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The Victim-Offender Overlap:

Examining Police and Service System Networks of Response among Violent Street Conflicts



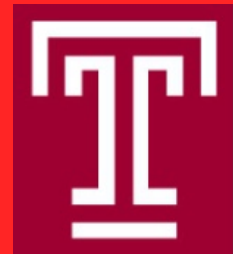
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The Victim-Offender Overlap: Examining Police and Service System Networks of Response among Violent Street Conflicts

Abstract

The study examined the networks of service delivery around violent assaults involving street conflicts and disputes. The research is designed to advance research on the victim-offender overlap to expand understanding of the situational and contextual factors around street violence that impact how individuals who have past justice system involvement access (or do not access) victim services after being violently injured. The project used a mixed-method design that yielded both qualitative and quantitative data. Qualitative data were drawn from focus groups, semi-structured interview with victim services providers, and in-depth interviews with 103 victims of street crime. Quantitative data were drawn from surveys and social network data collection with those same 103 victims of violent street assaults. This report describes the findings of descriptive analyses and regression models to assess the impact of police response to a victimization incident on receipt of victim services, and receipt of victim services on engagement with counseling and mental health services.

The results show that victims of street crime take a variety of help-seeking paths after violent injury. Half of the victims had some type of police response, regardless of whether they, themselves, were the one who reported the incident to the police. Arrest and gang history did not appear to influence who was told about victim services by first responders. In the regression models, prior arrests were not associated with receipt of services. However, having police officers respond to the victimization was associated with higher odds of receiving victim services, and in turn, victim services were associated with mental health treatment. Very few victims reported accessing/receiving any type of service. The overwhelming majority of victims had no knowledge about their rights as a victim of crime and did not know they were eligible for victim compensation and other services.

Police response appears to set victims on a path to accessing services. Although the number of arrests was not associated with service receipt, a small percentage of victims who did not receive services stated they were reluctant to cooperate with the police, thus limiting their opportunity for victim services. Because most victims who did not access victim services did not know that they existed, policies that promote more knowledge of and initial engagement with victim services could improve access to needed health and mental health services.

The Victim-Offender Overlap: Examining Police and Service System Networks of Response among Violent Street Conflicts

Contents

Introduction.....	1
Research Questions	3
Background.....	4
Victimization, Help Seeking, and the Victim-Offender Overlap.....	4
Victims of Crime Act (VOCA) Funded Services.....	6
The Victim Services System in Pennsylvania and Philadelphia	7
Philadelphia Police Department Policy	8
Pennsylvania’s Victim Services Needs Assessment Results.....	9
Methods.....	10
Overview	10
Study Site: Philadelphia	10
Partner Agencies.....	11
Study Participants.....	12
Victim Service Agencies	12
Victims of Street Crime.....	12
Social Network Members of Victims of Crime.....	17
Conduct of the Focus Groups to Prepare for Protocol Development.....	17
Conduct of the Semi-Structured Interviews with Victim Services Agency Stakeholders	18
Analysis.....	18
Qualitative Data Preparation	19
Qualitative Transcription Coding.....	19
Quantitative Data Preparation and Analysis	21
Results.....	21
Conclusion	27
References.....	31

Introduction

Victims are often offenders and offenders are often victims. A key question in reducing future violence and victimization is whether first responders and other criminal justice system actors identify the victim as an offender or simply a victim, and whether the label influences subsequent victim treatment. The study examined police and victim service system networks of response after violent street conflicts, and how help seeking behavior may be influenced by the formal systems response to criminal incidents. More specifically, the study was designed to advance research on the victim-offender overlap by examining how individual, situational, and contextual factors around street and gang violence were associated with help seeking behavior after violent injury—injuries that were specifically the result of a conflict or ongoing dispute.

In cities like Philadelphia, where the level of deep poverty is high and the street code of violence dominates many neighborhoods, violence and victimization are commonplace. There are roughly 1,200 shootings each year in Philadelphia, many that are the result of local feuds and disputes or ongoing conflicts among gang members. These victims are often children and young adults. Specifically, between 2007 and 2014 in Philadelphia, at least 600 youth ages 17 and 24 were the victims of shootings each year (internal analyses of PPD data). Between 2012 and 2014, 1,659 youth in this age group were shot and another 7,207 were victims of aggravated assault. Research shows that most of these victims will not seek formal services to assist with the physical and psychological trauma that likely resulted from victimization, let alone services that are available at no cost through the Victims of Crime Act (VOCA) funding (Kaukinen, 2002; Newmark, 2004).

To complicate the picture even more, many of these victims are also offenders—offenders who have lengthy arrest histories. Anecdotally, victim services providers indicate that victims who have previously been involved with the criminal justice system are the least likely population to seek help and receive services after victimization (J. Davis, personal communication, May 2, 2016). The overlap between being a victim and being an offender is quite high (Sampson & Lauritsen, 1990). For violent crimes like homicide, most victims have been offenders (Wolfgang, 1958). In Chattanooga for instance, almost half of the people shot

during 2015 had criminal histories that included either a violent crime or a gun charge (Bradbury, 2016).

The victim-offender overlap is a well-known construct among criminal justice scholars and practitioners. A recent study by Berg and colleagues (2012) found that violent offending increases respondents' risk for violent victimization by 68 percent. In neighborhoods where the street code of violence is "high," adolescents who engage in violent delinquency increase their chances of victimization by approximately 169 percent. The study also found that victims of violence are 55 percent more likely to commit a violent crime. Coupling these statistics with the number of victims injured by shootings and non-gun violent assaults each year, the "underserved" population of victims representing the victim-offender overlap in any large city like Philadelphia could be in the thousands.

The research on the victim-offender overlap is developing, with most studies focusing on risk factors that create the overlap across the life course. More recent work has begun to focus on the micro-level processes that might situate victim and offenders together at the same time. Although Wolfgang (1958) was the first to address from a theoretical standpoint that aggressive street culture that might give rise to aggressive interaction, Singer (1986) was the first to directly address the victim-offender overlap with a quantitative focus. He suggested that much of the overlap was reflective of retaliatory violence that is so prevalent in underprivileged urban communities. In an important recent piece on the victim-offender overlap, Pyrooz and colleagues (2014) showed that gang membership elevates risk for the overlap in offending and victimization and that the group dynamics and processes related to gangs that support the code of the street and reciprocity in conflict facilitate the elevated risk.

Although the research examining the risk factors and the causes of the overlap is growing, there has been little research or policy attention paid to the consequences—and less so to the path the lives of "offender victims" take after victimization. What is not generally known is that victims who are offenders are not eligible to receive government funded victim services under the Victims of Crime Act of 1984 (VOCA; codified as 42 U.S.C.A. §10601) if they were involved in the commission of offense at the time of injury. The law defines a "victim" and specifies that "the term [victim] shall not include the alleged offender." This is not the only exclusion—individuals also are excluded from VOCA compensation if they have been convicted of a federal offense and have not paid their fines and fees (which is quite common). Many states

carry this exclusion over and apply it to those convicted under state/local laws.

