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Fran S. Danis, PhD

Crime, and in particular violent crime, is one of the most persistent areas of public concern and attention. The American public receives daily doses of violent crime through stories in print and electronic media. We read the newspaper to follow the trial of an accused killer with our morning coffee, lock our houses and cars when we go off to work, and watch police dramas on television to unwind at night. Candidates for elective office tell us how they will address crime if elected, and state legislative sessions often devote much of their time and energy to policies addressing crime.

The social work profession is no stranger to crime. Historically, we have targeted our professional efforts to prevention of crime through social interventions and rehabilitation of offenders. Most recently, the social work profession has identified assistance to crime victims and their families as an important and emerging field of practice.

This article explores how social workers rate their preparedness for addressing the needs of victims of violent crime. Based on a statewide training needs assessment of licensed and degreed professional social workers, academic preparation, continuing education, degree of professional and per-

sonal experience are addressed. The continuing education needs of social workers for practice with crime victims is also reported.

Background

A significant number of people are affected by violent crime each year. In 2000, there were 25.9 million violent and property victimizations in the United States (Rennison, 2001). In each year between 1992 and 1998, an average of 2.6 million of the 10.2 million victims of violent crime in the United States were injured during the crime (Bureau of Justice Statistics, 2001). The National Violence Against Women Survey (Tjaden & Thoennes, 1998) estimates that there are 5.9 million assaults against women annually, with approximately 76% of those incidents perpetrated by current or former husbands, cohabiting partners, or dates. Lifetime prevalence rates for all completed or attempted crimes are estimated at five out of every six people (Koppel, 1987). Each statistic represents the story of how a crime event has changed the life of the victim and the victim's family and friends.

Victims of violent crimes may suffer serious, and often lasting, physical, psychological, social, and economic injuries. During the crime event, physical injuries may require emergency and follow up medical care. Permanent injuries may require rehabilitation services to address disabilities that may have occurred as a result of the crime. The mental health impact of violent crimes may include depression, anger, embarrassment, helplessness, and fear (Brown, 1991). Victims may also experience post-traumatic stress disorder with symptoms such as recurring and intrusive recollections of the event, difficulty falling asleep, difficulty concentrating, hypervigilance, and exaggerated startle responses (Ochberg, 1988). The financial impact of the crime

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may include expenses for emergency medical and rehabilitation care, relocation costs, lost wages, funeral costs, as well as mental health counseling. The Crime Victims Compensation program provides monetary assistance directly to victims to reimburse them for expenses incurred as a result of the crime. (Office for Victims of Crime, 2001).

To survive the aftermath of a crime individuals and their families may need a variety of social and mental health services. Crime victim specialists provide services that include responding to needs arising from surviving the crime to assisting victims with participating in the criminal justice process (Tomz & McGillis, 1997). Services are provided from crime scene to trial to hearings for probation and parole. Victim assistance services may include crisis intervention and emotional first aid, supportive counseling, resource mobilization, information about the criminal justice process, filing crime victim compensation claims, handling of media attention, assistance with writing victim impact statements, accessing restitution, and addressing issues associated with employers, landlords, creditors, family, and friends.

In addition to the mental health consequences of crime to primary victims, people who work with crime victims are also at high risk for secondary trauma also known as compassion fatigue (Figley, 1995).

Growth of the Crime Victims' Movement

The crime victim assistance field has grown rapidly in the past 30 years. The availability of public funding has allowed many private nonprofit agencies such as domestic violence shelters or rape crisis programs to expand their services and encouraged local and state criminal justice agencies to maintain units of professional crime victim assistants or advocates. Some states require all law enforcement and prosecutor offices to designate a coordinator of crime victim assistance (Crime Victims' Institute, 1999). Volunteers originally provided victim assistance services. However, as the field matured and professional standards devel-

oped, there has grown recognition that services should be provided by a core group of trained professional staff supported by trained volunteers.

Social Work and Victim Assistance

Currently only 2.3% of professional social workers identify the primary focus of their work as "violence-victims assistance" (Gibelman & Schervish, 1997). This is surprising considering the prevalence of violent crime, the impact of victimization on the mental health of those involved, the number of clinically trained social workers, and the profession's focus on helping vulnerable and disenfranchised populations (O'Neill, 1999; NASW, 1997). While individual social workers have been involved in developing and providing services to crime victims, the social work profession has only recently begun to address this issue.

