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Victims of crime in the adult criminal justice system:
A stocktake of the literature

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Executive summary

The Ministry of Justice has been engaged in a work programme aimed at improving government agencies’ responses to victims of crime, and enhancing victims’ rights and roles in the adult criminal and youth justice systems. This has seen the establishment of a centralised Victims Centre, and plans to develop a ‘Victims Code’ aimed at improved services to victims of crime, and increased accountability of government agencies to victims.

This report responds to a request by the Ministry for a literature review that collates, describes and evaluates the evidence base relating to appropriate responses to victims of crime in the adult criminal justice system. The aim of this literature review is to summarise available evidence that can be used to:

- inform the development of the Victims Code and the Victims Centre’s thinking on strategies to further improve victim services
- assist agencies dealing with victims of crime to provide the best support possible
- inform the Ministry’s future work and planning, such as by identifying information gaps about optimal responses to victims of certain crimes and certain subgroups of victims.

Challenges in attempting to fully capture and represent the breadth of potentially relevant research are discussed at the outset of this review. Whilst an exhaustive review of all aspects was not possible, this report has brought together key research findings, particularly from the New Zealand context. Due to the breadth, some areas of interest have been excluded. This review has not included a review of the restorative justice literature, as this has been covered by the Ministry of Justice in a number of publications. ¹ The experience of victims of crimes committed by children and young people was also excluded. The youth justice system operates differently from the adult criminal justice system and has a significant body of evidence in its own right.

It is hoped that this review will be a useful resource for those requiring an overview of key issues or those looking for a starting point to further explore issues.

Key findings are listed below.

Impacts of crime, and criminal justice involvement, on victims

- The consequences of crime victimisation are well documented and can be severe; they include physical injuries, psychological trauma and negative mental health outcomes, adverse effects on quality of life, and financial losses.
- Subsequent involvement in the criminal justice system can result in both positive effects (eg, restitution, reparation, cathartic effects from the public

acknowledgement and validation of a victim’s experience, and seeing the offender held to account) and negative impacts (eg, secondary victimisation).

- Crime is experienced differently, influenced by the type of crime, and personal characteristics of the victim. However, victims of the same type of crime can also exhibit very different reactions to that crime, while victims of different crimes can have similar reactions. This points to the importance of conducting accurate and sensitive needs assessments, to ensure specific needs are identified, and appropriate responses coordinated.

Factors influencing victimisation

- Victimisation is not evenly distributed, with specific groups being at increased risk of experiencing crime. Inherent disadvantage, rather than individual risk factors (such as being Māori or a sole parent), underlies heightened risk, and it is this that should be the focus of crime prevention and victim initiatives.

State responses – victims’ rights and standards of care

- Victims’ rights instruments have been developed and implemented in some jurisdictions around the world. They are variously referred to as Victims’ Rights Acts, Charters, Codes of Practice, Protocols or Guidelines. These constitute the main state response aimed at protecting victims’ rights and achieving adequate standards of care.

- Victims’ rights provisions accommodated in New Zealand’s legislation are consistent with international best practice, with further reforms being proposed. However, such rights tend not to be legally enforceable; currently there is little or no means of evaluating how well provisions are being implemented, and the systems for complaint tend to be inadequate. The new Victims Code, currently under development, may go some way towards addressing this issue.

- Codes of practice can be overly detailed and thus inaccessible to victims – something that appears evident in the England and Wales code. Countries such as South Africa, however, have succeeded in producing simple and accessible codes, backed by comprehensive guidelines and mechanisms for demonstrating compliance and accountability.

- Dedicated victims centres can have an important role in coordinating the frequently overlapping roles and responsibilities of diverse agencies and services.

- A challenge is in ensuring victims have sufficient choice so they can select the services and support most appropriate to their needs, whilst also limiting the duplication of services and resources, thus ensuring victims don’t ‘fall through the cracks’.

Good practice responses for formal services

- Accessibility is a critical issue: victims must be aware of what services are available, and the services offered must be acceptable to victims (eg, culturally appropriate). Automatic referral systems such as employed by New Zealand Police increase support service uptake.
Effective screening and assessment ensures the right services get to the right people, which is of particular importance for mental health services, and criminal justice support.

Victim service providers

- Community-based providers can usefully offer a range of support services to victims, including 24 hour helplines, crisis support, practical assistance, support accessing financial resources, information provision, referral to other services, emotional support, and court support.

- An association exists between contact with victim service providers and increased participation in, and satisfaction with, the criminal justice system. Contact with providers also promotes use of safe behaviours, and engagement with other community resources.

- Victim satisfaction with support services is often high. However, the effectiveness of these services is yet to be demonstrated, especially in relation to promoting positive mental health outcomes (this excludes the impact of counselling interventions which is reviewed separately).

- More research is needed to understand if programmes are indeed ineffective or whether in fact research is not focusing on the right outcomes.

Mental health services

- Emotional trauma following criminal victimisation can manifest itself in diverse mental health conditions (e.g., Post Traumatic Stress Disorder, depression, anxiety disorders, substance abuse, suicidal ideation and attempts, complicated or traumatic grief). Current research knowledge is largely limited to prevention and treatment of Post Traumatic Stress Disorder (PTSD).

- There is empirical evidence of the effectiveness of certain treatment approaches to reducing PTSD symptoms in the short and longer term. However, other approaches perhaps more commonly used in community settings have not been researched. Also lacking is an understanding of what is an effective crisis response.

Criminal justice system responses

Police

- Currently a third of victims choose to report their crime to police and, of these cases, around only a third again result in an arrest, prosecution and/or conviction. The integrity of the criminal justice system is reliant on victims reporting crime, providing evidence, and acting as witnesses. Promoting victim and witness satisfaction with their experience is important to ensuring that victims and the wider public have confidence to participate in the criminal justice system.

- Police provide the main entry point into the criminal justice system, and their response tends to be the most salient post-crime experience of victims.

- Timely and accurate information, and appropriate interest and respect, are important to victims’ satisfaction with police responses.

- Research suggests that police responses to victims are improved through victim-orientated training programmes, specialist training in victim needs relating to
certain types of crime (e.g., victims of sexual violence), also important are
dedicated victim units and/or liaison officers, and efficient referral mechanisms to
community-based victim services.

- New Zealand Police are currently trialling a promising and innovative approach to
  identifying high-risk repeat victims.

Prosecution
- Meeting with a prosecutor prior to a trial can ensure that victims feel more
  involved in the criminal justice process, and better prepared. Witness preparation
  programmes can reduce stress and anxiety, and give witnesses more confidence
to present their evidence.

Courts
- One of the challenges to supporting victims during the court process is managing
  their expectations of the adversarial system of justice and providing an
  understanding of their role within this system. Providing a single point of contact
  for victims/witnesses attending court can assist them in navigating the court and
  the range of services and support available. There is some debate around how
  this support is best delivered and by whom.
- The experience of attending court is potentially stressful, but stress can be
  reduced by altering the physical environment to better manage encounters with
  the accused and their supporters.
- Victims can participate through having their views heard prior to bail decisions,
  presenting a victim impact statement at sentencing, and submissions to the
  Parole Board when an offender is being considered for release. These are
  important means of victims participating in the criminal justice system and having
  their views heard. However, while the intention of these options is to empower
  victims, if not managed carefully such experiences have potential to create
  feelings of disempowerment.

Integrated responses
- Victims of crime can find it confusing and frustrating having to deal with multiple
  agencies to obtain information about the criminal justice system, their rights, and
  how to access services. This experience can be reduced by integrated provision
  of services. There are a number of models of effective integration.
- Promising results have been found for victims of domestic violence when an
  integrated, multiagency response is provided (e.g., New Zealand’s Family Violence
  Interagency Response System and the United Kingdom (UK) Multi-Agency Risk
  Assessment Conferences).
- Specialised integrated support centres are also considered good practice for
  victims of sexual violence (e.g., sexual assault referral centres). The end-to-end
  specialist support provided by UK independent advisers also appears promising.
  ‘One-stop-shop’ or multiservice centres offer advantages for victim support; these
  are currently being trialled in New Zealand.

Guiding principles for providing effective service and support to victims of
crime
A key aim of this report was to provide information on how best to arrange services and support for victims of crime. In reviewing the extensive range of research, a number of guiding principles emerge as important in delivering effective formal support and services to victims. These principles are applicable to all agencies – government and non-government – that work to support victims of crime. Principles include:

- respectful and confidential treatment
- individualised response and flexible services
- providing services and justice that is accessible
- provision of ‘right information at the right time’, and in the right format
- experienced, knowledgeable, well-trained and empathetic service delivery staff
- consistency in quality of services and support
- integrated service provision
- end-to-end individualised support
- accountable services.

Gaps in knowledge

A final goal of this review was, through a stocktake of research on crime victimisation, to identify information gaps, and thereby guide future work and planning of the Ministry of Justice. Areas listed below are those that may warrant further consideration and attention:

- empirically based research on the effectiveness of support programmes for victims
- assessment of service provision for victims of crime, evaluating gaps and overlaps in service provision
- understanding how to identify and respond to ‘hard-to-reach’ victims in socially and economically deprived areas
- understanding support and justice needs of different groups of victims (eg, Māori, Pacific peoples, Asian, young victims, older victims and those with disabilities)
- increasing knowledge on the support needs of groups that are excluded from current research (eg, New Zealand Crime and Safety Survey (NZCASS) not capturing the experiences of those under 15 years old, those bereaved by homicide, the homeless, those living in boarding houses) and those not included within current definitions of ‘crime victim’ (eg, businesses and organisations)
- the needs of property offence victims: little attention has been given to this group despite the high prevalence of this type of crime and relatively high levels of self-reported impact
- dedicated analysis of victim experiences and needs from the 2009 NZCASS sample
- crime victims’ awareness of their rights, their ability to exercise these rights, and service providers’ awareness of victims’ rights
more detailed analysis of the experience of victims who participate in wider 
criminal justice system processes and, in particular, the experiences of victims 
who participate in the parole process

more detailed investigation of effectiveness in relation to crisis responses, 
screening and needs assessments, training programmes, and complaints 
systems.

Conclusion

In comparison with other countries, it is evident that New Zealand has made positive 
progress towards recognising, respecting, and responding to the rights and needs of 
victims. Existing provisions are consistent with international best practice, with further 
reforms and improvements currently underway. It appears that the greatest gains 
now will derive from ensuring these provisions are fully implemented as designed 
and intended. Monitoring compliance of those responsible for delivering support and 
services is a crucial next step. The new dedicated Victims Centre is well placed to 
assist in this undertaking.

Equally important will be increasing public awareness and ensuring victims are aware 
of, and take advantage of, their rights to support and justice. A pressing need is in 
determining how best to get support services to those most in need; some of the 
more vulnerable victims are also those most ‘hard-to-reach’. In the current climate, 
where resources are scarce, introduction of routine screening and needs 
assessments may help get the right services to the right people.

NZCASS has provided critical and essential information on the nature and extent of 
victimisation; future surveys will be essential to build on what is currently known.

The type of research that emerged as most sorely lacking was well designed studies 
of the effectiveness of victim support services. While it is acknowledged that 
outcomes research in this field is fraught with difficulty, perhaps lessons can be 
learned from other fields, such as health, in which this type of research has 
successfully been carried out (eg, on the effectiveness of trauma counselling in 
accident and emergency departments). Also useful may be the approach adopted in 
South Australia and elsewhere, of defining and evaluating ‘quality aspects’ of 
services, as well as outcomes achieved. Cross-sectional longitudinal research has 
also proved valuable in isolating factors associated with positive life outcomes and 
could be explored as a useful way forward. Addressing this gap and others listed 
above will ensure New Zealand retains its reputation for leading the way in 
responding to the needs of victims of crime.

Structure of the report

Part one: Introduction

The first chapter of this report introduces the aims of the review before presenting a 
historical context to victims’ rights and interests. This provides a useful timeline that 
leads us up to this current project, whilst also giving an insight into the nature of 
research in this area.
The second chapter lays out the approach to reviewing the literature, highlighting two key challenges: (i) the sheer breadth of potentially relevant published material; and (ii) the dearth of sound empirical research on effectiveness of different approaches to supporting victims of crime.

This chapter ends with clarification of the parameters of the review.

**Part two: A context to crime victimisation**

**Chapter three** reviews the impact of crime on victims including the overall prevalence of crime victimisation, the physical, mental, financial and social impacts, and consequences from involvement in the criminal justice system. Information on the *prevalence* of victimisation gives an indication of the required scale and targeting of resources and services, whilst research on the *impact* of victimisation highlights victims’ needs to which support services must respond.

**Chapter four** reviews factors that can influence an individual’s risk of exposure to victimisation, and the severity of their reactions to it. It also considers particular characteristics and needs of different cultural groups.