Given that data from the National Crime Victimization Survey reveal that the lowest rates of receipt of services from victim service agencies are among those individuals who are Hispanic and Black (compared to whites), younger (ages 18-34 compared to those older than 34), males (compared to females), those living in urban areas (compared to rural), and those who do not report assaults to the police (Langton, 2011), it is highly likely for young urban male victims of violent street assaults, who are mostly Black, that help seeking and victim service access will be exceedingly low. Add the potential VOCA-funded services exclusion for some victims due to offender status, and service access and receipt are likely even lower. This means very few victims of violent street assaults would receive needed medical and mental health services, advocacy and support related to criminal justice case processing, reimbursement for lost wages, and funeral expenses. The result is potential harm to the short- and long-term health of offender-victims, and harm to the overall wellbeing of urban, minority communities.

Research Questions

The study was designed to advance our understanding of the help-seeking behavior of offender-victims who are victims of violent street assault, and gain insight into both the formal and informal networks of victim service supports available to and used by victims. The study focused on understanding, through the voices of the victims, how a variety of factors align to likely influence a number of actions a victim can take after assault: (1) reporting the victimization to the police; (2) going to the hospital; (3) seeking help from criminal justice-related victim services; (4) seeking help from other formal service systems; and (5) seeking support from informal sources, such as family and friends. The ultimate purpose of the study is to use the study findings to improve the criminal justice system's and victim service system's response to violent street victimization. The specific research questions were:

1. What role do police play as first responders to violent incidents involving the street code of violence, and how is this role and the response to the victimization associated with subsequent service access and service delivery in the justice system depending on whether an individual was identified first as a victim or an offender?
2. What are the individual-level, situational and contextual level factors that contribute to the different help-seeking paths of victims of street crime? Are there particular individual-level

factors or situational level factors related that influence help-seeking behavior more than others?

3. What are the circumstances under which a victim-offender is excluded from VOCA-funded victim services? Are there any myths or misconceptions that are associated with a victim not receiving support from victim services?
4. What is the network structure of informal networks of support for victims of violent street crimes?

Background

Victimization, Help Seeking, and the Victim-Offender Overlap

Violent crime victimization is a significant problem in the United States, causing a range of physical and psychological harms and costing billions annually (Miller, Cohen, & Wiersema, 1996) in victim costs, criminal justice system costs and intangible costs, such as pain and suffering, decreased quality of life, and psychological distress. Long-term health and mental health problems can result (Elklit & Brink, 2004). Furthermore, victims are at an elevated risk of re-victimization (McCart, Smith & Sawyer, 2010).

In the mid-1980s, as studies exploded on the prevalence of victimization by crime type, and the victim rights movement grew, the literature on help-seeking began to emerge. This literature was built largely from studies using probability samples of victims, where researchers sought to understand reporting patterns and differences in victim services sought by crime type and victim demographic characteristics. More recently, studies have begun to delve deeper into the qualitative realm to understand the perceptions and concerns of victims related to reporting and help seeking. These studies, significant in the wealth of findings shedding light on the importance of informal supports, have highlighted that the overwhelming majority of victims of violent crime do not seek support through *formal* victim services (see for example: Devalve, 2005; Schriener, Maercker, & Renneberg, 2010).

Formal support is a category of support that may be provided by actors within the criminal justice system (including police, court social workers, and other agents of the court or victims of crime advocates within criminal justice system), social service agency staff, medical services personnel, crisis hotline workers, mental health professionals, clergy and faith-based organizations, and victims of crime advocates. It is these supports that are often available, and funded, through VOCA. Although these formal services are not often accessed by victims of

violent crime, the qualitative body of work on help seeking behaviors after victimization has highlighted the importance of formal support for addressing some needs that cannot be met by informal supports (Morrison, Luchok, Richter, & Parra-Medina, 2006). Research has also suggested that males more than females will feel stigma or believe they are being laughed at for seeking formal services due to gender stereotypes—that men should be tough and work out their problems on their own (Tsui, Cheung, & Leung, 2010).

It should be noted that the overwhelming majority of studies on help-seeking behavior of victims of crime has focused on female victims of interpersonal violence (National Institute of Justice, 2014), resulting in a wide gap in our knowledge of help seeking for victims of street assaults. These street assaults have different dynamics—and the dynamics that identify and portray the “victim” and “offender” are quite different as well. As was summarized in the proceedings from NIJ’s Technical Working Group on Violent Victimization Research (2014): “We see the good victim/bad offender dichotomy and there is no place in the criminal justice system to consider the overlap” (p. 12). Ironically, many of the supports that may be needed after a violent injury would come from the big “systems”—criminal justice, health and mental health—but it is these systems where the actors are likely to be aligned with this “highly adversarial dichotomized model” (ibid. p. 12).

There is potential for harm from this dichotomy because criminal justice system actors—particularly, police officers—are likely to be the first to respond to a violent event and to have interaction with the victim (Woods, 2008). Research has shown that how victims cope and respond to the trauma of a violent event often depends on their treatment immediately after the event (Newmark, 2004; Woods, 2008). Research has shown that both the circumstances of the crime event itself and the officer’s view of the victim influence how the responding officer first addresses the victim and the needs of the victim (Fritsch, et al., 2004; Logan, Shannon & Walker, 2006). In most police departments, officers are trained to respond to the victim with regard to their needs, and begin the process of creating a sort of safety net that may involve giving the victim information that explains their rights as victims and a list of resources where they can seek further help. These resources are likely to include contact information for the local victim services provider, crisis intervention, state crime victim compensation programs and other services (Walker & Katz, 2001). It is worth noting that the study by Fritsch and colleagues (2004), which focused on the factors that determine if an officer will inform a victim about

victim compensation programs, specifically stressed the need to develop in-service trainings on victimology to help officers overcome any negative perceptions about victims.

If the responding officer happens to be knowledgeable about street violence, gangs, or is privy to criminal intelligence data on hot spots or hot offenders, it is likely that violent events involving gang members or street disputes and conflicts will include victims that are known to the responding officers. With the growth of intelligence-led policing, most large urban police agencies utilize techniques that support sharing information on violent offenders and gang members across units and divisions (Ratcliffe, 2016). Labeling a victim first as an offender, even without any explicit intent to do so, may shape the resulting path to criminal justice system case processing and referral, and access to victim compensation and services. A criminal justice actor simply stating out loud that offenders can be excluded from VOCA-funded services may unintentionally deter victims from seeking services. Or conveying that the victim is a gang member may set in motion negative perceptions by system actors, biasing actions that dictate service access and delivery.

Victims of Crime Act (VOCA) Funded Services

Funds for victim compensation and victim services are available through the Crime Victims Fund (CVF), a fund that is authorized through the federal Victims of Crime Act (VOCA). The funds are generated almost entirely from offender-generated revenues (criminal fines, forfeited bail bonds, penalties, and special assessments), and more recently by private donations. The Office of Victims of Crime (OVC) manages the VOCA funds, which awards state victim compensation programs. The state programs can make direct payment to victims or beneficiaries or funds can go directly to state VOCA assistance administrators to use for awards to direct service providers (Newmark, 2004). The compensation program is designed to cover loss of earnings and out-of-pocket expenses for medical care for physical injuries or psychological trauma. The program may also help with costs associated with counseling and home healthcare services, loss of earnings, and crime-scene clean-up. Victims cannot be reimbursed for pain and suffering or stolen or damaged property. However, costs for some medical items such as canes or wheelchairs are allowed. For co-victims of homicide, the program can support funeral and burial expenses.