A three-year initiative funded by the U.S. Department of Justice, Office for Victims of Crime, has focused on enhancing the capacity of professional social workers to respond to adult victims of violent crime. The Crime Victims: A Social Work Response, Building Skills to Strengthen Survivors project was initiated by the Texas Chapter of the National Association of Social Workers (NASW) and conducted in collaboration with The University of Texas at Austin and the University of Missouri-Columbia. The project objectives were to raise awareness of the crime victim assistance field among professional social workers, provide specialized training, and create linkages among professional social workers and victim assistance organizations at state and local levels (O'Neill, 2000). The project was conducted in five NASW chapters: Texas, New York State, Florida, Alaska, and North Carolina.

As part of this project an expert panel was asked to rate generalist social work competencies for their applicability to victim assistance work (Danis, 2002). All 15 members of the panel considered knowledge of crisis intervention theories and techniques and skill in discussing sensitive emotional subjects in a non-threatening supportive manner as

the most important knowledge and skills for victim assistance practice (Danis, 2002). The panel also identified specific knowledge that included crime victims' compensation, the culture of the criminal justice system, the impact of crime on all aspects of a victim's life, post-traumatic stress disorder, theories and interventions for trauma and recovery, crime victims' rights, cultural diversity and the grieving process, dynamics of domestic violence, rape trauma syndrome, self-care and recognition of compassion fatigue, victimization and different types of perpetrators (intimate partner, family member, acquaintance, stranger), death notification, the impact of violent crime on family dynamics, impact on adults, adolescents, and children, the impact on spiritual beliefs, and the roles of key service providers (police, courtroom staff, and emergency room workers) as additional information needed (Danis, 2002).

In addition to this project, the national NASW Delegate Assembly adopted a policy statement on Crime Victims' Assistance, in August 2002 (NASW, 2003). The policy statement encourages social workers to learn about the needs of crime victims and advocate for expansion of victim assistance programs, intervention research, and policies inclusive of diverse populations.

The number of crime victims along with the consequences of violent crime, make the likelihood of professional contact with crime victims high. Whatever the setting, social workers may encounter past or current victims of crime in their everyday practices. Just as all social workers should be aware of the services available for persons in poverty, social workers should also be aware of the services that can assist crime victims and help them heal from the effects of the crime. What do we know about the current capacity of social workers to address the needs of adult victims/survivors of violent crime? The specific questions driving this research were: What are the personal factors that influence the capacity of social workers to respond to victims/survivors of violent crime? What are the

continuing education training needs of social workers for competency in the victim assistance field?

Methodology

A written survey was mailed to all licensed social workers in a large southwestern state to gather information about their preparedness for working with crime victims. The survey included questions regarding the extent of academic and continuing education training they have received, extent of professional and personal experience with adult survivors of violent crime, and their specific continuing education needs. A 5-point Likert-like scale was used to measure the extent of individual personal factors (5 = a great deal, 1 = not at all). Respondents were provided a check off list to identify additional training they would like in this field. Respondents could check off as many training needs as they wished.

A total of 1586 respondents answered questions regarding topics they would like for additional training. However, 6% of the surveys (n=89) received were excluded from the analysis of personal factors because they did not meet the criteria for inclusion of surveys with missing data. Surveys were accepted if they had no more than 3 questions unanswered. Because the study defined "professional social worker" as someone with both an academic degree in social work (BSW or MSW) and licensure as a social worker, surveys from licensed respondents without a social work degree were also excluded from the analysis.

Findings

The majority of respondents were European American (75%) women (78%) holding MSW degrees (79%). There was a slight overrepresentation of MSW's as compared to BSW's in the sample. Respondents had professional experience ranging from less than one year to 53 years since graduation with their highest social work practice degree. Nearly half (45.6%) indicated they worked in a direct practice role, 8.5% described their current

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Table 1. Personal Factors (N = 1497)

