in adulthood, and physical abuse in childhood were especially predictive, although at later sessions history of victimization in childhood was sometimes associated with better recovery. However, when the seven historical variables were taken together, history of victimization was most predictive of problems with recovery at 12 and 18 months.

Prior history of psychological problems was not predictive of reactions and recovery following rape except to a small extent soon after the assault. Likewise, the seven assault variables and three social support variables were not particularly associated with the level of reactions and recovery of rape victims. Treatment after the crime was associated with greater distress at the six month session but was unrelated to recovery at the other sessions.

Two other sets of variables were predictive of recovery in rape victims. The within-assault and postassault behavior of the rape victims were both associated with postcrime symptoms. Within-assault reactions were associated with recovery at the later sessions. Most frequently, anger was related to greater symptoms and poorer self-esteem while perceptions of imminent death or injury were related to better functioning. Postcrime behavioral

changes were related to greater problems. Changing habits and patterns and avoiding being alone were particularly associated with greater symptomatology.

In conclusion, it appears that several types of "person" variables are the most important in predicting the reactions and recovery of rape victims. History of victimization, within-assault reactions, and postcrime behaviors of the rape victim were the most predictive of problems in recovery.

The seven sets of variables of interest were more predictive of the functioning of female robbery victims than they were of female rape victims. In fact all seven types of variables emerged as predictors of distress across measures and over time. Some of the more prominent findings are as follows: the extent of criminal victimization and childhood sexual abuse were particularly predictive of problems in recovery although a number of variables emerged at various sessions with various measures. Prior psychological/psychiatric treatment or a history of depression and suicide attempts was predictive of problems, particularly in the first six months following the crime. Acquaintanceship with the perpetrator was associated with problems of self-esteem at 6, 12 and 18 months postcrime, while the extent of threats was related to the level of fear and PTSD symptoms robbery victims developed.

A number of the within-assault variables emerged as significant predictors. The most prominent were aggressive resistance, perception of imminent death, and anxiety during the crime. All were associated with greater symptoms or lower self-esteem following the robbery. Positive perceived social support and larger network size was associated with better recovery while talking more about the crime was reflective of greater levels of distress. Like rape victims, female robbery victims who are experiencing greater levels of distress tended to make greater behavior changes. Because they were associated with greater distress through 18 months postcrime, these behavioral changes should not be construed as effective coping strategies. Finally, receiving treatment after the crime was reflective of robbery victims who were experiencing greater symptoms.

B. Male versus Female Robbery Victims.

There were very few differences in reactions between female and male robbery victims beyond the first month

postcrime. There were no differences in either the Global Severity Index, any of the subscales of the BSI, total self-esteem, most of the TSCS subscales, or work adjustment at any of the five postcrime periods. Female robbery victims scored significantly higher on the Beck Depression Inventory at only the first session. They also scored higher in symptoms at the first session and behavioral responses for six months after the crime.

On the overall IES score, female robbery victims scored higher than the male robbery victims only at the one month session. On the subscales they reported more intrusion at one month and avoidance at three months. The only scales on which there were significant differences across the 18 months of the study were those on which there were probably preexisting sex differences, the Modified Fear Survey and physical self-esteem from the TSCS.

In order to determine whether any of the findings might have been due to repeated assessment of the participants, two samples of robbery victims were assessed only once, at 12 or 18 months. They were assessed on the four major summary variables: GSI, TSCSTOT, MFSTOT, and IESTOT. There was a significant difference on only one measure at one session, MFSTOT at 12 months. Because this finding could be due to a greater proportion of women in the single-test sample, this finding could be due to naturally-occurring sex differences. Therefore, it is concluded that repeated assessment did not account for the findings of the study.

Results of the longitudinal comparison of male and female robbery victims paralleled the cross-sectional comparisons. For the most part, the improvement in symptoms occurred between one and three months and then stabilized. The only exception was on IESTOT, on which female robbery victims scored higher initially than men, but improved between three and six months as well as from one to three months.

Examination of sex differences in history of victimization indicated very few differences between men and women. The women reported more domestic violence, while at some of the sessions, men reported more physical child abuse. Eliminating the effects of prior victimization did not change the findings of the original analyses. Regression analyses on the female robbery victims were reported earlier. Regression analyses of male robbery victims indicated that history of victimization plays a role

in reactions and recovery, particularly in the first six months postcrime. Incest, child sexual abuse, and prior criminal victimization were the variables most likely to predict problems with psychological distress and low self-esteem.

With regard to indicators of prior psychological problems, women were more likely than men to report prior psychological treatment and a history of depression or suicide attempts. Covarying participants' scores on prior psychological problems did not substantially alter the results of the initial analyses. However, examination of the effect of these variables within each group indicated that a history of prior depression and suicide attempts or prior treatment were associated with greater distress and lower self-esteem.