As stated in the introduction, in some cases, offender-victims can be excluded from these services, either because they were an offending party at the time of the crime, or the victim had

outstanding criminal justice-related fines/fees from a previous crime. It is also possible that an offender-victim is excluded by mistake—because a system actor or victim service provider erroneously thought the victim, having been an offender, was excluded. The victim himself may also hold this belief. Offender-victims who are excluded because of this status are denied government-funded compensation and any VOCA pass-through funded social services. Because these exclusions are not part of any national or local dialogue, excluded victims and their families are likely left to navigate a complicated system of patchwork services on their own, with little or no financial support. In a review of the literature on victim services, the authors found only two academic texts that acknowledged the potential harm from these exclusions. In his book on victims of crime, Markus Dubber (2006), Stanford law-educated Professor of Law at University of Toronto Law School, states that we need to “explode the simplistic dichotomy of victim and offender” (p.278) because the “labels ‘offender’ and ‘victim’ stigmatize by themselves” and create problems in the treatment of criminal cases and with regard to victim compensation (p. 277). Smith (1985), in the *Rutgers Law Journal*, argues that the “deserving victim” paradigm creates a harmful bias in victim compensation and that some states (New Jersey is one) have laws that allow flexibility for interpretation of “culpable victim,” and as result, victims that have offense histories may be denied compensation.

The Victim Services System in Pennsylvania and Philadelphia

In Pennsylvania, victim service agencies are funded through the Pennsylvania Commission on Crime and Delinquency’s (PCCD) Victims Compensation Assistance Program (VCAP). Funding is determined based on population size (75%) and crime counts (25%). For Philadelphia, the city is divided into six regions with 21 police districts. In general, the victim service agencies are assigned based on the region of the city, with one agency overseeing three to four police districts. In the highest crime district (22nd Police District), one agency oversees that area alone. Some agencies have partnerships to work together to assist victims in that region.

Philadelphia’s victim services agencies are assigned to regions and police districts in the city in order to create a direct relationship with law enforcement. The victim services agencies are set up so that each agency receives the Part I crime incident data (in theory, daily information) that are then used by the agencies to send letters to victims of crime about the relevant victim services. In order to receive reimbursement and victim compensation, a victim must cooperate with police. The first step in the process of receiving compensation is having a

police report; victims must be willing to come forward in the first place to file a police report. Although this study is not specifically focused on barriers to police reporting, many of the victim interviews touched on this issue.

Even with a police report, victims can still be denied and excluded from receiving services if the report indicates that the victim was not cooperative. “Cooperative” is a subjective assessment by police that can be associated to a police officer’s perception of the incident or victim. For example, if the responding police officer or a detective asks a victim who shot him/her, if the victim says “I don’t know” and is telling the truth, a police officer may indicate on the report that the victim is not cooperating—in other words, making an assumption that the victim *does* know who hurt him/her but aren’t willing to report that information. Additionally, as discussed earlier, police knowledge of the criminal history of the victim may lead the police to not recognize the victim as a person who is deserving of information on victim services. These perceptions and biases could lead to victims being denied their rightful compensation and assistance (Dubber, 2006).

Philadelphia Police Department Policy

As discussed above, police and law enforcement officers are important resources for sharing information about victim services. In the Philadelphia Police Department, Directive 4.14 outlines the procedures around victim/witness services and crime victims compensation. All personnel are required by law to be familiar with the provisions of the Crime Victims Act. The document outlines the importance of police interacting with victims and witnesses at the scene of a crime with respect in order to deescalate the stress and pain of the crimes committed. Patrol officers are instructed to provide victims with the Law Enforcement Victims Rights’ Guide which includes the Notice of Victims’ Rights and Services as well as provides the victim with their incident report number so they can access their police report. Though they are required to hand out the guide to victims, they are not required to comment on the document or point out to the victim the services listed. Patrol officers provide a telephone number for the victim to call if victims have additional information to share, but officers are not required to provide any additional information that is not on the sheet they are provided.

Though victims are given the information stating the police report number, there remain a number of processes that have to occur to assist the process of obtaining victim services. The police can outline in that report how the victim cooperated or might even omit stating the victim

name's in the report, which influences the ability of a victim to receive compensation. Under the definitions in PPD Directive 4.14, a victim is expressly defined as not including alleged offenders in the incident; if a police officer believes the victim is at fault (or even partially at fault) then the victim is immediately disqualified.

The PPD has a specific unit, the Victim Services Unit, which instructs the Victim's Assistance Officers (VAO) who are in charge of training and implementing the steps described above. Each district has one VAO assigned. Each day the VAO is provided with a list of victims who have received the victim services information from patrol officers. These names are input into a district victim database so visits and interactions with victims can be tracked by officers and detectives. For each personal visit to a victim, officers are encouraged to bring extra copies of the guide with victim service information. Once the victim information is recorded in the database, the VAO can also share this information with victim services agencies for the relevant agencies to reach out to the victims further.

Pennsylvania's Victim Services Needs Assessment Results

In December 2018, PCCD published a needs assessment for Pennsylvania's victim service agencies (PCCD, 2018). The primary objective of the needs assessment was to develop a data-driven process, coupled with a key stakeholder-informed methodology to identify the full range of needs of Pennsylvania's victims of crime. The needs assessment is conducted periodically as part of the Commonwealth of Pennsylvania's strategic plan for victim services. The report identified a number of gaps in services determined by stakeholders. Stakeholders include not only victims, but also individuals who work/volunteer at victim service agencies, nonprofits associated with victim services, criminal justice system actors, hospital and medical staff, and policymakers in the state.

In Philadelphia, the most underserved populations were among minority/ethnic groups. The greatest needs for specific services identified by stakeholders across the state, in urban and rural populations, were long-term housing, transportation, emergency financial assistance, relocation services, and in-home care. In the Philadelphia region specifically, the greatest needs were for assistance/shelter/transportation needs, medical/mental health needs, safety/support/crisis assistance needs, and language & disability assistance needs. Barriers to services included victims with substance abuse issues, when victims felt embarrassed by their victimization, if a caretaker was the offender, if they could lose housing, or if no childcare were

available. The most effective source of information about victim services was identified as coming from victim service advocates and staff, police and law enforcement officers, and medical service providers. The report suggested that education and awareness strategies should maximize venues used by those staff in sharing information about services for victims of crime. A key recommendation was that these staff must be educated in order to educate others.

Methods

Overview

The current project used a mixed-method design that yielded both qualitative and quantitative data to inform our understanding of the help-seeking paths of victims of street crime. To assist with name recognition among our study participants, the study was branded as the Services and Social Support after Harm Study (SaSSaH). The research focused on three main sets of stakeholders: (1) men and women who were victims of violent street crimes; (2) if appropriate, one family member or social network member of the victim; (3) victim service providers, including nonprofit and grassroots agencies. The methods used to collect information from the different stakeholders varied. The qualitative data came from: (1) semi-structured interviews with victim service agencies; (2) focus groups with victim service providers and victims; (3) semi-structured interviews with the sample of victims of street crime conducted longitudinally at three time points, when possible; and (4) semi-structured interview data with social network members of victims as source of validation of social networks. The quantitative data came from: (1) surveys with the sample of victims of street crime at three points in time when possible, and (2) ego network information for victim participants. The nature of the mixed-methods study helped to obtain a more complete picture of help-seeking behavior (Johnson, Onwuegbuzie & Turner, 2007). Past studies in the field of intimate partner violence and the victim services literature have demonstrated that solely using survey methods to understand help-seeking methods and barriers to services greatly limits a nuanced understanding of the full range of experiences and barriers that victims experience (Newmark, 2004). All protocols and procedures for involving human subjects in research were approved by the Temple University Institutional Review Board. More details on the methods are provided below.