**Chapter five** examines state responses in New Zealand and in other jurisdictions, aimed at protecting victims’ rights and personal welfare, and supporting them in their healing and recovery. This includes the development of legislation and other codes, charters, guidelines and protocols, as well as the use of centralised and dedicated centres.

**Part three: Good practice service and support responses**

**Chapter six** begins with a review of what constitutes good practice in service or type of support. It then gives a brief sketch of the types and timing of support services available in New Zealand. Two issues critical to the effectiveness of service delivery are: (i) the accessibility of services, and (ii) the use of screening and assessments to identify needs, and to appropriately target services.

**Chapter seven** reviews the available research on the effectiveness of responses delivered by community-based victims’ service providers (research on counselling interventions is dealt with in chapter eight).

**Chapter eight** presents literature on approaches to responding to the emotional trauma that can result following a crime. It notes that research has tended to focus on treatment and prevention of PTSD, but that much less is known about the range of other mental health impacts known to be common to crime victims.

**Chapter nine** reviews research on good practice in police responses, support to victims during court appearances, and their participation in decision making. It traverses what is known about how victims (including those who are witnesses) should be supported through their criminal justice experiences, and strategies to mitigate the most stressful aspects. It notes the lack of research on how best to promote victim healing and recovery.

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2 The bracketing of these two terms acknowledges that some victims are required to take the stand as a witness during the prosecution of an offender, while others are not. Support needs for both can be similar, but there are often special support needs for those who give evidence.
Chapter ten briefly reviews promising approaches to delivering specialist integrated responses to victims of crime.

Part four: Key findings

Chapter eleven summarises some of the key findings and implications that have emerged from the review. It concludes with a summary of overriding principles of good service delivery, and identified gaps in knowledge.
Part one: Introduction

1 Background

Key points

- A growing commitment to the rights and needs of victims of crime has been slowly building over the last few decades, both here in New Zealand and overseas.

- The most significant milestone internationally has been the United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, 1985. Many governments around the world have since adopted its principles into national legislation frameworks.

- The feminist movement of the 1970s achieved important gains in promoting support and funding for services, in response to violence against women and children. This area has been a major focus of research.

- Definitions of who is a crime victim can vary. Importantly, such definitions can determine who has rights and eligibility for services.

This report responds to a request by the Ministry of Justice to conduct a literature review that collates, evaluates and describes the evidence base relating to appropriate responses to victims of adult crime.

The Ministry has been engaged in a work programme aimed at improving government agencies’ responses to victims of crime and enhancing victims’ rights and involvement in the criminal justice system. This has included extensive consultation and review around the rights of victims of crime (A Focus on Victims of Crime: A Review of Victims’ Rights, Ministry of Justice, 2009) and, subsequently, the development of a series of proposals to address issues identified (New Zealand Government Cabinet paper, Enhancing Victims’ Rights Review, [CBC (11) 4/1]). One of the proposals was to establish a centralised Victims Centre within the Ministry of Justice, to provide oversight of victims’ rights, information and services across government agencies. The Victims Centre came into existence in July 2011.

The culmination of the consultation and review work was the introduction of the Victims of Crime Reform Bill (the Bill) in August 2011. The Bill will amend the Victims’ Rights Act 2002 and related legislation. Amendments will expand victims’ rights, and require new processes to be established by agencies. The Bill requires the Ministry of Justice to prepare a ‘Victims Code’, with a key aim to improve services and information available to victims of crime, and increase accountability of government

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3 The commencement of the Bill will be delayed until six months after Royal Assent so that agencies can establish the new processes.
agencies to victims. The initial focus of the Victims Centre is the development of this code.

The aim of this literature review is to summarise available evidence that can be used to:

- inform the development of the Victims Code and the Victims Centre’s thinking on what is needed to support improvements in victim services
- assist agencies dealing with victims of adult crime to provide the best support possible
- inform future work and planning of the Ministry of Justice (eg, by identifying information gaps about the best response to victims of certain crimes, or certain subgroups of victims that need to be addressed).

1.1 Historical context

A review of the historical context to victims’ rights and interests provides a useful timeline that leads us up to this current project, as well as providing insights into the nature of research in this area.

Historically, crime victims’ perspectives have not been well represented in criminal justice policy and research, which has largely focused on the perpetrators of crime (Justice and Electoral Committee, 2007). However, the recent work by the Ministry of Justice reflects a growing commitment to the rights and needs of victims of crime, a trend that has been slowly building over the last few decades both here in New Zealand and overseas (Booth and Carrington, 2007; Law Commission, 2008; Mawby, 2007). Whilst the development of victimology as a discipline can be traced back to 1948 (Williams, 2009), perhaps the first significant milestone for victims’ rights occurred in 1963, when New Zealand pioneered the first state-funded scheme to compensate crime victims for personal injury (Criminal Compensation Act 1963).

Important gains for victims were also made from within the social movements of the 1970s (Booth and Carrington, 2007; Waller, 2003). The feminist movements fought for the establishment of rape crisis centres and women’s refuges. In New Zealand the first women’s refuge was set up in Christchurch in 1973, and in the same year the first rape crisis helpline was established. A rape crisis centre was later established, in Auckland, in 1978. This early work overseas and in New Zealand has resulted in a particular attention to the needs of victims of sexual and family violence, which in turn has become the main focus of researchers also.

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4 The focus of this review is on responses to victims in the adult criminal justice system.

5 In New Zealand specialist sexual violence support services are delivered by a variety of community groups including rape crisis centres, HELP Foundation Sexual Abuse Centres, and other independent rape and/or sexual assault centres. In this report they are generically referred to as Specialist Sexual Violence Support Services (SSVSS).

6 There is now a National Collective of Independent Women’s Refuges that acts as an umbrella organisation for around 50 refuges across New Zealand. There are also refuges, not affiliated with National Collective funded by government, church and community groups.
A major contribution from the feminist movement was creating the environment within which women could more freely discuss the realities of their private lives, bringing an increased awareness of the high prevalence of physical and sexual abuse perpetrated within the home (Gavey, 2005).

According to Waller (2003) the 1970s was also the era in which criminologists and criminal justice professionals first began to examine criminal justice responses to violence, and in particular to explore alternatives to perpetrators’ incarceration. This led to the promotion of restitution as a way both to hold offenders accountable but also to meet victim needs. Victim–offender mediation, also known as restorative justice, came to be regarded as an appropriate way to address interests of both victims and offenders. The 1970s also saw improved support for victims in the criminal justice system, as a means to promote the willingness of victims to appear in court as witnesses. Finally, that decade also saw the first criminal victimisation surveys being held, which provided a significant step forward accurately quantifying the extent of victimisation nationally (the first New Zealand victim survey was carried out in 1996). Victimisation surveys are now a critical source of data for policy makers.

Internationally, the 1980s was perhaps the most significant period of advancement for victims. In 1982, the recently founded World Society of Victimology began discussions with the United Nations which subsequently led to the United Nations General Assembly resolving to adopt and implement the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985). This document has been described as the “Magna Carta of victim rights” (Groenhuijsen, 2009). The declaration fully recognised the harm done to victims of crime, and urged the development of victims’ rights legislation, laying out the appropriate treatment and assistance victims of crime should expect. It also proposed minimum standards for assisting victims to access justice, be treated fairly, obtain restitution or compensation, and assistance in healing and recovery. New Zealand was a co-sponsor of the declaration, and many governments around the world have since adopted these principles into their national legislation frameworks.

In the years since adoption of the declaration, victim advocates here have continued to push for action from the New Zealand government on victims’ rights. Achievements since include court-ordered reparation for victims, introduced as a sentence as part of the Criminal Justice Act 1985. The following year the first independent Victim Support Group was set up in Gisborne. In 1987 the first victims’ rights legislation was created, the Victims of Offences Act 1987. This gave victims, for the first time, rights to health, welfare services and legal advice. It formalised a participatory role of victims in the justice system, with provision for judges to receive victim impact statements at sentencing. Victims were also allowed to have input into bail decisions for certain offences, and to be notified if an imprisoned offender had escaped or been released (Law Commission, 2008). The Domestic Violence Act 1995 also constituted a significant milestone in providing greater protection for victims of domestic violence.

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7 There is now a New Zealand Council of Victim Support Groups Inc, that co-ordinates over 1000 volunteer staff and 130 paid staff in offices in over 70 locations around New Zealand. For the purposes of this report the organisation is referred to as Victim Support NZ.
Victims’ rights were substantially strengthened with the enactment of the current *Victims’ Rights Act 2002*. This was accompanied by a series of other legislative changes aimed at improving the rights and treatment of victims and ensuring victims’ views are heard throughout the trial process. The Act also gives formal recognition to restorative justice processes (e.g., *Sentencing Act 2002, Parole Act 2002, Corrections Act 2004, Prisoners’ and Victims’ Claims Act 2005* and amendments to the *Bail Act 2000* and the *Summary Proceedings Act 1957*) (Law Commission, 2008). In 2007, the non-statutory Victims’ Charter was developed that set out guidelines on standards of service victims should expect from government agencies. More recently, in 2009 a $50 levy was introduced, imposed on all offenders as a contribution towards costs of support services to victims of crime.

Finally, with the introduction of the *Victims’ of Crime Reform Bill 2011* victims’ rights will be expanded through amendments to the *Victims’ Rights Act 2002* and also expressed in the Victims Code. The Code will build on the 2007 Charter, and formally legislate for the types of services, treatment, and information that government agencies will be required to deliver to victims.8

### 1.2 Definition of a crime victim

Defining who is a crime victim is more difficult than one might expect. Such definitions are important because they directly influence who should be accorded rights as a victim, including eligibility for services (Trulson, 2005).

The first consideration is whether the definition should relate only to the *primary victim* (those who suffered directly as a result of a crime) or whether it extends to *secondary victims* also (those who are witnesses to a crime, family members, friends, neighbours, even whole communities, who may also suffer trauma). In some cases, organisations and businesses have been included under the definition of a victim of crime (as in the UK Code of Practice for Victims of Crime).

The *type of crime* can also impact on a victims’ eligibility for specific rights or services. While some rights and services are available to all offences recognised in a country’s criminal code, many jurisdictions chose to extend rights and entitlements only to those who suffer certain types of crimes (Trulson, 2005; Williams and Goodman, 2007). For example here in New Zealand only victims of violent and sexual crimes, and where there are ongoing fears for the victim’s safety, can give their views on releasing an offender on bail or participate in the process for an offender’s release from prison.

The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, 1985, promotes a broad definition of victims, referring to persons who:

> … individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their

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8 It is important to note that, while the existence and expansion of victims’ rights legislation carries symbolic significance, the principles outlined are not legally binding on agencies, and are subject to inconsistent implementation.
fundamental rights, through acts or omissions that are in violation of criminal laws operative within member states, including those laws proscribing criminal abuse of power.

This definition applies regardless of whether there has been a criminal conviction, and extends also to secondary victims. It encompasses victims of international crimes such as war, and broader human rights violations.

1.2.1 New Zealand’s definition

The New Zealand Victims’ Rights Act 2002 uses a similar definition to the United Nations encompassing both primary and secondary victims. Those defined as victims include:

- a person who has suffered harm (ie, physical injury, mental trauma, or loss of, or damage to, property) from an offence committed or alleged to have been committed by another person. Also (i) the parents or legal guardians of child victims (0–17 years) and (ii) close family and whānau members of a person who died or was made incapable from an offence (this provision does not apply in cases where the parent, guardian or close family member is charged with the commission of the offence)

- sections 7 and 8 (relating to treatment and access to services) specify a victim as any person who has suffered emotional harm as a result of an offence, and can include witnesses or those reporting an offence who have suffered such harm.

Special recognition is given to victims of certain offences, who are provided with additional rights within the criminal justice system in sections 30 to 48. These additional rights relate to victims where the offence was sexual violation or serious assault; resulted in serious injury or death or incapacitation of someone in the immediate family; or where the offence led to ongoing and reasonable fears for safety or security for the victim or anyone in their immediate family.
2 Approach to reviewing the literature

Key points

• The breadth of potentially relevant published material is extensive, consisting of a number of discrete areas of literature.

• Despite the vast accumulation of research publications, there is very little rigorous empirical evidence on effectiveness in practice with victims; research has focused more on topics such as those most at risk of victimisation, whether risk is increasing or decreasing over time, barriers to engaging in the criminal justice system and the experiences of those victims who do.

• The lack of research on outcomes for different victim services and interventions reflects extensive ethical and logistical difficulties inherent to research in this area.

In the planning stages of this literature review, two challenges became evident: (i) the substantial breadth of potentially relevant published material, and conversely (ii) the dearth of sound empirical research on effectiveness of different approaches to supporting victims of crime.