There were differences in several assault variables between robberies against men versus those against women. Women were more likely than men to be robbed by an acquaintance. Men were more likely to be robbed by more than one perpetrator, have a weapon displayed as part of the crime and be subjected to more threats. In other words, more force was used against male robbery victims than female robbery victims. Because this finding would not account for the greater distress experienced by female victims in the first month after the crime, covariance analyses were not conducted with the assault variables. Examination of the effect of the assault variables on the reactions of male robbery victims indicated that assault variables accounted for very little of the variability in the male robbery victims' reactions.

There were not many differences between male and female robbery victims in their within-assault reactions to the crime. Women reported more anxiety during the crime. No other variables emerged with any consistency. Interestingly, contrary to the initial hypotheses of the study, male robbery victims did not report more anger during the crime. In fact, at one session, women reported having experienced significantly more anger than men. Eliminating the effect of within-assault reactions had no effect on the sex differences in reaction that were observed at the first session on several of the measures. Regression analyses of the male robbery victims indicated that those men who were more anxious and anticipating they would be killed or injured during the crime had more psychological symptoms.

particularly fear and PTSD symptoms, in the 18 months that followed the crime.

There were no sex differences in social support beyond the first month. At one month postcrime female robbery victims talked about the assault more than male robbery victims. Findings of regression analyses of male robbery victims were that at the later sessions, better perceived social support was associated with lower symptom levels and better self-esteem. However, talking about the crime more was related to greater distress, probably indicating that those who were experiencing greater distress sought out more people with whom to discuss the crime.

Much like female robbery victims, greater behavioral reactions following the crime predicted greater distress in male robbery victims. Variables to emerge most frequently as predictors of distress were: avoidance of being alone, moving because of the crime, changing habits and patterns, and increasing safety measures.

Finally, there were sex differences in whether the victims received postcrime medication or other psychological treatment, at 6 and 12 months postcrime. Women were more likely to receive treatment at those sessions. Among male robbery victims, receiving treatment was associated with greater distress and poorer self-esteem.

C. Participation in the criminal justice system.

A suspect was apprehended in about one third of the cases in the study sample. Only 12-13% testified in a trial although more cases actually went all the way through the system because some people were not asked to testify and some cases did not go to trial because of a guilty plea or some type of plea bargaining. The majority of those who completed the system felt they were well treated and were glad they went through it.

In order to assess the effects of participation in the criminal justice system, several types of analyses were conducted. A group of participants who had completed the criminal justice process ($n=24$) were compared to a matched group ($n=24$) for whom a suspect was never apprehended and who therefore did not participate in the criminal justice system at all. It was found that there were no differences in work adjustment between those participating in the system and those who did not. There were also no differences in

the social support variables. And contrary to predictions, those who completed the process were no more likely to have received some type of counseling or psychiatric treatment.

Finally, the two groups were compared on their psychological functioning on the four summary variables. It was found that there were no differences in symptomatology or self-esteem at the end point assessment (12 or 18 months), and there was only one difference at the earlier sessions: those who were participating in the system reported significantly higher self-esteem than the comparison group at six months postcrime. Although the findings might have been by chance because of the number of comparisons, Cluss et al. (1983) found that those who were participating in the criminal justice system had higher self-esteem at 12 months postcrime. Overall, however, it must be concluded that participating in the criminal justice system does not appear to have a major impact on psychological functioning or work adjustment.

IV. Implications

It has been widely acknowledged that rape victims suffer from anxiety, particularly post-traumatic stress disorder, and depression for months or even years after the crime. There has been an assumption, and some limited evidence, that rape is more severe, in terms of psychological aftermath, than other single-incident crimes. Implicit in this assumption is the belief that it may be the sexual victimization that accounts for the severity of the crime. This study confirmed that women who were raped have more serious and longlasting reactions than women who were involved in another potentially life-threatening felony, robbery. However, it should be noted that both groups experienced a significant degree of distress following victimization, which improved between one and three months, and then improved more gradually between three and 18 months.

It had been the original hypothesis of the study that, according to cognitive-behavioral theory, rape and robbery victims would experience similar fear reactions because both crimes were similarly life-threatening and would elicit strong fear reactions. However, it was found that the crimes were not similar in some very important ways. Rape victims were restrained and threatened more than robbery victims and their crimes lasted longer. Probably more important, rape victims resisted more, were more anxious,

and had greater perceptions of imminent death or injury. Their heightened anxiety would facilitate classically conditioned fear reactions. As confirmation of this, when variables concerning the assault (e.g., extent of restraint, threats, and crime duration) and within-assault victim reactions (e.g., amount of resistance, anxiety, and perceptions of imminent danger) were eliminated, it was found there were then very few differences between the reactions of robbery and rape victims.

These findings give credence to the hypothesis of this study that the perceived life-threatening nature of the crime contributes to the extent of reactions. Victim advocates and therapists may need to move beyond considering the type of crime that the victim was subjected to (i.e. rape) or the extent of injuries as the most important indicators as to whether services are offered. More important would be to assess the victims' perception of the crime, particularly how life-threatening they perceived the crime and the extent of their physical arousal and anxiety during the event.