Study Site: Philadelphia

The city of Philadelphia was the study site. We confined the study site to one city

because the landscape of victim services—the specific policies and programs that support victim services—vary greatly from jurisdiction to jurisdiction. Similarly, the dynamics around violent crime may be different across cities, impacting recruitment levels and findings associated with the factors that influence help-seeking. These variations in factors would need to be limited given the expectation that we would only be able to recruit a relatively small sample (~100), and hence, the study would need to control for this variation to draw more valid conclusions from that sample size. Philadelphia, with roughly 1.5 million people, is the 5th most populous city in the United States. It is the poorest big city in America, and has the highest rate of deep poverty (people with incomes below half of the poverty line) among the nation’s largest cities (Pew Charitable Trusts, 2018). At the time the study was conducted, Philadelphia had its highest murder rate in 12 years, ranking 5th in the murder rate among comparably large cities (Pew Charitable Trusts, 2018). One of out every 34 adults in Pennsylvania is under probation or parole supervision, a rate 36% higher than the national average (Kaeble & Bonczar, 2015).

Partner Agencies

We engaged with three partner agencies across the city to support a community-informed model of research that would better ground the study methods within the specific context of street victimization and victim services across Philadelphia. The agencies included North Central Victim Services (NCVS), the city’s Department of Behavioral Health Intellectual disAbility Services (DBHIdS) Office of Emergency Preparedness, and Philadelphia CeaseFire. We engaged NCVS, the main victim services provider for North Philadelphia, in a variety of ways. NCVS assisted us with gathering both victims and victim service agencies for focus groups, providing a site for victim interviews, conducting additional outreach to victim services agencies for semi-structured interviews, reviewing survey and interview protocols and advertising for our community researcher positions. DBHIdS helped the research team by supporting our study and introducing it to their network of victim services providers across the whole city. Their network of services providers meets monthly, and the lead author of the study regularly attended those meetings. Philadelphia CeaseFire was involved to assist the research team with recruiting victims for the individual surveys and interviews. CeaseFire is a gun violence reduction program based in the Center for Bioethics, Urban Health and Policy of The Lewis Katz School of Medicine at Temple University. CeaseFire has a hospital responder network of both hospital and community outreach workers who assisted with victim and family member recruitment.

Study Participants

Victim Service Agencies

In order to ground our study in the context of victimization and victim services in Philadelphia, we conducted one focus group and a number of semi-structured interviews with victim service agencies. The focus group and semi-structured interviews were designed to collect information in the following areas: (1) agency overview and relevant victim service programs and staffing; (2) how the context of the crime event might influence services provided and help seeking by victims; (3) knowledge and understanding of federal and state statute requirements as they relate to victims' rights; (4) familiarity with the agency's victim response policy and ability to apply its provisions into his or her daily duties and activities; (5) ability of the agency/stakeholder/advocate to identify needs and services based on the information provided by the victim; and (6) the criminal justice system and other systems' supports for victims, as well as larger collaborative networks. The agencies were recruited in two ways, either directly through the research team's contacts with agencies attending the DBHIdS monthly meetings that bring together victim service agencies or with assistance from the Executive Director of NCVS. The research team met with the leads of six agencies for semi-structured interviews throughout the project period and also held one focus group with five agencies at the start of the project.

Victims of Street Crime

Sample Eligibility

Individuals, both men and women, were eligible for the study if they were between the ages 18 and 40, and had a violent injury as a result of a street crime that occurred within 12 months before study recruitment. We focused on injuries that were serious enough to necessitate a hospital visit, (though a victim still may have chosen not to go to the hospital). For our purposes, street crimes were defined as predatory crimes that tend to occur outside (i.e., on the street), such as homicide and aggravated assault. The definition excludes violence perpetrated as part of a romantic or dating relationship. Within the age confines, we sought a diverse sample and did not restrict it on socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, or neighborhood.

Recruitment Procedures

The goal for the study was to reach 100 eligible participants within the first year of the

study (2018) through numerous strategies. Respondents were recruited by a team of five researchers representing diverse backgrounds, and augmented by two formerly-incarcerated street outreach workers affiliated with Philadelphia CeaseFire. Across the five researchers, two were young adults who grew up and lived in North Philadelphia and were not graduate students at the time. One of the three graduate students also was local to South Philadelphia and spent a large majority of his time recruiting from those neighborhoods. Individuals were recruited through purposive sampling, as described below, and those that were determined to be eligible were either interviewed at the time of first recruitment contact, or a few days later after eligibility was confirmed. All recruitment material indicated that participants could be interviewed up to three times throughout the course of the study. Research participants were paid \$50 for each survey/interview. (It should be noted that because of a truncated project period and rolling recruitment, we did not expect to follow-up with each participant for two additional surveys and interviews. The expectation was that we would attempt to interview all participants at least twice in total, and those who were recruited early in 2018 could be interviewed a third time.)

Beginning in January of 2018, informational flyers were distributed to brick-and-mortar locations and organizations throughout the city. Physical locations were chosen in neighborhoods with higher rates of violence and included public housing offices, public libraries, recreation centers, health clinics, victims' services offices and multi-unit housing complexes. Flyers dropped off at physical locations had tear-off tabs along the bottom with contact information that could be taken (torn off) by interested people. Appropriate permissions were always obtained before posting flyers. Virtual flyers were primarily emailed to relevant organizations at which a member of the research team had a contact. The research team also attended a number of community meetings to represent and explain the study to stakeholders that may have access to eligible individuals.

Street recruitment was also conducted where the research team set up tables on corners with a lot of foot traffic and handed out recruitment cards to people that looked at first glance to be age-appropriate (i.e., between 18 and 40 years old). These small flyers were the size of a business card and listed information on the study, eligibility criteria, incentive amount and contact information. Upon handing a card to someone, the research assistant would briefly explain the information on the card and ask if he or she had been a victim of violence in the past year. If an individual said yes and was interested in participating in the study, eligibility was

determined immediately, and an interview was scheduled for as soon as possible. If a public place like a McDonalds or library branch was open nearby, and the participant had time, interviews were done conducted at the time of recruitment. Research assistant teams also walked street blocks in various parts of the city (i.e., without a table) to hand out recruitment cards. An effort was made to recruit in all major regions of Philadelphia (i.e., North, lower Northeast, South, Southwest, West, and Center City). Tabling and walking efforts seemed to be most successful near transportation hubs (major subway stops) and a major public hospital.

Research assistants also worked closely with street outreach workers from Philadelphia CeaseFire, who were hired and paid hourly. In most cases, research assistants (usually 2 or 3 team members) would schedule a large block of time on a given day at an office on Temple University's campus. On those days, the outreach worker(s) would bring in a group of four to ten potential participants from the community and each would be interviewed by members of the research team. While outreach workers were instructed to only bring people who met the eligibility criteria, each person's eligibility was still confirmed by the research team before the interview began.

The research study had an Instagram account that was referenced on all recruitment materials. While created for the purpose of recruitment, Instagram was most useful for locating individuals for Wave 2 and Wave 3 interviews. We asked for Instagram handles on the contact information page completed by eligible participants, so could reach out through Instagram if a phone number and/or address was no longer valid. Last, study participants were encouraged to give out recruitment cards to eligible friends and family and/or have them contact the research team to be interviewed. However, it should be noted that there was no additional payments to participants who recruited their contacts.