Question	n	%	Mean	Standard Deviation	Question	n	%	Mean	Standard Deviation
Extent of specific course work on impact of violent crime on individuals and families.	1494	99.8	2.32	1.0653	Extent of continuing education on working with adult victims of crime.	1496	99.9	2.66	1.3752
Not At All	367	24.5			Not At All	402	26.9		
A Little Bit	542	36.2			A Little Bit	356	23.8		
Somewhat	374	25.0			Somewhat	276	18.4		
Moderate Amount	158	10.6			Moderate Amount	271	18.1		
A Great Deal	53	3.5			A Great Deal	191	12.8		
Missing	3	.2			Missing	1	.1		
Extent of specific course work on crisis intervention with adult victims of violent crime.	1493	99.7	2.30	1.0900	Extent of professional experience in working with adult survivors of violent crime.	1493	99.7	2.89	1.3510
Not At All	396	26.5			Not At All	275	18.4		
A Little Bit	543	36.3			A Little Bit	388	25.9		
Somewhat	323	21.6			Somewhat	286	19.1		
Moderate Amount	179	12.0			Moderate Amount	308	20.6		
A Great Deal	52	3.5			A Great Deal	236	15.8		
Missing	4	.3			Missing	4	.3		
Overall social work educational preparation for working with adult survivors of violent crime.	1489	99.5	2.36	1.1208	To what extent have you or your family been personally affected by violent crime in your own life?	1481	98.9	1.99	1.2341
Not At All	387	25.9			Not At All	728	48.6		
A Little Bit	495	33.1			A Little Bit	350	23.4		
Somewhat	364	24.3			Somewhat	177	11.8		
Moderate Amount	176	11.8			Moderate Amount	137	9.2		
A Great Deal	67	4.5			A Great Deal	89	5.9		
Missing	8	.5			Missing	16	1.1		

role as administrative, while 27% described their role as both direct practice and administrative. Nineteen percent did not indicate their current role.

Respondents worked in diverse fields of practice including adult mental health (27%, n = 403), medical social work (19%, n = 291), child and family services (17%, n = 254), services to older adults and persons with disabilities (10%, n = 153), emergency services/other (7%, n = 104), public and private child welfare (6%, n = 84), adult and juvenile corrections/probation (3%, n = 40), victim assistance (1%, n = 30), substance abuse (1%, n = 28), social work education (1%, n = 24), and military social work (1%, n = 12). Seventy-four persons did not indicate their current field of practice.

Table 1 presents the personal factors including the amount of personal and professional experience with victims of crime, academic preparation, and extent of continuing education. Regarding personal factors, nearly 82% had professional experience in working with crime victims and over 50% said they had been personally affected by violent crime. However, 60% said they had little to no course work on the impact of violent crime on individuals, and nearly 63% said they had a little to no course work on crisis intervention with adult victims of violent crime. A little over 30% had moderate to a great deal of continuing education on working with adult victims of violent crime.

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Table 2 displays the 15 most often requested topics for additional continuing education training. Providing mental health services to crime victims predominated the responses. Over half of all respondents indicated they would like additional training in crisis intervention with crime victims and the impact of crime on individuals and their families. Also ranked highly were culturally sensitive interventions, post-traumatic stress disorder, treating trauma, and overcoming secondary victimization. Working with victims of specific crimes such as survivors of terrorist acts, sexual assault, domestic violence, hate crimes, and stalking were also ranked in the top 15.

Discussion & Implications for Social Work

The findings from this study provide the social work profession with a number of issues to consider. Despite a great deal of professional experience with crime victims, less than half of all respondents felt that their overall social work education prepared them for working with adult victims of violent crime. Our professional challenge is two fold. We must increase professional development opportunities for social workers already practicing in the field and we must do a better job of adding content on working

with crime victims to the foundation curriculum.

Social work continuing education programs partnered with victim assistance professionals can create innovative and experientially based training workshops that can add to the knowledge and skill base of practitioners. Basic information about the crime victims' movement, rights of crime victims, impact of violent crime on individuals and their families, role of the criminal justice system, and services available to crime victims should form the foundation of a meaningful training program upon which specific skills in addressing trauma associated with victimization could be built.

Considering that so many social workers identify with mental health practice, it is not surprising that top continuing education training needs identified in this training needs assessment were focused at working directly with crime survivors. Continuing education training on working with trauma, post-traumatic stress disorder, cultural diversity, dynamics of domestic violence, rape trauma syndrome, and crime victims' compensation, were all highly ranked by survey respondents and was again cited by the expert panel as specific information necessary for work in this field (Danis, 2002).