2.1 Challenges to capturing the breadth of research

Academics have previously noted the “very large and diverse literatures and disciplinary perspectives” in research on victimisation and its consequences (Lauritsen and Archakova, 2008, p.92). A review of journals by these authors found in the United States alone no less than 135 journals that regularly published articles on victimisation. These mostly fell within the disciplines of criminology, sociology and psychology, but also social work, medical and public health, specialist violence publications, and journals centred on population groups such as children, youth, the elderly, women, and sexual orientation subpopulations. The above authors noted that the range of sources make it challenging, if not impossible, to keep up to date with new findings and insights. This issue is exacerbated by the fact that, despite the interconnectedness of the research, disciplines seldom explore issues outside their own particular areas of focus (Lauritsen and Archakova, 2008).

While much of the literature has potential relevance for the development of the Victims Code and work of the Victims Centre, it was beyond the scope of the current review (given a limited timeframe) to comprehensively review all relevant areas of published literature. Instead, a ‘stocktake’ of relevant research is presented, summarising high-level findings and describing the current focus and level of evidence available across the different areas.
2.2 Limitations of evidence base

As noted, despite the vast accumulation of research publications, there is very little rigorous empirical evidence on effective practice with victims. A scan of websites dedicated to identifying criminal justice practices of proven effectiveness, and using rigorous methods such as randomised control trials, revealed only a single proposal to "complete a systematic review of victim assistance programmes" – a project that appears never to have been completed (Marandos and Perry, 2002).9

This unsatisfactory state of affairs was recently noted in a review by the Victorian Auditor General’s Office, which concluded that:

…there is neither sufficient nor reliable information on whether victims’ services are helping victims recover from, or more effectively manage, the effects of crime. (Victoria Auditor General, 2009, p. ix)

It is interesting that this situation stands in stark contrast to offender assessment and rehabilitation, which is supported by a well-developed evidential base (Lauritsen and Archakova, 2008; Payne, 2009; Victoria Auditor General, 2009).

Instead, research attention has been directed mainly to understanding who is most at risk of victimisation, whether risk is increasing or decreasing over time, barriers to engaging in the criminal justice system, and the experiences of those who do (Lauritsen and Archakova, 2008).

2.2.1 Inherent difficulties of researching effectiveness

The problems in building a solid empirical base on what works in responding to victims of crime have been explained by reference to inherent difficulties in carrying out research with this population (See Dunn, 2007; Howard et al, 2010; Lauritsen and Archakova, 2008; Sullivan, 2011; Victoria Auditor General, 2009). These include:

- difficulties in defining the desired outcomes for a victim (eg, successful prosecution of an offender, no further victimisations, adequate compensation, recovery from emotional trauma)
- difficulties in measuring victim outcomes (particularly with respect to ‘recovery’ from the effects of crime); evaluations relying on victim self-report measures can be confounded by respondents’ varying abilities to accurately articulate current coping and progress towards recovery; victims may underestimate the extent they have been affected – which may itself be a coping mechanism – while others may have delayed reactions
- the great range of individual experiences of and reactions to crime, which can vary according to type of crime, pre-existing personality characteristics, relationship to offenders and general circumstances

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practical and ethical difficulties in carrying out effectiveness research with victims of crime:

- ethical concerns in assigning traumatised individuals to a no-treatment condition for research using an experimental design
- recruiting sufficient number of victims to achieve a statistically valid sample size is not always possible
- victims may resist becoming involved in research at such a difficult point in their lives
- risks that participation in research activities does in fact retraumatise victims.

All of these issues mean that the research included in the current review is mainly descriptive, rather than empirical evidence of service effectiveness. While priority has been given to methodologically sound research, other published material is also reviewed, with due acknowledgement of limitations. Section 6.1 provides further discussion on evidence quality and how this relates to designations of ‘good practice’ responses.

**Innovative practice**
Throughout the report examples of ‘innovative practice’ are highlighted in boxes. These are practices that have not been proven to be effective, but appear promising solutions to meeting victims’ needs.

### 2.3 Sources of information

Material covered by this review comes from several different types of source. The list below briefly outlines available sources of both quantitative and qualitative information on New Zealand victims of crime.

- **National crime victimisation surveys** – a key source of information on the scale and nature of crime victimisation. There have been four such surveys carried out in New Zealand: in 1996, 2001, 2006, and most recently in 2010 (Morrison et al., 2010). These surveys provide data on:
  - the prevalence of victimisation for New Zealand residents aged 15 years or more
  - characteristics of victims who are most at risk
  - reporting practices
  - perceptions of personal safety

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10 Statistics New Zealand has recently reviewed the quality and availability of New Zealand criminal justice statistics, including those related to victims of crime (see Statistics New Zealand, 2009).

11 The British Crime Survey in England and Wales (see Flatley et al, 2010) and the International Crime Victims Survey (Van Dijk et al, 2008) have been internationally significant in shaping policy around the world. For others see Ministry of Justice, 2010a.
• satisfaction with the criminal justice system
• victims’ perceived needs arising from their victimisation.\textsuperscript{12}

Limited additional data on crime victimisation is available from the General Social Survey (see \url{http://www.stats.govt.nz/nzgss/}), which allows analysis of the inter-relationship between victimisation and other social and economic variables.

It should be noted that the available surveys do not include vulnerable groups such as those bereaved by homicide, the homeless, those living in boarding houses, and people under the age of 15.\textsuperscript{13} Surveys do not capture information on longer-term impacts of victimisation (Statistics New Zealand, 2009), and have particular limitations with respect to quantifying repetitive offence types such as family violence (Dunn, 2008). Also missing is victim-related research where crimes occur against businesses, and corporate crime.

• \textbf{Surveys of public confidence and satisfaction with the criminal justice system} enable agencies to assess ‘consumer’ satisfaction, providing important information on confidence and likely future use of services. The Ministry of Justice completes regular surveys of court users (eg, Colmar Brunton, 2010)\textsuperscript{14} and New Zealand Police collects information on citizen satisfaction (Gravitas Research and Strategy Ltd, 2011). The State Services Commission also ran the “Kiwis Count” survey in 2009. This is a national survey of New Zealanders’ perceptions and experiences of public services as a whole, and includes information on trust and satisfaction with the police, the justice system, and the parole board (State Services Commission, 2010).

These wider surveys may include victims within their samples, but victims’ views are not separated out from other types of users to provide information specifically related to victims’ satisfaction, trust and confidence in these services.

• \textbf{Surveys of victim and witness experiences of the criminal justice system} – this form of survey has not yet been carried out in New Zealand but has been regularly conducted in the UK (eg, Franklyn, 2012) and recently extended to include the views of young people (Criminal Justice Joint Inspection, 2012). These surveys provide detailed information on the levels of satisfaction with different aspects of the criminal justice system, the type of contact they experienced, as well as the provision of information, services and support. Examples elsewhere include The Netherlands (Van Mierlo et al., 2009), and Australia (Victims of Crime Coordinator Victim Support ACT (2008)).

• \textbf{Evaluations of victim service providers} – community agencies sometimes carry out their own evaluations, although these are not always published and can

\textsuperscript{12} Previously a dedicated analysis has been carried out on victims’ experiences and needs (see Mayhew & Reilly, 2008), this has not yet been repeated with the 2009 survey data. The 1996 survey was accompanied by an in-depth and detailed Women’s Safety Survey which has not been repeated.

\textsuperscript{13} The Home Office has recently completed a crime survey of 10 to 15 year olds. Information on New Zealand youth is limited to violence victimisation of those attending school, collected through the Youth 2000 project (http://www.youth2000.ac.nz/).

\textsuperscript{14} In the 2010 Court Users Survey only 1% of participants were identified as victims.
be difficult to obtain. Dunn (2007) cited findings from an evaluation of the UK’s Victim Support Agency. Victim Support NZ has recently completed an evaluation to help them understand the experience and outcomes of those they work with (Gordon, 2011).\(^\text{15}\)

- **Targeted research on victims’ experiences** – qualitative research with victims of crime seeks to understand their needs and experiences, and provides valuable insights that cannot be obtained from survey type research (Dunn, 2008). Recent local examples include research with families of victims of homicide (Kingi, 2011), victims participating in restorative justice (Ministry of Justice, 2011a), victims of sexual violence (Kingi and Jordan, 2009; Jordan, 1998; 2008), and Pacific peoples who have been victims (Koloto, 2003; Koloto and Sharma, 2005). Earlier research on Māori victims of crime (Cram et al, 1999) has not been repeated more recently.

This brief summary shows there is a range of good information on prevalence and risk of crime victimisation in New Zealand, and qualitative insights into experiences of specific groups of crime victims. However, currently missing is robust information on the experiences of victims whose crimes result in criminal justice system involvement. Finally, as has been noted above, local empirical research on the effectiveness of services to victims is entirely absent.

### 2.4 Scope of the literature review

The parameters for the current review are as follows:

- where possible, focus on empirical research evidence on effective approaches to responding to victims of crime, in particular what works in supporting victims of crime in their healing and recovery
- pay particular attention to responses to victims of serious offences\(^\text{16}\)
- focus is limited to victims involved in the adult criminal justice system
- provide a ‘stocktake’ of research, describing the current focus and state of research across different subareas, and summarising key findings
- prioritise New Zealand-based research
- emphasise secondary reviews of primary data sources published in peer-reviewed journals
- utilise reports and literature produced by government agencies in other countries (particularly UK, USA, Canada and Australia), as well as material produced by agencies endorsed or funded by governments.

Material deemed out of scope includes:

\(^{15}\) Victim Support NZ commissioned Victoria University’s Crime and Justice Research Centre to assist them in the design and analysis of this evaluation. The findings are based on a telephone survey of 246 victims of serious crime or trauma (systematic probability sample).

\(^{16}\) Also of interest are guiding principles of relevance when supporting Māori, Pacific and Asian victims of crime.
• reports and other material produced by organisations not officially endorsed by government
• resources published in languages other than English
• material published more than 15 years ago.

Areas of literature outside the scope of the current project:
• crime prevention initiatives designed to reduce revictimisation
• research relating to the youth justice system
• literature on crimes against humanity, war crimes, etc
• addressing financial needs of crime victims (adequately covered in Law Commission review, 2008)
• alternative systems of justice such as inquisitorial system of justice17 (for a review see Ministry of Women’s Affairs, 2009)
• restorative justice processes.18

Two final limitations are noted:

• by definition, a literature review can cover only written material. There is a question about who determines the types of practices that are evaluated and/or written about in the published literature. There may be other responses (eg, therapeutic approaches) that are endorsed by practitioners and victims of crime, but have not been described or evaluated by knowledge makers
• the majority of published research is written from a Western cultural perspective, much of it carried out with non-New Zealand populations; limitations apply to how well the findings generalise to wider New Zealand culture, and particularly in relation to Māori victims of crime.

17 The Treaty of Waitangi affirms the right of Māori to culturally identify and live as Māori. The over representation of Māori as victims and perpetrators of crime raises question over the applicability of the current New Zealand justice system to Māori. Recent initiatives to explore alternative approaches include the introduction of marae-based Rangatahi youth courts. Other countries have also adopted indigenous models of justice (eg, Circle sentencing in Canada, and Aboriginal courts in Australia, see Booth & Carrington, 2007 for a review). This is an important area for research consideration that may be more appropriately dealt with using kaupapa Māori research methodologies.

18 Well facilitated restorative justice is widely recognised as giving greater opportunities for victims to participate, express themselves and be heard with high levels of satisfaction reported (Ministry of Justice (2011a)). However, views are mixed over its applicability in the cases of sexual offending and family violence. There is extensive research on restorative research and coverage of this was beyond the scope of this review. This research can be found at http://www.justice.govt.nz/policy/criminal-justice/restorative-justice/restorative-justice-research.
Part two: A context to crime victimisation

Part two of this report reviews research on the impact of crime on victims, the factors that influence the extent and nature of victimisation, and state responses to victims’ needs. This part of the report provides important context against which to review available evidence on how best to respond to victims of crime (part three).

3 Impact of crime on victims

Key points

- In New Zealand, around a third of all households experience some form of criminal victimisation in a year. A third of all experienced crimes are reported to police.
- Victimisation was unevenly distributed, with a small proportion of people experiencing the majority of all crime.
- The consequences of crime victimisation can be wide ranging, and variable. Some individuals are minimally affected, while others experience very severe impacts on their lives.
- Consequences range across physical injury, psychological trauma, negative mental health outcomes, adverse effects on quality of life, and financial losses.
- Subsequent involvement in the criminal justice system can produce positive effects (eg, restitution, reparation and cathartic effects from the public acknowledgement and validation of a victim’s experience, and being able to hold the offender to account) but also has potential for negative impacts (eg, secondary victimisation).

This chapter reviews the impact of crime on victims, including the overall prevalence of crime victimisation, the physical, mental, financial and social impacts, and consequences from involvement in the criminal justice system. Information on the prevalence of victimisation gives us an indication of the required scale and targeting of resources and services, whilst research on the impact of victimisation highlights victims’ needs that support services must respond to.