A total of 127 Wave 1, or baseline, interviews were completed. After Wave 1, nine participants were deemed ineligible. Fifteen more participants were deemed ineligible at the point of their Wave 2 or Wave 3 interviews, bringing the final number of participants to 103. Of the nine total participants deemed ineligible at the point of Wave 1, eight were referred from a community outreach worker.

Proportions of the total 127 baseline interviews yielded from each recruitment strategy are as follows: 52% were referred through a street outreach worker; 21% were located through street/community recruitment efforts; 17% were referred from another participant; 4% saw a

flyer posted in the community; 3% were reached by attending at a community meeting; 2% were participants of a prior study that agreed to be contacted for future research. In terms of our rate of success in reaching the 103 eligible baseline participants at Wave 2, we completed 68 Wave 2 interviews, for a success rate of 66 percent. For Wave 3 we only sought to interview those who completed a baseline interview by April 30, 2018, and we completed and 39 Wave 3 interviews.

Survey and Interview Protocols for the Victim Interviews

The surveys and interviews with individuals who were victims of street crime covered four main topic areas: (1) the context of the victimization event and the persons and organizations involved in response; (2) perceptions of the need for services; (3) the help seeking steps taken, including services sought and accessed; and (4) perceptions of barriers to help-seeking. The latter included questions about the respondents previous involvement with the criminal justice system and perceptions of how this status may (or may not have) influenced responses by justice system actors and service providers. The survey component included detailed items on types of services received and items about knowledge of services and access to them. The surveys included the social network component as detailed in the “social network data” section below.

To craft well-rounded protocols on a complex topic, the protocols were developed after a thorough review of the literature, which included the theoretical literature that supports how victim-offenders might navigate the routines of daily life, as well as the two focus groups (separate ones for agency stakeholders and victims), and in-depth interviews with victim services providers. We also reviewed the extant research on help-seeking, including Ullman (2010), Andersen and Newman’s (1973) social behavior model and theories from psychology such as attribution theory (Kelley, 1973). When the respondent agreed to the survey/interview and consented, the research team first conducted the survey part (quantitative and network data) and then conducted the semi-structured interview (all in the same sitting). Whenever possible, surveys and interviews were completed by two research team members (i.e., together). Interviews, but not the surveys, were recorded (one of the two interviewers took notes) and transcribed. Interviewers were trained to recognize signs of anxiety or nervousness and to stop the interview if necessary. After the interviews concluded, participants were offered information about victim services and other social services.

Social network data. We took an ego centric approach (Fleisher, 2006) to examine the

mechanisms behind help seeking behavior. There is a vast literature on this area, and it falls into two general domains: network research on social capital/resources/information seeking, and research in medical sociology. Both domains examine the mechanisms that facilitate or constrain help and information seeking. At minimum, three facets of ego networks that are important with regard to the social support: network structure (e.g., size, tie strength), network content (beliefs and attitudes toward services), and network functions (social support and social regulation).

An ego-centric network focus is where there is an ego (the person whose network is being described) and alters (the network members surrounding the ego). Alters were derived using an open name-generator strategy to obtain the names of any individuals (i.e., social relations) “close” to the ego and/or who provide a variety of types of supports. The survey items were designed so as not to be redundant with the in-depth interview questions. The short survey included three types of questions: (1) ego questions—questions about the respondent, (2) alter questions—questions about each of the nominated alters, and (3) alter pair questions—questions that ask whether/how alters know each other. The ego questions were designed to capture quantitative data assessing needs and barriers and whether particular needs were addressed. The alter questions were designed to understand the strength of ties among the respondent and his/her alters with regard to the needs stated in the ego section, help-seeking behavior and support after victimization. To obtain alter information, we asked the ego:

Please list 5 people who are currently the most important to you AND who are at least 18 years old. Start by thinking of people you would go to for social support, financial support or advice. They could be people you regularly hang out with or see regularly in a typical day, or who you talk to the most. Because we are interested in people close to you that you might have relied on for support after the crime incident we are discussing today, please consider placing them higher up (lower number) in this list of 5 people. Even if you did not rely on anyone for support after your injury, please list 5 people with whom you discuss matters important to you. It might be easiest to start with the people you feel closest to.

After the questions about the alters, the “alter pair” question is asked for every set of possible pairs: “What is the likelihood that alter 1 and alter 2 talk to each other or hang out with each other without your involvement/independently of you?” The social network survey, which was a component of the main survey, was completed at three points in time at the same time as the in-depth interview.

Social Network Members of Victims of Crime

During the network questions on the survey with victims of crime, respondents were asked to provide the name and contact information of one of their social network members (i.e., alters). If the respondent did not report any social network members, we did not press the respondent to list a social network member or provide us with contact information. The social network member interviews were conducted mainly to validate the information we received from the victims. The extant literature shows that social network members can easily have different perspectives on the support provided and received to each other (Sarason, Pierce, & Sarason, 1994). We conducted social network member interviews with 15 unique individuals. There was one individual who reported on three different victim participants; one individual who provided information on two participants and for one participant we had two different social network members provide information on that participant.

Conduct of the Focus Groups to Prepare for Protocol Development

At the start of the SaSSaH Study, two focus groups were held in order to create the survey and interview protocol for the study. The first of the focus groups was held on September 21, 2017 with victims. Posters were put up around the North Philadelphia community and shared with community agencies to recruit for the focus group. Three individuals who had been victimized over the past few years participated in the focus group, which was held at one of the victim services agencies in the city. The focus group was recorded, and the audio was transcribed by a member of the research team. The transcript was coded to identify some of the important themes of how victims understood the victim services environment in the city and what their experiences were as victims. Criminal records, compensation, police follow-up, hospital interactions, and police interactions were some of the key themes that arose that helped to shape the questionnaires and surveys. Focus group participants were paid \$20 for their time.

A month later, on October 23, 2017, another focus group was held with five victim services providers—one representative from each of five large victim services agencies across the city. The focus group took place at the NCVS office, with an additional two victim services agency staff from NCVS sitting in and participating in the discussion. Rather than audio record this meeting, the research team took notes, which were typed up with themes identified from the victim services providers. Whereas the victim focus group focused on how victims understood

the process of filing their own reports and interactions with first responders and how that interaction shaped later help seeking, the providers discussed the challenges faced with receiving information about victims from the first responders, challenges of working with victims of street crime, potential biases by police regarding victims who have criminal histories, and how particular communities may require different approaches to working with victims of street crime. Changes to policies, practices and laws were key themes that arose towards the end of the provider focus group.

The information gathered from the two focus groups helped the research team create the initial questionnaire and interview protocol. The research team also traveled to New York City to meet with staff at the Vera Institute of Justice, who were conducted a similar project that had begun the year before the SaSSaH study. In January 2018, three pre-test interviews were completed with victims to test out the questions for Wave 1. Once tested, the surveys/interviews with study respondents began at the end of January 2018.

Conduct of the Semi-Structured Interviews with Victim Services Agency Stakeholders

We conducted interviews with individuals from a range of agencies detailed in Table 1 throughout the course of the project to help inform the survey and interview protocols developed for later stages of the project, as well as to couch the survey/interview findings within reflections from service agencies to help develop and finalize manuscripts to be submitted to journals.