As further support of the cognitive-behavioral theory of victim reactions, it was found that postcrime behavioral avoidance was strongly associated with more severe victim reactions. This study found that changes in life style may have been intended as coping techniques by the victims but continued to be associated with greater symptomatology across the 18 months of the study. Such avoidance is one of the hallmarks of PTSD and probably serves to maintain conditioned fear reactions.

Another purpose of the present study was to compare the reactions of male and female robbery victims. It was hypothesized that women would have more severe and longlasting reactions to having been robbed than men. This, in fact, was not entirely the case. Women did have greater depression and PTSD symptoms at one month postassault. They also scored higher on the MFS, the fear scale, on which there were probably preexisting sex differences. However, there were no differences on any of the other symptom scales or self-esteem. Attempts to discover the reason for the initial sex differences were not fruitful.

There were no differences in within-assault victim reactions that would explain these findings. Although female robbery victims experienced greater anxiety during the crime, eliminating the effect of this anxiety did not

change the initial sex differences. Male robbery victims were subjected to greater force (more perpetrators, presence of weapons, threats) than female robbery victims. Therefore, differences in the assault would not explain the sex differences either. Perhaps preexisting sex differences in predispositions toward anxiety or depression might explain the initial differences in reaction to the crime. Future research should address this question.

Longitudinal analyses indicated that both men and women experienced marked distress on several of the fear-related measures which improved significantly by three months postcrime. As a group, robbery victims experienced no more than mild depression and no problems with self-esteem. Examination of participants who were assessed only once at 12 or 18 months indicated that the improvement was not due to the effect of repeated assessment. Single and repeatedly assessed robbery victims reported similar levels of symptomatology.

It had been speculated that men might experience more anger during the crime and therefore, classical conditioning would be suppressed. In fact, at most sessions there were no differences in anger. However, at six months postcrime, the sample of women reported experiencing more within-crime anger than men. The regression analyses indicated the greater the anger during the assault, the greater the symptoms following the crime. Therefore, it appears that anger during the assault serves the same function as within-crime anxiety. Any kind of heightened arousal facilitates conditioned reactions and avoidance following the event.

With regard to sex differences, it must be remembered that there were very few differences in reactions overall. Male robbery victims experience significant distress and fear for several months following the crime. Because men are less likely to seek out counseling, it will be necessary for victim advocates and criminal justice system personnel to realize that male victims are likely to be experiencing more distress than they are admitting. New creative ways of educating male victims to typical victim reactions and opening them to the possibility of counseling should be explored.

The history of the victim should not be ignored. Both prior victimization and a history of prior treatment for psychological disorders or depression and suicide attempts

are associated with more severe reactions and difficulty recovering from crime. Assessment of the victim's history should be a routine part of counseling for victimization.

Overall, a majority of the victims of both rape and robbery were pleased with the social support they had received. It should be remembered, however, that everyone in this sample had reported their victimization to the police so that may have affected the amount and quality of support they received. Social support, contrary to hypothesis, did not play a major role in the reactions of rape victims but was associated with the reactions of robbery victims. At three of the four sessions there were no differences in social support between rape and robbery victims. The covariance analyses indicated that social support did not account for much of the differences in reaction between the two groups, and regression analyses within the rape group indicated that social support was not an important predictor of the reactions of rape victims.

However, social support did appear to be more influential with robbery victims. Greater perceived social support and general network size were associated with better psychological functioning while talking more about the event was associated with more symptomatology. These findings appear to indicate that general social support and the initial and current reactions about the crime by people in robbery victims' lives are more important than the extent to which the victim actually talks about the event with others. Talking more about the event was associated with greater symptomatology, probably indicating that those with more severe reactions had a greater need to talk with others about the event than those with milder reactions.

This study found that participation in the criminal justice system had little, if any, effect on the participants' psychological functioning or work adjustment following the crime. Victims who completed the criminal justice system process also reported that they received no more or less social support than those who never entered the system because no one was apprehended. These participants also reported that they were no more likely to have received any kind of treatment than the comparison group.

It is possible that participating in the criminal justice system is not as traumatic for most victims as has been previously portrayed. Perhaps the system has become more humane to victims. However it is possible that these

findings were unique to this sample. The two comparison groups were those who did not enter the system at all versus those who completed the system; that is, there was a trial or the defendant pleaded guilty. It is possible that the system is most difficult to a different group of people, those who enter the system but are unable to complete it because there is inadequate evidence to proceed, the evidence is contaminated in some fashion or lost, or because the case is dropped after the preliminary hearing or Grand Jury. We did not have a sufficient sample of such cases to include them in analysis.

Finally, in surveying this sample of victims who had reported their crimes to the police, approximately 15% of the sample at any of the sessions did not know what had happened to their case. And although three-quarters of the sample who proceeded through the system felt that the treatment they received was positive and supportive, 15% reported negative treatment and either regretted going through the process or had mixed feelings about it. It is encouraging that so many people felt positively about their participation in the legal process, but there is still room for improvement.