3.1 Prevalence of victimisation in New Zealand

As noted in the introduction, there is good evidence on the nature and extent of crime victimisation for New Zealand residents aged 15 or more, and who is most at risk, through administration of the New Zealand Crime and Safety Survey (NZCASS). This survey provides vital information for crime prevention efforts, but also for the planning and development of appropriate service responses to victims of crime.

Key findings from the 2009 survey (Morrison et al, 2010) include the following:
• In 2008, 910,000 household offences and 1,702,000 personal offences occurred, with 28% of households experiencing one or more crime and 16% of individuals experiencing one or more personal offences.

• Most common household crimes were burglary (37%) and vandalism (24%). Other household offences were vehicle vandalism (15%), thefts from motor vehicles (9%), thefts from dwellings (9%), other household thefts (4%), and thefts of vehicles (2%).

• Most common personal crimes were assaults (40%) and threats (31%). Other personal offences were thefts of personal property (10%), sexual offences (8%), vandalism to personal property (8%), robbery (2%) and theft from the person (1%).

• One-third of these crimes were reported to police.

• Almost half (48%) of the victims reported being ‘highly affected’ by the incident.

• Crime victimisation was unevenly distributed with almost two-thirds of people not experiencing any crime, and 6% experiencing 54% of all crime, suggesting high rates of repeat victimisation. (Section 4.3.1 looks at those groups at increased risk of victimisation.)

NZCASS excludes information on the prevalence of homicide. The best available data on homicide is from Police data on investigations of all suspicious deaths. In 2009, there were 92 homicide victims, up from 70 homicide victims in 2008 and 65 homicide victims in 2007. Children under the age of 5 years were more highly victimised than children between the ages of 5 and 14 years. Victims between the age of 18 and 29 years were more disproportionately represented. 19

Many of the findings from NZCASS are consistent with international findings (Ministry of Justice, 2010a). A robust comparison of New Zealand’s victimisation profile with other countries was made possible by New Zealand’s participation in the International Crime Victims Survey (ICVS), although the last survey was in 2004 and so findings should be interpreted with caution. Results in 2004 suggested New Zealand had above average levels of crime, but that New Zealand victims were more likely to report crime, and to feel satisfied with the police response (Van Dijk et al, 2008).

3.2 Consequences of crime

The consequences of crime on individuals can be wide ranging and severe:

The social, monetary, and mental health impacts of crime are far reaching and potentially long lasting, and the trauma caused by crime victimisation is unique (O’Brien, 2010, p.180).

This section briefly reviews the range of adverse consequences that can result from crime victimisation. There is also consideration of the positive and negative impacts of involvement in the criminal justice system for those whose crime is reported and then proceed down this pathway. Identifying these consequences is an important first step in understanding the supports and services required to address victims’ needs.

When reviewing the potential impacts it is important to be aware that individual victims react to, and are affected by, crime in different ways:

- reactions to victimisation occur on a continuum, from little or no effect, to severe traumatisation
- personal characteristics can affect how an individual reacts to a crime
- type of crime can affect level and type of impact.

These considerations are reviewed in more detail in chapter 4, but should be borne in mind when considering the range of possible impacts presented below.

### 3.2.1 Health impacts

It is widely recognised that both mental and physical health consequences can result from crime victimisation (Wallace, 2007; United Nations, 1999; Cook et al, 1999).

**Physical effects**

The nature of violent crime is such that victimisation frequently results in bodily injury. This can range from bruises, contusions and cuts, broken bones, puncture wounds from stabbings or gunshots, and serious internal injuries, such as major damage to internal organs including the brain. In around 60 cases per year in New Zealand, death results from a violent assault or attack (Family Violence Death Review Committee, 2011). Sexual offences can result in internal injuries, being infected with a sexually transmitted disease, and pregnancy (see also Krug et al, 2002 for a review of health consequences of intimate partner violence).

Wallace (2007) suggested that injuries can also have flow-on effects, depending on:

- the speed of recovery or healing
- whether visible scars remain
- the extent to which injuries result in lasting disability.

The prevalence of physical health consequences amongst crime victims is not well documented. However, NZCASS 2009 findings indicate that, for offences that involved contact with an offender (assaults and sexual offences), 43% of victims reported a physical injury. The majority of injuries were not particularly serious, with 13% of these victims requiring medical assistance (Morrison et al., 2010). Another New Zealand study found a link between crime victimisation and increased risk of health consequences in a community-based sample of 1,500 adults (Flett et al., 2002). After adjusting for gender, ethnicity, and age differences, the researchers found that those experiencing crime-related trauma exhibited significantly deteriorated physical health, as measured by current physical symptoms, chronic medical conditions, and enduring deficits in daily functioning.
Mental health

Research attention has also been given to the mental health consequences of crime victimisation. Reliable data can be sourced from epidemiological studies. Reviews have included the mental health outcomes of violent crime (eg, Kilpatrick and Acierno, 2003), family violence (eg, Howard et al, 2010), sexual violence (see Koss et al, 2003; Campbell, 2008) and older victims of crime (Gray and Acierno, 2002).

Mental health outcomes resulting from crime victimisation and trauma exist along a continuum, ranging from short lived but intense distress, to severe and chronic mental disorders which have life altering and debilitating consequences (Verdun-Jones and Rossiter, 2010). Psychological consequences include post-traumatic stress disorder (PTSD), depression (often involving suicidal ideation and attempts), anxiety disorders, substance abuse, and complicated or traumatic grief (Jennings et al, 2011; Kilpatrick and Acierno, 2003; Kilpatrick et al, 1987; McDevitt-Murphy et al, 2011). Victims also frequently report a range of ‘subclinical’ effects including loss of confidence and self-esteem, loss of trust in relationships, sleeplessness, and fear of being alone (Strang, 2003, cited in Parsons and Bergin, 2010).

The prevalence of PTSD and other mental health problems among individuals who experienced violent crime has been found to be significantly greater than levels within the general population (Hembree, 2003). O’Brien (2010) cites United States national survey research that has found crime victimisation to be the leading cause of trauma-related acute stress disorder. Individual studies have found PTSD in 90% of victims within two weeks of a sexual assault, with 50% continuing to meet the diagnostic criteria three months later (Rothbaum et al, 1992 cited in Koss et al, 2003). Dunn (2007) cited findings from a small research study that found 37% of members of the immediate families of homicide victims commenced on psychotropic medication within a few months of the event.

Individuals who are close to, or are involved in supporting, victims are also at risk of experiencing secondary traumatic stress symptoms (Ga-Young, 2011; Salston and Figly, 2003; Tamarit et al, 2010; Verdun-Jones and Rossiter, 2010; Wallace, 2007). Such impacts have been observed even amongst professionals who provide counselling and psychotherapeutic services to victims.

NZCASS captures a broad range of crime victimisation types, and a majority of respondents report on relatively minor crimes. As such, findings have limitations with respect to understanding the impacts of serious crimes (Mayhew and Reilly, 2007). Having said this, a significant proportion of NZCASS respondents reporting victimisation also described continuing emotional effects. Around 77% of victims in the 2009 survey reported still experiencing anger/annoyance, 36% were more cautious, 28% reported still feeling ‘shocked’, and 19% reported experiencing ongoing fear and vulnerability. Mayhew and Reilly (2007) hypothesise that people’s responses to crime are greater than occurs in relation to injury from accidents, because of the very personal nature of crime – a deliberate act of wrongdoing by another person against them.

Following a qualitative review of the consequences of crime, Wallace (2007) suggested that psychological responses to serious crime commonly followed three sequential stages:
• **Impact stage** – the immediate aftermath of the crime, when victims feel a sense of shock. This phase can last from several hours to several days and is characterised by inability to sleep or eat, feelings of numbness, and abrupt mood swings.

• **Recoil stage** – at this point victims attempt to understand or rationalise the crime. Reactions include guilt, fear, anger, self-pity and sadness. Alternatively there may be denial and emotional detachment, as victims seek to ‘seal off feelings’ in order to cope.

• **Reorganisation stage** – in time the victim moves towards a more balanced state: feeling of fear and rage diminish in intensity, and there is sufficient energy to return to engaging in normal life activities.

However, this is just one hypothesised model. Those working with recently victimised clients have suggested there is no set pattern, that responses vary across individuals, and people may go through defined stages repeatedly and in various orders (Bonanno, 2004; Bonanno et al, 2005). On the other hand, some have sufficient resiliency to cope without significant distress.

### 3.2.2 Impacts on quality of life

The impact of crime on victims is not necessarily restricted to physical or mental health. Crime can affect an individual’s quality of life in other, more subtle ways, some of which is harder to quantify. Researchers in the US have recently attempted to review and analyse findings on the impact of violent crime on quality of life (Hanson et al, 2010). The first step was to define what ‘quality of life’ means. The authors included the following dimensions:

- life satisfaction and wellbeing
- role functioning (eg, social, occupational, and interpersonal functioning)
- other social–material conditions (eg, use of leisure time, general health).

After reviewing relevant research Hanson et al (2010) concluded that crime victimisation has measurable impacts across multiple domains. Evidence was found of adverse impacts particularly on intimate relationships, parent–child relationships, and occupational functioning (including high rates of unemployment).

Violence against women has been found to have particularly marked effects on quality of life (Koss et al, 1994). Women may suffer isolation, occupational disruption, diminished participation in regular activities, and reduced ability to care for themselves and their children. Children who have been exposed to intimate partner violence may also suffer a range of behavioural and emotional disturbances (World Health Organisation, 2011).

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20 Hanson and colleagues carried out a qualitative review of all studies that researched the impact of victimisation on quality of life (victims included those experiencing forcible rape, sexual assault, aggravated assault, intimate partner violence and survivors of homicide).
Other research indicates that crime arguably has effects that can permeate out to the wider public, particularly when media accounts of violent crime generate widespread anxiety throughout a community (Morrison et al, 2007).

### 3.2.3 Financial impact

Wallace (2007) reviews the financial consequences of crime to victims and notes that, in addition to quality of life effects, many victims also face monetary impacts arising from:

- loss or damage to property
- medical and mental health care costs
- loss of income due to inability to work, and having to attend trial.\(^{21}\)

The New Zealand Treasury attempted to estimate total costs of crime in 2002/2003. They included costs to victims such as health care, loss of income, and property loss, as well as quantifying intangible ‘quality of life’ impacts. Total cost of crime for the country per year was estimated at $9.1 billion, nearly 80% of which comprised costs to victims (Roper and Thompson, 2006).\(^{22}\)

### 3.3 Consequences of criminal justice system involvement

A critical juncture in the aftermath of a crime is whether the victim chooses to report the crime to Police and, subsequently, whether the case proceeds through the criminal justice processes that then ensue. This is an area where some outcome research has been conducted, although most focusing on victims of sexual violence, with aspects of the process being described as a re-victimisation (sometimes even described as ‘secondary rape’; Campbell et al., 2001; Madigan & Gamble, 1991).

Findings however are mixed as to whether victims of crime who choose to pursue justice in this way gain personal benefit. Herman (2003) has critically reviewed research on the impact of criminal justice system involvement. She summarises the primary benefits of criminal justice system involvement as gaining safety and protection for the victim and related others through apprehension, punishment and (in some cases) incapacitation of the offender. Also potentially gained are opportunity for public acknowledgement of their suffering, validation of their victim status, and potential for receiving reparation for harms suffered.

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\(^{21}\) A review of Victims’ Rights by the Justice and Electoral Committee (2007) concluded that systems did not compensate victims effectively, and recommended that the government should develop a compensation regime that prioritises victims’ losses and adequately compensates them. This resulted in a comprehensive report by the Law Commission (2008) that reviewed current provisions and how these might be improved. Therefore this report has not addressed effective responses to assisting victims in receiving financial support.

\(^{22}\) This Treasury report provides clear evidence of the overall cost of crime to New Zealand, but provides less insight into the individual costs of crime. NZCASS does ask those who had experienced offences which incurred potential financial loss from theft or property damage how much financial loss they had incurred. If and when analysed this may provide a more personalised insight.
Research studies, although typically involving interviews with small samples of victims, have found some positive effects from involvement with the criminal justice system. Benefits include the following:

- Foa and Kozak (1986, cited in Parsons and Bergin, 2010) found participation can be a cathartic experience for victims, with the process of recovery aided by confronting and “coming to terms with” the victimisation (see also Moriarty, 2005)
- participation resulted in reduced use of avoidant coping strategies linked to PTSD symptoms for victims of both family and sexual violence (Ehlers and Clark, 2000 cited in Parsons and Bergin, 2010)
- victims of family violence who pursued their case through court were found to have better psychological wellbeing than non-participants, including being happier, less fearful, and displaying higher levels of self-esteem (Dobash et al, 2000 cited in Herman, 2003)
- victims of sexual abuse who participated benefitted from having their allegations of abuse acknowledged and validated, and through receiving apology (Feldthusen et al, 2000).