Table 1. List of Semi-Structured Interviews

Agency/Division	Number of Interviews
Temple University Emergency Preparedness (oversees Police Department)	1
DBHIdS, head of Emergency Preparedness	1
Non-profit, community agencies that receive VOCA funds	5
Other city agency victim advocates	1

Analysis

As stated earlier, this mixed-methods study was designed to provide a simultaneous quantitative and qualitative examination of how individuals who have recently experienced a

violent street crime incident perceive these experiences and make decisions to disclose, or not disclose, this incident. Palinkas' and colleagues (2011) describe this kind of study as a "QUAN + QUAL" analysis where a relatively equal weighting of quantitative and qualitative research methods is used to provide a complementary analysis that can illuminate both the observable and more contextual elements of understanding street violence victimization disclosure. Incorporating methods such as open-ended probes to the interviews was particularly important to understanding the central research questions in this study as there is relatively limited extant literature on this field.

Qualitative Data Preparation

All recorded interviews were sent to an outside agency, Homepro Transcribing, to transcribe the audio files into paper transcripts. The quality of these transcripts was checked by one of the research assistants who listened to every fifth interview recording while reading the transcripts and made any necessary corrections. It was determined that there were very limited errors in transcription, which did not affect their interpretation. After the transcription was complete, each transcript was cleaned to remove any information that could identify the participant, including their names or names of anyone else discussed in the interview, specific addresses (as opposed to neighborhoods), information on specific dates of events either related to their incident or specific to that individual (e.g. birthdays). Once a file was cleaned completely it was uploaded into an Atlas.ti (version 8) bundle folder using only the respondents' unique identifiers to link the interview to their survey records.

Qualitative Transcription Coding

Interview transcripts were coded according to an a priori codebook developed by the lead qualitative researcher and the principal investigator (PI). Since there has been relatively little research conducted on help-seeking and disclosure of victims of street violence, research from other fields of help-seeking and disclosure of violence were used to inform the structural model for street violence victimization disclosure. Literature deriving primarily from the field Intimate Partner Violence (IPV) informed our conceptualization of street violence victims' patterns of disclosure. The structural model was modelled after Ullman's (2010) model for IPV disclosure. This heuristic was particularly helpful as it allowed for three temporal phases in which the individual experiences a violent incident, then comes to a decision to disclose or not disclose this

incident, and explores the post-incident consequences. Our model also drew substantially upon other ecological models exploring IPV help-seeking including Campbell, Dworkin and Cabral (2009), Heise (1998) and Schreiber, Renneberg, and Maercker (2009) all of whom articulate the different higher level factors which explore the context in which an individual experiences a violent incident and goes through a disclosure decision-making process.

Using the phases established in Ullman (2010) and the broader ecological literature, which allows for individual characteristics and personal history, and contextual influences on the individuals experience of the victimization incident, a preliminary codebook was developed. Codes were grouped into five areas of the model:

1. Contextual influences: Social and cultural factors which shape how individuals may perceive their victimization incident and disclosure decision-making.
2. Individual influences: Individual characteristics, previous experiences with victimization and/or disclosure and the specific circumstances of the incident itself as perceived by the individual.
3. Post-incident Phase 1: Immediately after the victimization incident takes place.
4. Post-incident Phase 2: The ensuing days/weeks/month where individuals typically are making their decision to seek help/disclose or not.
5. Post-incident Phase 3: The long-term period where some of the consequences of their incident and disclosure decisions are experienced.

Within each section of the model a series of main (parent) and sub (child) codes were developed initially drawing from the IPV literature; however, given the unique circumstances of street violence codes and sub-codes were added to capture key criminal justice-related factors. These codes were largely descriptive in nature as opposed to value-laden (Saldana, 2013). Descriptive codes were selected because this field of research is largely exploratory, and the research team felt imbuing value before a review of all codes together would be less thorough than allowing themes to arise as a part of the analytical process after completion of all coding.

This initial coding scheme was piloted and revised iteratively among the PI, qualitative research assistant, and two research assistants who had conducted the interviews. Three four-page segments for each of three transcripts were selected for piloting by this larger group of researchers. Each segment was independently coded by each researcher and after completion of a segment the group would discuss their coding decisions and revise the codebook by adding or

modifying codes and code definitions. Ultimately, after three iterative rounds with all four coders, and two additional tests to ensure these codes were exhaustive by the PI and the main qualitative researcher, a total of three additional main codes and 12 additional sub-codes were added to the codebook for a total of 35 main codes and 74 sub-codes. This iterative processes allowed the research team to reach a consensus on the codebook similar to the cycle coding process set out by Saldana (2013). As the primary qualitative researcher carried out the coding largely alone, an additional process of inter-coder agreement (ICA) was built into the coding strategy to avoid drift from the consensus coding built at the beginning of this process. ICA exercises were repeated every 15 transcripts. A second coder, who had been involved in the initial code building process, would code a segment concurrently with the main coder. The segment would then be scored for agreement using a template similar to that suggested in MacQueen, McClellan-Lemal, Batholow and Milstein, (2008). If the exercise score resulted in less than 85% agreement (the threshold suggested in MacQueen et al., 2013), the two coders would discuss why they diverged on any given code and attempt to reach consensus. If necessary (e.g. a particularly low agreement score or an inability to reach consensus) the segment would be re-coded by both parties and re-scored. Seven segments total were coded with two segments undergoing a recoding. The average of the seven transcripts (with the two recoded transcripts replacing the initial low agreement exercises) was 85.2% (69/81 total codes). This score and the discussion process carried out after each exercise below the 85% threshold suggest that the codes are reasonably consistent throughout the coding process. A similar process was used to code the data from the two follow-up waves.

Quantitative Data Preparation and Analysis

All survey data for all waves were collected on paper files which were then input into a Qualtrics survey data. Social network data were also collected via paper files. The Qualtrics data were then exported to csv files and then STATA files and all data were cleaned in STATA 15.1 or SAS 9.4 software. A main analysis was conducted to establish the paths that the 103 victims took after injury and to assess whether there were associations among police reporting, receipt of victim services, and later health services. Table 2 summarizes key descriptive statistics.

Results

The analyses and results presented below constitute the main analyses of our study at this

point in time. Qualitative and network data findings and qual+quant integrated analyses are ongoing. Only Wave 1 data are included in these analyses.

Figure 1 displays the main descriptive findings of the study. Data for one participant were not complete so we tally the results in the figure below using n=102. The Figure shows that there are four possible paths to help seeking uncovered in the study: (A) no police reporting and no hospital trip; (B) police reporting, but no hospital trip; (C) no police reporting, but yes hospital trip; and (D) both yes on police reporting AND hospital trip.