Besides continuing education programs devel-

Table 2. Continuing Education Training Needs (N = 1586)

Rank	Topic	n	%	Rank	Topic	n	%
1	Crisis intervention with crime victims	864	54.5	9	Developing culturally sensitive interventions with crime victims of all sexual orientations	598	37.7
2	Impact of crime on individuals and their families	840	53.0	10	Survivors and victims of terrorist acts such as bombings and multiple shootings	545	34.4
3	Developing culturally sensitive interventions with crime victims of all races and ethnic groups	755	47.6	11	Domestic violence between intimate partners	539	34.0
4	Post traumatic stress disorder	725	45.7	12	Working with crime victims with disabilities	513	32.2
5	Treating trauma	724	45.6	13	Hate crimes	510	32.2
6	Crime victim compensation programs	716	45.1	14	Elder abuse survivors	465	29.3
7	Overcoming secondary victimization	602	38.0	15	Stalking survivors	434	27.4
8	Working with sexual assault survivors	599	37.8				

oped and delivered by social workers, victim assistance academies (Danis, 2002) can provide continuing education credits to professional social workers for attending their programs.

Although generalist social work knowledge and skills can provide an excellent foundation for crime victim assistance work (Danis, 2002) if schools are not addressing these core generalist competencies, then social workers are missing critical preparation for work in this area. Such is the case with course work on crisis intervention where more than half of all respondents reported none to a little bit of specific course work on crisis intervention. Perhaps to make up for the lack of academic training and certainly in congruence with victim assistance experts, crisis intervention was rated the number one continuing education request of survey respondents.

The number of social workers who have been personally affected by crime is also of concern. A similar finding with regards to the crime of domestic violence was also reported (Danis, 2003). Social workers who have unresolved issues relating to their own victimization may find these issues triggered by their involvement with clients. This presents additional challenges for social work educators and social work supervisors. Students and practitioners should be encouraged to address their personal experiences so that they are not barriers to addressing the needs of clients. Given that persons working in this field are at risk for secondary trauma or compassion fatigue (Figley, 1995), it would be prudent to look at how compassion fatigue is handled by persons who are also survivors of violent crimes. It is also noteworthy that training on overcoming secondary victimization was ranked number seven in the list of trainings social workers would like. Again, continuing education programs may find that workshops on secondary trauma or compassion fatigue might prove very popular.

This training needs assessment was conducted in the year 2000, the year before the September 11th act of terrorism. At that time, training for working with survivors and victims of terrorist acts was

selected as the tenth most requested continuing education need. With the tragedy of September 11th still very much with us, perhaps more social workers would chose this topic today. One opportunity for training of this type is to participate in Red Cross training disaster preparedness programs. Although there may be some differences regarding the impact of natural disasters vs. mass crime victimizations, there are enough similarities regarding the impact of the trauma on individuals to render such training useful.

This study was exploratory in nature and used a non-experimental survey design based on self-reports from licensed social workers. As such it holds all of the limitations of non-experimental research including lack of control over independent variables and the inability to claim causality between independent and dependent variables (Kerlinger, 1986). Mailed surveys in particular, are hampered by inability to check responses given, lack of depth of information generated, and inability to generalize from response rates commonly as low as less than 40% of the total sample (Fowler, 1993). Certainly that was true of this survey; although responses were geographically representative of the state surveyed, a 17% return rate limits generalizability only to survey respondents. It may also be argued that the survey appealed to social workers with experience with crime victims. Despite these limitations, this study provides a first look at the personal factors that may contribute to a social worker's ability to respond to crime victims.

Conclusion

Are social workers ready for the emerging practice field of crime victim assistance? Findings from this survey would suggest that social workers are already working with crime victims. Given that their continuing education choices are congruent with the results of an expert panel of victim assistance practitioners, social workers seem to be particularly adept at identifying additional knowledge and skills they would like to acquire for practice in this field.

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A national policy statement on crime victim assistance recently adopted by NASW along with the efforts of several NASW chapters to build professional capacity in this area will continue to bring attention to this growing field. This attention may also bring increased pressure on professional development programs and social work education to pro-

vide relevant course content and continuing education training with particular emphasis on crisis intervention and the impact of crime on individuals and their families. With attention to the knowledge and skills necessary for working with crime victims, social workers will be ready to participate in this new field of practice.

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