Negative impacts of engagement with the criminal justice system can also occur. This is understood to be particularly prevalent when police and prosecutorial practices act in ways that serve to ‘side-line’ the victim. Also noted by researchers is the adversarial nature of trials, often involving direct confrontation with the perpetrator. Lack of information for victims on what is happening through the process is not uncommon. Courtroom processes can also exclude the victim from participation, and create unsatisfactory communication with prosecutors. Perhaps worst of all, unfavourable prosecution or trial outcomes (acquittal of the defendant) can be devastating (Orth, 2002; Herman, 2005; Parsons and Bergin, 2010).

Examples of research findings indicating adverse consequences include the following:

- reporting any crime to police can be distressing, recounting experiences in a public court traumatising and if police decide not to prosecute the offender, victims can be left feeling embittered and disappointed (Herman, 2003; Koss, 2000; Campbell and Raja, 1999 all cited in Parsons and Bergin, 2010)
- the reporting of sexual violence by victims is widely understood by mental health professionals to be a particularly distressing experience for victims (Campbell and Raja, 1999, cited in Parsons and Bergin, 2010). Secondary victimisation is particularly likely to occur during their cross examination; the experience is often reported to cause the victim to feel as if she herself is on trial (Campbell et al, 2001; Orth, 2002).
- the court process for families of victims of homicide is also highly distressing, particularly having to face the person who killed their loved one, or listen to a defence lawyer malign and blame the victim (Kingi, 2011).

Parsons and Bergin’s (2010) paper, which reviews the issue of how victims are affected by engaging in the criminal justice process, notes that existing research has revealed mixed results, but that much of the research is now out of date, or suffers
from methodological flaws. They conclude by saying that “the jury is still out” on the impact of criminal justice system involvement on victim wellbeing and mental health.

3.4 Stocktake summary

- The prevalence of crime victimisation is well researched through the NZCASS; exceptions to this are prevalence rates for homicide, young victims, those who are homeless or not living in regular households.

- Mental health consequences are also well researched. The physical, financial and quality of life impacts appear well understood but their extent and prevalence is less well documented.

- Research on the impact of participation in the criminal justice system has focused mainly on victims of sexual violence, family violence, and other violent crime. The impacts on victims of household crime are less well known (despite being the most common in New Zealand).

- The potential negative consequences of participation in the criminal justice system, particularly impacts associated with giving evidence at trial, are well documented. There has been less attention given to understanding positive outcomes.
4 Factors influencing nature and extent of victimisation

Key points

• An individual’s risk of exposure, and reaction, to victimisation is influenced by personal characteristics and the type of crime suffered. The interaction of these two factors makes it difficult to predict the intensity and duration of an individual’s response.

• Findings from NZCASS show that sexual offences have the greatest impact on victims, followed by assaults and theft of vehicles (Note that NZCASS excludes the impact of homicide).

• While type of crime appears to impact on level of distress experienced, available research on the nature of distress suggests psychological symptoms tend to be similar.

• Groups most at risk of being victimised are younger persons, Māori and ‘other’ ethnic groups, sole parents, students, those living in households comprised of flatmates, and being unemployed or on a benefit. Many of these risk factors tend to be interrelated, suggesting it is inherent disadvantage that underlies heightened risk.

• Groups vulnerable to adverse responses include individuals who have experienced multiple or repeat victimisation, younger victims, victims with disabilities, and low socioeconomic status (including “hard-to-reach” people).

• Ethnicity has a complex relationship with victimisation but also help-seeking behaviour and the extent of victimisation experience. To be effective, victim support services need to be culturally responsive to different ethnic groups.

The preceding chapter has reviewed the prevalence and variable consequences of crime victimisation. This section briefly reviews factors that can influence an individual’s risk of exposure to victimisation, and the severity of their reactions to it. It also considers particular characteristics and needs of different cultural groups. Material presented can inform appropriate targeting of resources and services.

As noted in the previous chapter, the impact of crime victimisation is variable. Clearly, different forms of crimes will have different levels and types of impact. A typical property offence (eg, theft of one’s wallet) almost always will create emotional and other impacts considerably less severe than those arising from a violent sexual assault. In addition, pre-existing personal characteristics can affect the nature and extent of impact experienced. Critical variables include the person’s capacity for coping with stress, the extent of supportive relationships, and the existence of concurrent pressures and problems. Also relevant is the extent to which the person has had prior exposure to victimisation.
Interactions between these two factors (type of crime, personal characteristics) explain why predicting the intensity and duration of an individual’s reaction to a crime, whether they will develop mental health disorders, or experience functional impairment, remains a challenge (O’Brien, 2010; Payne, 2009). Reliable evidence from national crime surveys and other sources has found victims of the same type of crime can exhibit very different reactions to that crime, while victims of different crimes can have similar reactions (Dunn, 2007; Morrison et al, 2010; Mayhew and Reilly, 2008, Payne, 2009; Wallace, 2007). Hence, one must be careful in generalising what the type of impact certain groups are likely to experience.

With this point of caution in mind, this section briefly reviews:

- how the nature and circumstance of different types of crime can impact on an individual’s experience
- the ways in which personal characteristics can influence risk of, and reactions to, victimisation
- cultural considerations in relation to crime victimisation.

### 4.1 Type of crime

In keeping with many other such surveys, NZCASS findings reveal that certain types of crime are associated with greater levels of self-reported impact (Morrison et al, 2010; Mayhew and Reilly, 2008). In particular, sexual offences appear to have the greatest impact on victims, followed by physical assaults.\(^{23}\) Interestingly, theft of a vehicle seems to affect victims more strongly than other types of property loss. Mayhew and Reilly (2008) suggested this may be because of the high value of the potential loss and the inconvenience that such thefts can cause. The significant impact of vehicle theft has been found consistently, yet has received little attention along with the more general needs of victims of other property crimes. Overall, victims of confrontational offences (eg, sexual offences, assaults and threats to the person, and robbery) were twice as likely, compared to other victims, to report feelings of distress and depression; feelings of shame or guilt are also associated with some of these offences.

At the other end of the scale, offences involving property damage were associated with the least self-reported impact.

Researchers have suggested the following characteristics of a crime appear to increase severity of impact (Dunn, 2007, 2008; Morrison et al., 2010; Parsons and Bergin, 2010; Verdun-Jones and Rossiter, 2010):

- use of violence (eg, aggravated sexual and physical assaults)
- the personal nature of the crime (eg, offence against the person rather than property offences)

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\(^{23}\) Note: NZCASS does not evaluate impact on families of victims of homicide who commonly experience severe and long lasting effects.
• the duration of victimisation (eg, family violence involving extended periods of repeat victimisation)
• an existing relationship between victim and offender.

While the type of crime appears to impact on the level of distress experienced, reliable cross sectional research on the type of impact suggests the nature of distress or psychological symptoms tend to be similar (Lurigio, 1987, Kilpatrick et al, 1987; Markesteyn, 1992 cited in Sims et al, 2006). In other words it is the intensity rather than the nature of the distress that varies more.

Whilst the psychological symptoms may be similar across crime types, there are clearly differences in the practical needs following different crimes (eg, home security responses following a burglary, requirements to undergo a forensic medical examination in cases of sexual violence). Understanding these circumstances is important in assisting victims in their healing and recovery. For this reason it is generally accepted that specialist responses, particularly to certain crimes such as sexual violence, family violence and homicide, are good practice (Kelly, 2005; Kingi, 2011; Mossman et al, 2009a).

Innovative practices – Information provision based on crime type

The British Columbia’s Ministry of Justice’s ‘Victim Services and Crime Prevention’ are responsible for victims’ issues. Their website provides links to resources for how different crimes or types of violence may affect people, where they can access more help. Resources are divided into the following eight categories of crime:

- Domestic Violence
- Sexual Assault
- Child Victims
- Dating Violence
- Stalking and Criminal Harassment
- Elder Abuse and Neglect
- Break and Enter
- Immediate Family Members of a Victim

See [http://www.pssg.gov.bc.ca/victimservices/affect-you/index.htm](http://www.pssg.gov.bc.ca/victimservices/affect-you/index.htm)

While it is beyond the scope of this review to consider victim needs specific to all crime types, certain types of crime clearly call for unique services for victims; in particular, close relatives of homicide victims, and victims of sexual and family violence. Victims of these three offence categories have special recognition in the New Zealand [Victims’ Rights Act 2002](http://www.pssg.gov.bc.ca/victimservices/affect-you/index.htm) and are briefly discussed here.

### 4.1.1 Homicide

International research into the experience of losing a family member to homicide suggests the effects and grief tend to be more severe, more complex and longer lasting than most other forms of bereavement. The abrupt, unexpected and violent
nature of the event appears particularly to intensify the trauma (see Kingi, 2011 for a review of literature). This conclusion is supported by research commissioned by Victim Support NZ. This qualitative study explored the experiences of 36 family members associated with 22 separate homicide incidents and included a summary of the international literature (Kingi, 2011). Participants described a wide range of impacts affecting almost every aspect of their lives, and the lives of those close to them. These impacts had endured in some cases over many years and affected relationships, work, and emotional, physical and psychological health. Many participants described the effects of the homicide on themselves and their families as ‘profound’. Emotions were described as “still as raw as the first day” they learned of their family member’s death.

This devastation experienced by family members was also found in a UK study that interviewed 41 bereaved people (Victim Support UK, 2006). It is also clearly reflected in a recent personal account of Lesley Elliott, the mother of Sophie Elliott, whose murder resulted in a very widely publicised trial of the killer (Elliott and O’Brien, 2011).

Key issues related to this particular group of victims include:

Nature of victimisation

- **adverse impact on family relationships**: members may be incapable of offering support to one another during this time (Asaro and Clements, 2005; Kingi, 2011; Victim Support UK, 2006)
- **children and adolescents** are often particularly affected and can be at increased risk of developing PTSD responses. Emotional and behavioural problems may arise which require specialist services (Salloum et al; 2001; Victim Support UK, 2006). When a child has lost a parent through homicide, there are often difficult child care and guardianship issues which require particularly careful management (Kingi, 2011; Victim Support UK, 2006)
- **intrafamilial homicide** cases will almost certainly compound all of the stresses and adverse experiences for victims. Dropout rates from support services amongst this group are often high (Horne, 2003 cited in Kingi, 2011)
- **financial impacts** of homicide can be significant: this includes cost of funerals, loss of income through time off work, etc. (Kingi, 2011)
- **social stigma can become associated with murder**, which can create barriers between victims and their friends and their wider community (Kingi, 2011).

Support needs

- the necessity for intensive, long-term support, often necessitating a range of agencies' involvement
- assistance with the multitude of **practical needs** arising in the weeks and months following the homicide and during the course of any trial (eg, arranging funerals,  

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24 This research involved a review of literature, stocktake of services, interviews with 41 bereaved people and a focus group interview with support workers and criminal justice professionals.
needs for childcare and home help, added financial pressure); these tend to take precedence over emotional needs and may take precedence in the immediate period following the homicide; frequently, emotional support needs can increase after the trial (Victim Support UK, 2006)

- **an acute felt need for information, to be kept informed:** this particularly applies to understanding the circumstances surrounding the death, all aspects of criminal justice processes, victims’ rights, and how they will be expected to participate. Information needs to be provided in a timely manner but also at the stage when it is most useful and relevant (many homicide victims complain that too much information at the wrong time can be just as unhelpful as not enough (Kingi, 2011))

- **being informed before information is released to the media** or given to other parties (Elliott and O’Brien, 2011; Kingi, 2011; Victim Support UK, 2006) is also of great concern to victims; this felt need is illustrated by a mother interviewed in the Kingi (2009) study:

  The whole way through the 11 or 12 days I just didn’t want to think she was dead. On day five or six I heard on the late news one night that the Detective said, “It’s kind of looking like homicide”. She hadn’t said this to me and I got really angry at her. She was very lucky she didn’t get a smack in the mouth. I went to Central Police Station and I just about lost the plot. I said “How dare you say that!” She apologised – I think the media had pushed her into it. (Kingi, 2011, pp 24–25)

- **particular sensitivity is required around how the deceased person’s body is managed:** victims spoke of the distress arising from having to wait for crime scene investigations to be completed; viewing the deceased persons’ injuries, and waiting for post-mortems to be completed, were particularly hard (Kingi, 2011; Victim Support UK, 2006)

- **dealing with insensitivity on the part of support workers:** frequently complained of was workers who were either over-emotional, asked too many questions, were aloof or patronising, or appeared not to listen (Kingi, 2011; Victim Support UK, 2006)

- **support groups made up of fellow survivors** are often highly valued by survivors (Kingi, 2011; Victim Support UK, 2006); however, research by Armour (2006, cited in Kingi, 2011) found these groups can be less effective in reducing symptoms of PTSD or mental stress. Victim Support UK (2006) report concerns that referring victims to such groups too early can make people feel more distressed through exposing them to others’ intense grief.