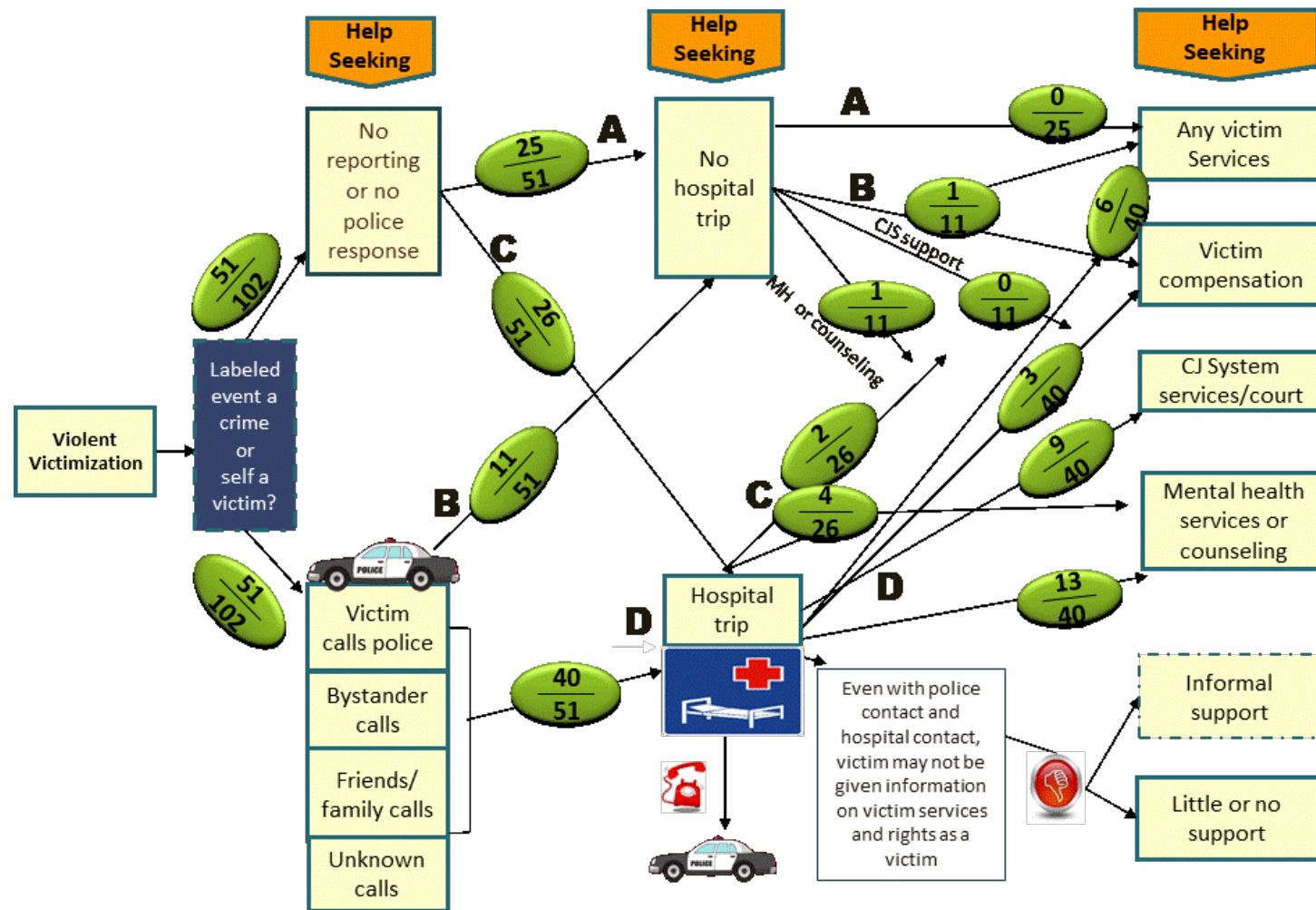
Table 2. Sample Descriptive Statistics of Injured Victims of Violent Street Crime, Philadelphia, 2018

Characteristics	Mean or % (SD)	Range
	n=103	
Age	27.55 (6.39)	18 - 40
Black	86% (0.34)	1 = yes, 0 = no
Sex (male)	75% (0.44)	1 = male, 0 = female
Injury severity	0.53 (0.50)	1 = severe, 0 = mild
Number of arrests	3.64 (4.34)	0 - 30
No police response	0.51 (0.50)	1 = no police response, 0 = police response
Any 4 victim services ^a	16% (0.36)	1 = service received, 0 = no service received
Mental health treatment	68% (0.25)	1 = service received, 0 = no service received
General counseling	14% (0.34)	1 = service received, 0 = no service received

^a Victim services included services associated with criminal justice agencies or community-based victim services agencies: (1) victim compensation assistance from a community-based victim services provider, (2) victims' advocate services from the police department, (3) victims' advocate services from the District Attorney's Office (i.e., the local prosecutor) or the court, and (4) help with legal/court process (e.g., understanding court process/filing charges/post-sentencing/dispositions, registering for offender release notifications).

We hypothesized that most victims would have a higher rate of accessing a range of services if they both had police at the scene and went to the hospital for their injuries. This was indeed the case, as those who both had a police officer at the scene *and* went to hospital (path D) represented 40 respondents or 39% of the sample.

Figure 1. Paths to Help Seeking for SaSSaH Study Respondents



Path A= No police reporting+no hospital trip; Path B=Police reporting, but no hospital trip; Path C=No police reporting, but hospital trip; Path D=Police reporting +hospital trip.

To examine these paths quantitatively, we used logistic regression models to assess the associations among police reporting, receipt of victim services, and later health services. First, we examined the effects of two important predictors—police response and victim criminal history—on the receipt of any of four victim services. We expect that those with lengthier criminal histories will be less likely to cooperate with the police, and hence less likely to receive victim services; and that police non-response (which translates into fewer opportunities to learn about victim services) will result in a lower likelihood of receiving victim services. Second, we examined whether those who received any of four victim services also sought general counseling and/or mental health services. Third, for those who didn't access services, we examine the reasons why they were not accessed or utilized.

Police response to the incident, either at the scene of the incident or afterwards at the hospital, was captured using a dichotomous yes or no variable. The variable captures any police response regardless of who called the police. Because we wanted to examine any change in the odds associated with non-response, the variable is coded 1 for non-response and 0 for incidents that had a police response. Police response at the hospital, as opposed to at the scene of the incident is also included as a response. To capture the victim-offender overlap—essentially whether the victim might be known to the police as an offender—we included the number of times a victim had been arrested in his/her life, as self-reported by the respondent. Because of a change in the survey items at the beginning of the study, we were missing an arrest count for eleven individuals. Other information on these eleven respondents indicated they had each been arrested at least once in their lifetime, and as such, they were assigned the mean arrest value of 5.9 (the mean for those respondents with at least 1 arrest).

The models also included variables to control for potential confounding factors. The selection of the control variables is rooted in Gottfredson and Gottfredson's seminal framework on victim decision-making (1988). Their framework specifies three factors to be central to a victim's decision to contact the police: the seriousness of the offense, perpetrator's prior criminal record and the victim-offender relationship. Later studies, for the most part, have supported these tenets with the seriousness of the incident and injury consistently predicting police reporting (Xie & Baumer, 2018). Although the study did not ask respondent's to report on the perpetrator's criminal history (because many of the offenders were not known to the victim), we included

variables to capture severity of the offense (in this case, injury) and relationship between victim and offender. Severity of injury was measured using a dichotomous variable where injury was measured as severe (“1”) if the victim was stabbed, shot by a firearm, had bones broken, teeth knocked out, sustained any internal injuries, was knocked unconscious, and/or was sexually assaulted. Other injury types were coded as 0. Given our small sample size, instead of using a series of dummy variables to capture the nature of the relationship, we dichotomize the variable to represent 1=offender known to victim; 0 = offender not known to victim.