**Criminal justice system involvement**

- involvement in the criminal justice system process is often the most prolonged for homicide victims, with the result that frustrations and feelings of powerlessness (resulting in high risks of **secondary victimisation**) are more prevalent (Elliott and O’Brien, 2011; Goodrum, 2007; Victim Support UK, 2006). Assistance

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Victim Support in New Zealand offer a specialist homicide support response.
navigating and explaining the process (Elliott and O'Brien, 2011) and more 'user friendly' court systems and environments, especially for those giving evidence, could alleviate some of the stress (Kingi, 2011).

### Innovative practice – online peer support groups for families of victims of homicide


#### 4.1.2 Sexual violence

The support needs of victims of sexual violence have been one of the main focuses of research in New Zealand and overseas. While victim responses can vary, they are often severe, with significant impacts on multiple aspects of victims' lives (Kingi and Jordan, 2009).

In the wake of the Commission of Inquiry into Police Conduct, a taskforce was set up in 2007 to review and make recommendations on what needed to be done to better prevent and respond to sexual violence in New Zealand (Taskforce for Action on Sexual Violence, 2009). At the same time Ministry of Women’s Affairs commissioned a large research project to explore effective interventions for adult victims of sexual violence, which included qualitative research with 75 victims.26

Other significant research in this area includes that of Dr Jan Jordan of Victoria University of Wellington, who has been particularly active (Jordan, 1998, 2001, 2002, 2004, 2005, 2008, 2012) producing a number of internationally recognised research reports and publications. Most recently, research by Elisabeth McDonald and Yvette Tinsley of Victoria University Faculty of Law has resulted in a comprehensive review of the treatment of victims of sexual violence within the criminal justice system (McDonald and Tinsley, 2011).27

This research, in conjunction with considerable concurrent international research activity, has identified a number of critical issues for this group of victims. These include:

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26 This research involved four interrelated projects that included a review of literature on good practice, an attrition study, qualitative research with 75 victims who had experienced sexual violence and a national survey of those who respond to adult survivors of sexual violence (see [http://www.mwa.govt.nz/our-work/svrproject](http://www.mwa.govt.nz/our-work/svrproject)).

27 This research project was funded through the New Zealand Law Foundation and included an extensive literature review, discussions with those who work with victims of sexual violence, court observations and meetings in five European countries and a consultation workshop with relevant experts in New Zealand.
Nature of sexual violence

- **women** are twice as likely as men to be sexually victimised (Mayhew and Reilly, 2007)

- **youth (15 to 24 years) and Māori women** also face higher risks of sexual violation (Mayhew and Reilly, 2007)

- **risks of repeat sexual victimisation are common**: this group of victims are uniquely vulnerable with high and complex needs (Kingi and Jordan, 2009)

- **barriers to disclosure and seeking help**: commonly reported are feelings of shame and guilt, as well as inability to accurately label what happened as rape  
  (Kingi and Jordan, 2009; Mossman et al, 2009b)

Support needs

- **felt need for personally ‘tailored’ support** as victims progress through the various stages of crisis intervention, forensic examination, criminal investigation, and criminal trial; having a support person or counsellor who was ‘right’ for them was of great importance, ideally this meant having someone with just the right mix of characteristics in terms of personality, gender, ethnicity, and therapeutic modality (Kingi and Jordan, 2009; Mossman et al, 2009a and b, Kingi, 2011; Victim Support UK, 2006)

- **importance of informal support systems**: non-specialist supports were valued if providing emotional support and practical assistance in a non-judgemental and empathetic ways (Kingi and Jordan, 2009)

- **relationship difficulties**: victims experience particular conflicts and struggles in relation to sex, trust and intimacy following sexual assault (Jordan, 2008; Kingi and Jordan, 2009).

Criminal justice system involvement

- **low expectations of the criminal justice system**: victims may be reluctant to report offences, or may report but later retract allegations because they lack confidence that they will be believed, or that the offender will be held to account (Jordan, 2004; McDonald and Tinsley, 2011; Kingi and Jordan, 2009; Mossman et al, 2009a and b). Research confirms low levels of reporting of sexual violence, and high levels of attrition in cases (Triggs et al, 2009)

- **hypersensitivity to the quality of the police response** (Jordan, 2004): multiple sources point to a strongly felt need for sensitive, respectful and validating behaviours on the part of investigative police staff. Many victims report encountering a “culture of scepticism” within the police (Bazley, 2007)

- **particular emotional trauma associated with forensic medical examinations** (Kingi and Jordan, 2009)

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28 Sexual violence within a marriage or intimate relationship is not always recognised as rape by victims or the public.
victims facing cross-examination in court: the need for support for victims at this time is particularly acute (McDonald and Tinsley, 2011; Kingi and Jordan, 2009; Mossman et al, 2009a and b). 29

4.1.3 Family violence

It is widely recognised that family violence is a serious problem in New Zealand. The high prevalence and human costs associated with family violence have resulted in a number of legislative and policy responses aimed at preventing and responding effectively to family violence. Some key milestones include:

- The Domestic Violence Act 1995 enabled the issuing of protection orders, followed more recently by the Domestic Violence (Enhancing Safety) Act 2009 which empower police to take action and issue a Police Safety Order in cases where they fear for a person’s safety but where insufficient grounds exist to justify arrest
- Te Rito Family Violence Prevention Strategy (Ministry of Social Development, 2002)
- The Taskforce for Action on Violence within Families (TAVF) was established in 2005 and provides recommendations and actions on how to improve the way family violence is addressed, and to work towards the elimination of family violence. The TAVF have been responsible for:
  - development of the New Zealand Family Violence Clearinghouse set up to coordinate and distribute research on family violence
  - the family violence public awareness campaign ‘It’s Not Okay.’

A huge body of research exists in New Zealand and overseas on the nature and extent of family violence. This includes discrete subsets of literature on victims of child abuse, intimate partner violence and elder abuse (see Fanslow, 2005; Howard, et al, 2010; Kalaga and Kingson, 2007; Lievore and Mayhew, 2007). Summarising such a large body of literature for purposes of this review was not realistic; however a few of the key overarching considerations are presented below.

Nature of family violence

- family violence covers a range of harmful behaviours: this includes physical, sexual and psychological abuse, typically involving the inculcation of fear, intimidation and emotional distress. Interpersonal power dynamics are typically involved, where one person seeks to dominate and control the other. There are high rates of co-occurrence among different forms of violence, and patterns of repeat victimisation are the norm (Howard et al, 2010; TAVF, 2006)
- family violence is pervasive: it occur in families of all cultures, classes, backgrounds and socioeconomic circumstances. It can arise within any family relationship: partner to partner, parent to child (and vice versa), sibling to sibling

29 The importance of supporting victims of sexual violence who participate in the criminal justice system has resulted in the Ministry of Justice commissioning an evaluation of court services available for this group.
• **gendered nature**: the predominant pattern is male violence directed at a female partner; while females do aggress against male partners, male perpetrators are significantly more likely to seriously injure their female victims (TAVF, 2005). The impacts on women and children are disproportionately high. Women may be forced to leave their home, have reduced financial support and struggle to care for their children.

• **children exposed to intimate partner violence** may suffer a range of behavioural and emotional disturbances (World Health Organisation, 2011).

• **Māori** are significantly over-represented as both victims and perpetrators of violence in families (TAVF, 2005; Māori Reference Group for the TAVF, 2009).

• many families where violence is endemic can be described as ‘hard to reach’: services must be tailored accordingly (TAVF, 2005).

• **barriers for victims leaving violent relationships are common**: shame, fear of retribution, fear of losing custody of children, and financial hardship.

**Support needs**

• the potentially serious consequences of family violence mean there is strong focus on **prevention and early detection** which can be achieved through screening and active arrest policies.\(^{30}\)

• **responses** to incidents of family violence need to include development of safety plans for victims.

• **support services need to be specialised and accessible**: 24-hour crisis coverage is necessary to ensure victims have a safe place to go to if violence is threatened; victims also have particular needs for legal advice, financial support, assistance in finding alternative accommodation and ongoing emotional support.

• **needs and safety of children and adolescents** are particularly acute: children may have witnessed and/or experienced violence, may be fearful over the breakup of their family, or at the threat of further victimisation; children who are witnesses in family violence cases require specialist support services (Fanslow, 2005). Providing support to women who have experienced family violence can have a flow on effect to their children.

• **interagency responses** are usually necessary to adequately address family violence issues (Fanslow, 2005; TAVF, 2005).

• **psychological interventions for offenders** are important: research indicates that, in the majority of cases, perpetrators return to the domestic situation (Johnson, 2005).

• importance of **public awareness campaigns** to address community tolerance of violence – family violence typically occurs within the privacy of the home and is

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\(^{30}\) In New Zealand there are screening programmes for family violence in health settings, for example, Family Planning Clinics; also New Zealand Police has adopted pro-arrest policies and can now take action through the issuing of Police Safety Orders without evidence for an arrest.
hard to detect, often changing attitudes and behaviour – can reduce society’s tolerance of violence and change people’s damaging behaviour within families.

4.2 Individual characteristics affecting victimisation

As noted in the introduction to this chapter, personal characteristics can influence both the nature and extent of victimisation. The characteristics of two groups are reviewed:

- population subgroups at *increased risk* of being victimised (ie, have higher rates of victimisation)
- personal characteristics that increase the *severity of impact* on victims, and/or prolong the recovery process (ie, more adversely affected).

4.2.1 Groups experiencing higher rates of victimisation

NZCASS data clearly shows that the distribution of victimisation is not even across the community. The 2009 report indicated that as few as 6% of the population experienced 54% of crimes committed in a year, while the majority of people (64%) experienced no crime that year (Morrison et al, 2010). These rates are not dissimilar to those found in previous surveys.31

Groups most at risk were (the figures in brackets are percentage-point deviation above the New Zealand average):

- younger people (15 to 24 years) (+17)
- Māori (+13) or ‘other’ ethnic groups (+18)32
- students (+14) or unemployed or on benefit (+12)
- unmarried (+11)
- more economically vulnerable (+12)

Also at higher risk were victims living in:

- rented accommodation (+11)
- more economically deprived areas (+10)
- sole parent households (+15)
- households comprised of flatmates (+13) or other family combinations (+7)
- metropolitan cities (excluding Auckland) (+4)
- the upper North Island (+1)

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31 Factors associated with risk of victimisation are limited to those measured by the NZCASS survey. Research in the US has found personal histories of specific substance use and psychiatric disorders and family histories of antisocial conduct are at substantially elevated risk for criminal victimisation in addition to being poor, unmarried persons living in urban areas (Vaughn et al, 2010).

32 The ‘other’ category included being Middle Eastern, Latin American, African or being from another ethnic group.
Gender was not a significant factor in overall risk of victimisation; however, women have a significantly higher risk of experiencing serious confrontational crime (assaults/threats) by their partner (Morrison et al, 2010).

It is important to note, however, that the risk factors listed above tend to be interrelated. For example, young people are more likely to be single, living in rented accommodation, with flatmates and to be students. Morrison et al (2010) point out this makes it difficult to determine which factors are directly related to victimisation risk and which are secondary.

Following analysis of the 2006 NZCASS results, Reilly and Mayhew (2009) conclude that inherent disadvantage rather than the individual factors related to it (such as being Māori or a sole parent) underlies heightened risk of victimisation. These authors suggest crime prevention and victim service initiatives need to target socially and economically deprived areas. This approach will ensure support reaches those most in need without singling out a specific group and inadvertently implying responsibility for victimisation.

### 4.2.2 Groups experiencing more severe impacts

While all crime victims probably experience some degree of reaction, the intensity and duration of reaction for any individual is less predictable (O'Brien, 2010). Victims are affected by crime to varying extents (Dunn, 2007; Morrison et al, 2010; Mayhew and Reilly, 2008). For example, the 2009 NZCASS study found 48% of all crime victims reported being ‘somewhat’ or ‘highly affected’ by the event, while the remaining 52% reported being affected ‘not at all’ (12%) or ‘just a little’ (41%).

The 2009 NZCASS found the following individual characteristics were associated with greater levels of self-reported impact (Morrison et al, 2010). Those who were:

- physically injured
- not managing well financially
- experienced offences committed by their partner or someone known to them
- female
- Māori or Pacific

However, higher levels of impact do not necessarily mean a corresponding felt need for support (Dunn, 2007; Mayhew and Reilly, 2008). Some victims have the benefits of robust personal coping skills, supportive family and social networks, or other resources which cushion them from the experience (Mayhew and Reilly, 2008; Sims et al, 2006). Conversely, individuals without these protective factors are more vulnerable, and appear to suffer more acutely, and for longer. As such they have a particular need for support from external sources (Cook et al, 1999; Green and Pomeroy, 2007). Paradoxically, those most vulnerable to victimisation may also face the greatest barriers when attempting to access such supports from the criminal justice and mental health agencies (Verdun-Jones and Rossiter, 2010).