Table 3. Receipt of any of Four Victim Services on Individual and Incident Characteristics, Philadelphia, 2018

Variables	Model 1 (Any of Four Victim Services), OR (95% CI)
No police response	0.12** (0.02, 0.59)
Number of prior arrests	1.02 (0.89, 1.17)
Injury severity	1.90 (0.50, 7.28)
Age	1.00 (0.90, 1.12)
Gender	1.53 (0.34, 6.87)
Black	1.91 (0.27, 13.34)
χ^2 (90)	89.82

Note. CI = confidence interval; OR = odds ratio. *P < .05; **P < .01.
Sample size: n=103

Table 4. Receipt of Mental Health Treatment or Counseling Services on Individual and Incident Characteristics, Philadelphia, 2018

Variables	Model 2 (Mental Health Treatment), OR (95% CI)	Model 3 (General Counseling Services), OR (95% CI)
Received any 4 victim service	8.78* (1.49, 51.62)	1.33 (0.30, 5.80)
Number of prior arrests	1.15 (0.97, 1.36)	1.14 (0.99, 1.31)
Injury severity	1.19 (0.16, 8.99)	1.82 (0.50, 6.57)
Age	1.07 (0.91, 1.26)	0.95 (0.85, 1.06)
Gender	1.03 (0.09, 11.86)	0.36 (0.10, 1.36)
Black	3.53 (0.16, 75.84)	1.75 (0.23, 3.11)
χ^2 (87)	79.63	93.80

Note. CI = confidence interval; OR = odds ratio. * $P < .05$; ** $p < .01$.

These analyses presented represent an attempt to begin to fill part of the large gap in the literature assessing possible collateral consequences for victims represented in the victim-offender overlap. The analyses were framed to examine whether one's criminal history is associated with receipt of victim and health-related services for victims of street crimes. The overwhelming majority of victims in the study were represented in the victim-offender overlap, having been arrested at least once, and on average 3.6 times in their young lives; if one excluded the handful of study participants who had no arrests, the average was almost six arrests. Similar to national-level estimates, roughly half of the violent incidents were reported to the police. Although these analyses do not make a distinction between whether the victim himself/herself called the police or a bystander, we know (from data not presented here), that less than half of the calls to the police were made by the victim. The results show that police non-response is associated with lower odds of receipt of any of four victim services, though it should be noted that only 16% of the sample accessed one of four key victim services. Within this percentage is a decidedly low level of access to state victim compensation services—3.9% (4 victims). In

Philadelphia, victims who do not cooperate with the police are not eligible for victim compensation. As shown in Table 5, most victims in the study (72.82%) reported that they did not know about victim compensation assistance.

With regard to two of the other victim services—police department victims’ advocate and District Attorney victims’ advocate—half of the sample did not know these services existed. One quarter (25.24%) did not know they could have support through the court process (for incidents where a perpetrator has arrested). Interestingly, when asked for the reason why they didn’t work with a police department victims’ advocate, 3.88% of respondents mentioned issues with law enforcement or that they did not want to involve police because of the street culture of no snitching. An additional 1.94% of victims responded similarly with regard to seeking compensation. These latter two respondents knew that to be eligible for victim compensation, there must be a police report. Although there were a few respondents who indicated they didn’t have time for various services or assumed they did not qualify, the responses were overwhelmingly split between “didn’t know” and “didn’t need,” with on average, more indicating they didn’t know services existed in the victim services sector, versus “didn’t need” for counseling and mental health treatment. As for assistance with the legal process, the majority responded “didn’t need” but this was mostly due to having cases where no arrest was made of the perpetrator, and hence, no court case.

Conclusion

The victim-offender overlap has been well established and studied in criminology in regard to the prevalence of this phenomenon, but there has been little focus on the exceptional and collateral consequences of being a victim in these communities where the overlap is high (Berg et al., 2012). The ongoing work of this study is designed to show how interactions with first responders and other can influence the help-seeking paths that victims take. How the police respond to and interact with victims likely to be already known to the police as offenders is an important question in assessing the consequences of street victimization in urban communities. With continued analyses using these data, we can examine how victims were treated by the police and other first responders, such as hospital personnel, to assess whether aspects of the interaction appear to be associated with the provision of formal supports to the victim and later help-seeking behavior by the victim. Many of the supports that may be needed after a violent injury would come from formal institutions—criminal justice, health and mental health—but it is

these systems where the actors are likely aligned with the highly adversarial dichotomized model dictating little support to the “bad” offender.

Table 5. Reasons for not utilizing services, Philadelphia, 2018

	Police department victims' advocate services		District Attorney victims' advocate services		Victims' compensation		Help with legal/court process		Counseling		Mental health treatment	
DID NOT GET SERVICE	100	97.09%	99	96.12%	99	96.12%	92	89.32%	89	86.41%	96	93.20%
Didn't need service ^a	35	33.98%	51	49.51%	34	33.01%	62	60.19%	55	53.40%	78	75.73
Didn't know service existed	59	57.28	51	49.51	75	72.82	26	25.24	29	28.16	14	13.59
Too upset at the time	2	1.94	0	0	0	0	2	1.94	3	2.91	1	0.97
Didn't have time	4	3.88	1	0.97	2	1.94	0	0	2	1.94	1	0.97
Assumed did not qualify	1	0.97	1	0.97	2	1.94	0	0	0	0	0	0
Assumed could not afford	0	0	0	0	0	0	0	0	2	1.94	1	0.97
Lack of services in area	0	0	0	0	0	0	0	0	0	0	0	0
Too difficult to get to services	0	0	0	0	0	0	2	1.94	1	0.97	1	0.97
Waiting period too long	0	0	0	0	0	0	0	0	0	0	0	0
Language/cultural barrier	0	0	0	0	0	0	0	0	0	0	0	0
Felt badly seeking services	0	0	0	0	0	0	0	0	0	0	0	0
Don't trust authorities/ have issues with law enforcement	4	3.88	1	0.97	2	1.94	0	0	0	0	0	0
Concerned about others' perceptions	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	3	2.91	1	0.97	7	6.80	8	7.77	7	6.80

Note. Sample Size was n = 103; Percentages are calculated using 103 (total sample) as denominator; ^afor counseling and mental health treatment, this item also includes "already receiving these services for something else."

Being victimized can have a significant impact on one's emotional, mental and physical health (Vella et al, 2019; Langton & Truman, 2014). Following a victimization incident, individuals have multiple needs as a result including emotional support, professional therapy, help with the court process, information on available services, and financial assistance (Newmark, 2004). These are many of the same issues that victim assistance programs were designed to address. As shown with the findings above, help seeking and victim service access was exceedingly low. In addition, very few respondents accessed other relevant services. The overwhelming majority did not know that they were eligible to receive these services.

Clearly, more research is needed that examines the victim-offender overlap and the contexts that support or hinder access and receipt of victim compensation and services for offender-victims. Understanding help-seeking behavior for victims of violent street assaults and how offender-victims perceive their needs as they navigate (or do not navigate) networks of formal and informal will help build the literature in a variety of important policy and practice domains: criminal justice and public safety; health, mental health, and community well-being; and victims services and advocacy. The issues highlighted in this report are further compounded by racial injustice, segregation, and discrimination—and the study findings hopefully will set the stage for similar studies recruiting hard-to-reach populations to help uncover additional contextual data about awareness of and engagement in victim services. These types of studies can assist in uncovering unintended injustices and help provide knowledge of ways to bolster the health of communities and create more equitable systems.

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