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33 For a review of effective coping strategies see Green et al (2010).
4.3 Vulnerable groups with specialist support needs

There are a number of subgroups recognised as being more vulnerable to experiencing adverse responses following victimisation; for some of which, membership can overlap. These are:

- **individuals who have experienced multiple or repeat victimisation.** While any single victimisation may be relatively minor, the cumulative effect of several victimisations over time is likely to be much greater (Kilpatrick and Acierno, 2003; Mayhew and Reilly, 2008). The 2009 NZCASS found that repeat victims were more likely to characterise crimes as being ‘serious’, and to report being more seriously affected by crime incidents (Ministry of Justice, 2010b). The survey also found:
  - younger people (15 to 24 years), Māori and those who were unemployed and/or on benefits were more than twice as likely to be ‘chronic’ victims of crime (victimised five or more times in a 12 month period)
  - repeat and chronic victimisation was particularly common for victims of confrontational offences including assaults, threats to the person and personal property, and personal property damage (family violence related crimes). Lower rates of repeat victimisation were found for burglary and vehicle crime offences. Obviously, preventing any further re-victimisations is essential to assist repeat victims in their healing and recovery.

- **younger victims**: children and young people who have experienced serious victimisation such as child abuse or the loss of a parent through homicide are shown to be at increased risk of developing PTSD and a range of other adverse mental health outcomes (Cohen et al, 2003; Leeb et al, 2011; Salloum et al, 2001; Tavkar and Hansen, 2011; Verdun-Jones and Rossiter, 2010). These early trauma experiences can go on to adversely shape the life course of these young victims, yet there is little evidence sufficient attention is given to the specialist support needs of young victims (Koloko et al, 2010; Salloum et al, 2001; Victim Support UK, 2006; Verdun-Jones and Rossiter, 2010).

Some attention has been given to supporting children and young people who are witnesses in criminal proceedings (Hanna et al, 2010; Ontario Victims Services Secretariat, 2007; Rhodes et al, 2011; Plotnikoff and Woolfson, 2004). The UN has produced guidelines (‘Justice in Matters involving Child Victims and Witnesses of Crime’) for this purpose. This recognises the fact that appearing

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34 Multiple victimisation was defined as experiencing more than one offence within a 12 month period. This is differentiated from repeat victimisation which refers to a person who experiences the same type of offence more than once within a 12 month period.

35 Victims of hate (or bias) crime are also recognised as being at risk of repeat victimisation. Research shows that victims of bias or hate crimes tend to experience more serious mental health consequences than other crime victims (see Parsons and Bergin, 2010 for a review).

36 The NZCASS only surveys those 15 years and older, although the UK is now carrying out victimisation surveys with young people.

as a witness can be a traumatic experience for young people. Qualitative research in the UK with 50 young witnesses found many reported experiencing depression, bed wetting and difficulty in attending school. Some children required prescribed medication to enable them to cope (Plotnikoff and Woolfson, 2004).

To better understand the unique needs of this group, the UK is now extending their Witness and Victim Experience Survey to include child witnesses. The New Zealand Government undertook a review of child witnesses and agreed a package of reforms in July 2011. The Ministry of Justice is now developing legislation and systems to implement the agreed policy changes. New Zealand has also recently produced national guidelines for agencies working with child victims (Ministry of Justice, 2011b) and offers a ‘Court Education for Young Witnesses’ service through court victims services.

- **victims with disabilities** may be at increased risk of more severe reactions to victimisation due to:
  - pre-existing mental health problems increasing the risk of an adverse reaction to victimisation (Kilpatrick and Acierno, 2003)
  - mobility or communication disabilities can result in individuals not being taken seriously, or being seen as a credible witness by police and/or prosecuting agencies (Hoog, 2004; Lievore, 2005).

- **‘hard-to-reach’ victims**: a proportion of the community lives in socially and economically deprived areas, often displaying an alienation from mainstream society, high levels of family dysfunction, serious alcohol and drug abuse, and multigenerational welfare dependency. There is often particularly high levels of violence and victimisation (Morrison et al, 2010; Reilly and Mayhew, 2009) and high levels of psychological distress and fear as a result (Kelly et al, 2010; Verdun-Jones and Rossitor, 2010). Victims of crime in such situations present particular difficulties in becoming connected to support and assistance.

The special needs of these subgroups suggests the importance of early identification to ensure appropriate support measures can be put in place (Gudjonsson, 2010; Sanders and Jones, 2007). New Zealand Police is currently trialling an automatic alert system to identify repeat victims so they can intervene appropriately. UK authorities have reportedly adopted strategies to improve early identification of vulnerable individuals through specialised assessments by police prior to investigative interviewing victims (Gudjonsson, 2010).

### 4.4 Cultural considerations

This final section takes a closer look at the specific needs of three ethnic groups: Māori, Pacific Peoples and Asian. These three groups were of particular interest to the Ministry of Justice.
4.4.1 Māori victims of crime

In addition to considerations of Māori as tangata whenua and the special relationship established with the Crown through the Treaty of Waitangi, attention to Māori victims of crime is particularly important because Māori are over-represented amongst victims of crime generally, and are more likely to be victims of multiple crimes. Analysis of 2006 NZCASS found Māori had rates of victimisation 1.2 times higher than all other New Zealanders (Cunningham et al, 2009). This equated to nearly half of Māori aged 15 years and over being a victim of crime in 2005. Further, the incident rate (or number of occurrences in a 12 month period) was double that of other New Zealanders. They are also more likely to be victims of the crimes which have the greatest impact (eg, confrontation crimes, offences committed by partners and other people known to them). Finally, Māori women experience sexual violation at twice the rate of other women in New Zealand (Mayhew and Reilly, 2007).

In interpreting these high rates of victimisation, Cunningham et al (2009) note the profile of the Māori population is such that known risk factors for being a victim cluster for Māori (ie, youthful, flatmates and renters, students and singles). As a result some Māori carry a heavy burden of risk. The authors also highlight the apparent cumulative effect for individual Māori that makes their overall risk of victimisation greater than the sum of separate risk factors they are exposed to.

These statistics and conclusions indicate the importance of ensuring availability of appropriate support services tailored for Māori victims, and the need for interventions to minimise repeat victimisation. This need is underlined by findings that Māori are less well-informed about who they might turn to for help if they were victimised, with four out of ten Māori unable to name any community service for victims (Cunningham et al, 2009). Earlier qualitative research by Cram et al (1999) concluded that support services for Māori victims of crime at that time were inaccessible, or were culturally inappropriate to the needs of Māori. For example, few services had Māori staff. Cram’s findings mirror those found with Māori victims of sexual violence (see Kingi and Jordan, 2009; Mossman et al, 2009b).

Important characteristics of support services identified by Cram et al (1999) were that they should be easily contactable, use approaches which support whānau, provide ongoing follow-up support, and generally be ‘Māori-friendly’. Cram et al (1999) concluded that Māori victims of crime also needed choice in which services they could access, calling for mainstream services to be made more accessible to Māori, and particularly kaupapa Māori services to be established.

These recommendations sit well with the writings of Professor Mason Durie, who described Māori as being on a continuum ranging from those with traditional lifestyles, beliefs and values, to those whose lifestyles, beliefs and values reflect contemporary Western influences. Durie suggests a similar continuum of services must be available from which to choose from, as reflects the diversity of Māori communities (Durie, 1995).

Culturally appropriate support services, including counselling, centre on understanding Māori holistic approaches to health and wellbeing. These have been reviewed by Mossman et al (2009a) in relation to the provision of support services to Māori victims of sexual violence. Guidelines have also been developed for working
with Māori victims of family violence (Māori Reference Group for the Taskforce for Action on Violence Within Families, 2009).

**Access to justice:** While Cunningham et al (2009) found rates of reporting to police were similar for Māori and non-Māori, there was evidence that Māori are less satisfied with police responses, a finding also of Cram et al (1999) and Whati and Roguski (1998). Cram et al (1999) found *resolution* of conflict was particularly important to Māori victims of crime, with a strong preference to restore balance and then get on with life, rather than seek retribution. The authors recommended that Māori processes for achieving such resolution should be better resourced, enabling some degree of Māori control in the administration of justice.

There has been considerable debate on the merits of the current criminal justice system versus traditional Māori approaches to justice. The debate has been provoked particularly by the apparent failure of the current system in relation to Māori offenders. However, the debate extends also to Māori victims, as within traditional Māori society, an offender, the victim, and their whānau, were inextricably linked (Cram et al, 1999; Jackson, 1988, 1989, 1995; Ministry of Justice, 2001). For a full understanding of Māori perspectives on justice, see Moana Jackson’s work *The Māori and the Criminal Justice System: a new perspective: He Whaiaipaanga Hou* (1987, 1988, 1989) and the Ministry of Justice’s (2001) *He Hinatore ki tō Ao Māori – A Glimpse into the Māori World: Māori perspectives on justice*.

In short, understanding and responding to Māori victimisation is a particular priority. While there has been some health-related research focusing on Māori (see Cram, 2012 for a review), research on Māori victims of crime is more limited. Use of booster samples in the 2006 NZCASS enabled dedicated analysis of Māori victims of crime, which has been valuable in identifying patterns in the nature and extent of victimisation. The qualitative research by Cram et al (1999) also provided important insights, but is now in need of updating. Greater understanding is needed both on how to reduce victimisation and ensure Māori have access to appropriate support services and justice.

### 4.4.2 Pacific peoples

The 2006 NZCASS results indicated that Pacific peoples are also at higher risk of victimisation (Mayhew and Reilly, 2007). In the 2009 NZCASS, Pacific peoples had the third highest rate of victimisation after Māori and ‘other’ ethnic groups, although the difference was not statistically significant (Morrison et al, 2010). The later survey also indicated that Pacific people:

- were the group significantly more likely to be ‘very’ or ‘quite a lot’ affected by crime
- were more likely to be victims of burglary
- had the lowest rates of reporting of all ethnic groups.

Pacific people are recognised as the population group in New Zealand most at-risk in terms of social and economic deprivation (Koloto, 2005; Mayhew and Reilly, 2007). The degree of impact of victimisation and low rates of reporting, along with the...
distinctive and separate needs of what is a diverse ethnic group, suggest special
attention is required to ensure adequate access to support and justice services when
victimised.\footnote{Pacific peoples in New Zealand consist of diverse ethnic groups with distinct similarities and
differences. The seven main Pacific groups are Samoan, Cook Islands, Tongan, Niuean,
Fijian, Tokelauan and Tuvaluan. Although there are some similarities between these groups,
each has its own cultural beliefs, values, traditions, language, social structure and history.
Moreover, within each group there are subgroups such as those born or raised in New
Zealand, those born and raised overseas, and those who identify with multiple ethnicities (see
Mossman et al, 2009a)} Recognition of this in part led police to develop their ‘Pacific Peoples

Qualitative research with 90 New Zealand Pacific victims of violence, family violence
and property offences by Koloto (2003, 2005) found Pacific peoples underused
formal support services, preferring instead to access informal support systems,
primarily family and friends (59%), neighbours (3%) and pastor/church members
(3%).

Another qualitative study by Wurtzburg (2003) identified a number of barriers to
reporting and accessing justice for Pacific Island women living in Christchurch who
were victims of family violence. Key considerations for meeting the needs of this
group include:

- recognition of cultural and intergenerational diversity and that there ought to be
  no ‘one-size-fits-all’ response (ACC, 2008)
- need for diverse forms of services, but particularly support service provided ‘by
  Pacific for Pacific people’ (Koloto, 2003)
- importance of relevant information being provided in Pacific languages
  (Wurtzburg, 2003)
- changing attitudes that condone violence, or which discourage victims from
  seeking help outside of the family (Koloto, 2005; Wurtzburg, 2003)
- understanding of Pacific holistic approaches to health and wellbeing, including
  involvement of extended family/aiga (Tiatia, 2008; Wurtzburg, 2003), and
  understanding the role of Christianity, spirituality and the pivotal role of the church
  (ACC, 2008; Epati, 1995; Wurtzburg, 2003)
- acknowledging traditional systems of cultural and social justice based on the
  notion that communal interest overrides that of the individual (Epati, 1995);
  recognising that restorative justice principles may be more acceptable than
  existing Western approaches (Epati, 1995; Koloto, 2003).

4.4.3 Asian New Zealanders

Census figures from 2001 show that people of Asian ethnicity are the fastest growing
group in New Zealand (Tse and Hoque, 2006). However, it is important to note that
the term ‘Asian’ extends across people from at least 28 different countries, and thus
covers a diverse range of cultural, linguistic, social, religious and political
backgrounds. As prominent researcher Samson Tse notes, diversity amongst Asians
is more significant than any commonalities (Tse and Hoque, 2006). This poses
significant problems and challenges in understanding and responding to the health and social needs of this wide group.

The New Zealand Police recognised the unique needs of ethnic minorities and commissioned research on ethnic minorities’ perceptions of the police. This research revealed significant barriers of this group in reporting to police (Ho et al, 2006). In response police developed ‘Working together with Ethnic Communities – Police Ethnic Strategy towards 2010’.

As a group Asians did not feature strongly in victimisation statistics in the 2009 NZCASS survey. The one noteworthy finding was significantly low ratings of confidence in the police, high numbers who reported feeling unsafe walking alone after dark, and high levels of general fear about being victimised (Morrison et al, 2010).

No research was located exploring the experiences or needs of Asian victims of crime in a generic sense. What exists appears limited to research in relation to interventions and needs of Asian victims of family violence (eg, CSRE, 2011; Ministry of Women’s Affairs, 2010; Tse, 2007), elder abuse (Park, 2006), research on the wider health status and service needs of Asian people (see Tse and Hoque, 2006 for a review) and effective mental health interventions (Pedersen, 2006). The research report by Ho et al (2006) was not focused on victims of crime, but a substantial number of participants were victims of crime. Some of the key issues in responding to Asian victims of crime identified by this research include:

- recognition of differences in languages, cultural and premigration experiences and thus the limitations of generic approaches to providing support (Ho et al, 2006; Tse and Hoque, 2006)
- country-of-origin experience of policing influences perceptions and willingness to engage with New Zealand Police (Ho et al, 2006)
- difficulties in accessing healthcare and social services due to language barriers, and lack of awareness, comfort or confidence in the medical and social welfare systems of the host country (Tse and Hoque, 2006). Thus the importance of providing culturally and linguistically appropriate services
- findings that gender-based violence is prevalent in some subgroups, often coupled with low rates of seeking help due to language barriers, desire to keep marriage intact, and fears of ostracism and/or isolation from their family and cultural community if victims report their experiences (CSRE, 2011; Ministry of Women’s Affairs, 2010; Tse, 2007)
- recognition that traditional Asian cultures typically perceive the individual in their wider group or societal context, in contrast to the individualism common to Western cultures (Pedersen, 2006)
- growing concerns over elder abuse and neglect among Asian-New Zealanders; this is believed to be a serious problem that remains hidden due to specific

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41 This research involved interviews with 108 participants from eight ethnic communities including Chinese, Indian, Korean, Japanese, Vietnamese, Cambodian, Somali and Middle Eastern.
cultural characteristics and social situations of ethnic minority groups (Park, 2006).

**Innovative practice – website catering for diversity**

The UK’s Prosecution Service has a user friendly website that includes their ten point ‘Prosecutor Pledge’ in 12 languages, and with a function for resources to be read aloud. There are also stories for children of young people being a witness. ([http://www.cps.gov.uk/victims_witnesses/](http://www.cps.gov.uk/victims_witnesses/))

### 4.5 Stocktake summary

- There is good high-level evidence on who is most at risk of victimisation, self-reported effects from different types of crime, and characteristics of those most affected.
- There is also detailed qualitative information on the experiences of certain crime types (victims of sexual violence and families of victims of homicide).
- The impact of vehicle theft has received little attention despite being associated with more significant effects on victims than other property crimes.
- There has been little attention paid to factors protective against the impact of victimisation (e.g., coping mechanisms, availability of social supports).
- There has been less research on the characteristics likely to increase the impact of victimisation and/or delay recovery from victimisation. Reliable information is lacking on the needs of victims who are Māori, Pacific peoples and Asian; and other factors increasing vulnerability (ethnic minorities, migrants, refugees, intimidated witnesses).
- NZCASS findings point to ‘inherent disadvantage’ as being the underlying factor leading to heightened risk of victimisation. Yet many disadvantaged people are also hard to reach. Understanding how to identify and respond to the needs of this group of victims would appear to be a priority.
5 State responses – victims’ rights and standards of care

Key points

- Victims’ rights instruments have been developed and implemented in most jurisdictions around the world. They are variously referred to as Victims’ Rights Acts, Charters, Codes of Practice, Protocols or Guidelines. These constitute the main state response aimed at protecting victims’ rights and achieving adequate standards of care.

- Most victims’ rights instruments are based on the 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power.

- Provisions within victims’ rights’ instruments are generally not legally enforceable. Monitoring compliance is therefore essential to victims’ receiving the services to which they are entitled.

- The existence of a centralised and dedicated agency or centre for crime victims’ issues is likely to support victims’ rights reform.

The preceding chapters have highlighted the nature and extent of the adverse effects of crime on victims, including the risk of secondary victimisation for those seeking justice through the criminal justice system. This chapter examines state responses here in New Zealand, and in other jurisdictions, aimed at protecting victims’ rights and personal welfare, and supporting them in their healing and recovery. This includes the development of legislation and other codes, charters, guidelines and protocols, as well as the use of centralised service centres dedicated to victims of crime. Material reviewed is largely descriptive as once again there have been few attempts to research the comparative effectiveness of responses.

Bradford (2011) suggests that contact with the criminal justice system ideally should provide recognition of the harm that the victim has suffered to enable the victim to obtain redress, and promote the healing process. However, as Herman (2003) notes if the rights of a crime victim are not protected “victims who chose to seek justice may (further) risk their health, safety and mental health” (Herman, 2003, p159). Achieving optimal conditions, where victims can access justice without risk of suffering further harms as a consequence, is a key aim of victims’ rights instruments. Also central to these efforts is ensuring crime victims have access to high-quality support services to assist them in their healing and recovery.

5.1 Victims’ rights

Victims’ rights have been specified and promulgated in most jurisdictions around the developed world. These are variously enacted in Victims’ Rights Acts, Charters, Codes of Practice, Protocols or Guidelines. Some are expressed in statutory instruments which prescribe minimum standards, while others are looser guides or protocols:
• Victims’ Rights Acts or Victims’ Bill of Rights\textsuperscript{42} (eg, New Zealand’s Victims’ Rights Act 2002, and also found in the US, Canada and Australia) – specific victims’ rights, such as for compensation, reparation and participation in parole processes, can be included in related legislation\textsuperscript{43}

• Victims’ Rights Charters, Codes and Protocols – these lay out minimum standards of care that a victim should expect. Some of these are statutory instruments (eg, UK’s Code of Practice for Victims of Crime) others are looser guidelines (eg, New Zealand Victim Charter 2007)

• Professional Codes of Ethics – laying out standards of care for professionals who are working with victims. This includes codes of conduct (eg, New Zealand Police Code of Conduct) or practice guidelines (eg, New Zealand’s Crown Law, Victims of Crime – Guidance for Prosecutors, or UK’s Prosecutors and Policing Pledges). In other jurisdictions codes of ethics have been developed specifically for victim service providers, either at a state level (eg, US Attorney General Guidelines for Victim and Witness Assistance) or by community organisations (eg, European Forum for Victim Services Standards 1999, or Rape Crisis Network for Europe standards).

The latter group aim to improve the professional practice of those working with victims of crime, while the first two refer more specifically to victims’ rights and minimum standards of care. Separating out the differences between these two categories can be difficult, as standards of victims’ service provision are also underpinned by victim rights (Dunn, 2007). The three types are not mutually exclusive, and some countries, like New Zealand, have all three.

The majority of victims’ rights instruments around the world have been based on the 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power.\textsuperscript{44} Later, in 2005, the UN used these principles and the UN Convention on the Rights of the Child to develop guidelines on matters involving child victims and witnesses.

For this reason it is useful to review the content of the UN Declaration and consider recently proposed revisions. The ten fundamental rights of victims incorporated in the Declaration are summarised by Groenhuijsen (2009, p8):

- to be treated with compassion and for the dignity of the victim to be respected
- to receive information

\textsuperscript{42} In some jurisdictions a ‘Bill of Rights’ can be enacted to have superior rule over lower order Acts; however, in others it appears to have the same legal standing as an Act. In New Zealand Bills are also used to describe legislation that is proposes, as with the Victims’ of Crime Reform Bill 2011.

\textsuperscript{43} For example in New Zealand provisions for victims’ rights are included in the Prisoners’ and Victims’ Claims Act 2005, Injury Prevention, Rehabilitation and Compensation Act 2001, and amendments to the Sentencing Act 2002, Summary Proceedings Act 1957, the Bail Act 2000 and the Parole Act 2002

\textsuperscript{44} Also influential in Europe have been the 1985 Council of Europe Recommendation on the Position of the Victim in the Framework of Criminal Law and Procedure and the 1983 European Convention on the Compensation of Victims of Violent Crimes.
• to provide information to authorities; for the views of the victim to be considered in the course of criminal proceedings
• to have proper assistance throughout the legal process
• to protect privacy, and physical safety
• to participate in any formal dispute resolution (restorative justice was not included in the 1985 UN Declaration)
• to receive social assistance
• to receive restitution from the offender
• to receive state compensation.

5.1.1 Moral or legal rights?

A legal right is one that, when violated, the state has an obligation to provide a remedy and means to restore that right (O’Connell, 2011). In contrast, the Declaration is a non-binding instrument, and most instruments that have incorporated the rights outlined do not provide for legal redress. As Herman (2010) notes:

_We passed hundreds…of victims’ rights laws at the state and federal level, and somehow forgot enforcement mechanisms._ (Herman, 2010, p5)

New Zealand’s _Victims Right Act 2002_, similar to others (eg, South Australia, New South Wales and Queensland) expressly states that no legal action can be taken for breaches of provisions. For this reason instruments tend be described as largely symbolic, outlining moral rather than legal rights (Booth and Carrington, 2007, Walklate, 2007).

There are exceptions: the _South Australian Correctional Services Act 1988_ provides penalties for non-compliance. For example, officials who breach confidentiality with respect to certain types of victim information can be fined up to $10,000.

Also in the US the _Justice for All Act 2004_ requires US Attorney General officers to complete and submit annual compliance reports. Employees can have their employment suspended or terminated for failing to comply with these provisions. Perhaps most notably, in the US the _Victims of Crime Act 2004_ outlines rights that are legally binding for victims of federal crime cases.

In general, however, the lack of enforcement provided for in legal instruments points to the importance of monitoring compliance and ensuring a good complaints system – these are discussed later.

5.1.2 Amendments to the UN Declaration

Victimologists have been frustrated by the lack of progress following the UN Declaration. Despite efforts to promote its effective implementation Groenhuijisen considers many of the provisions in the UN Declaration are not being achieved in developing and developed countries. For example, a comparative study of 22 European countries found that rates of information provision to victims who were
entitled to it never exceeded 70%. Further the extent to which victims obtained court-ordered reparation from offenders was even poorer, at around just 30% in most countries (Brienen & Hoegen, 2000 cited in Groenhuijsen, 2009 and Van Dijk & Groenhuijsen, 2007). For this reason Groenhuijsen advocates that the Declaration be replaced by a convention, which would increase visibility, as well as pressure governments to treat provisions more seriously. A convention could also provide a framework for analysis to assess progress and evaluate developments.

In addition to translating the Declaration to a convention, Groenhuijsen and colleagues propose the following revisions and/or additions. These proposals reflect the shift in thinking over the last 25 years on how best to protect victims’ rights:

- **recognition of the uniqueness of victims** by inclusion of non-discrimination clauses (victims cannot be discriminated against on the basis of age, gender, sexual-orientation etc) and clearer statements on delivering special services to victims who are particularly vulnerable
- **elevating the importance of preventing repeat victimisation** reflecting greater understanding of the prevalence and impact of repeat victimisation
- **introducing rights to appeal a decision not to prosecute** providing some protection against inaction by the prosecution service, without having to take the expensive and often unproductive option of a private prosecution
- **greater efforts to ensure state enforcement of reparation orders**, rather than making it the responsibility of the victim to recover monies owed them
- **clarification of information victims are entitled to** a) about services, b) the type of support available, c) how to report an offence, d) procedures following an offence, e) how to receive protection, f) how to get legal advice and legal aid, g) requirements for them to be entitled to compensation, h) where and how they can obtain more information. Also information specifically requested such as a) outcome of a complaint, b) the court’s sentence, c) informing the victim of the release of the convicted offender.
- **specific inclusion of access to victim-orientated restorative justice**
- **inclusion of monitoring and implementation provisions**, including establishment of a Committee on Justice and Support for Victims of Crime and Abuse of Power with similar roles to other UN Convention committees.

**5.1.3 Approaches to victims’ rights in different jurisdictions**

A distinction can be drawn between jurisdictions which follow a rights-based approach, and those that focus legislative imperatives within the criminal justice

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45 A draft Convention has been drafted following an expert meeting in December 2005; it was subsequently circulated for review before being finalised. Work is ongoing for the proposed Convention to be accepted.

46 Research showed countries with state enforcement recovered as much as 80-90 percent of awards, compared to around 25% in countries that left it to the victim. The Netherlands has gone one step further in adopting a rule that where reparation is not recovered, the government pays the court ordered reparation (Groenhuijsen, 2009).
system itself. New Zealand, United States and Canada fit better in the first category with state and/or federal legislation providing for specific rights for victims. In contrast, in European countries the emphasis has been on the provision of training to improve responses and/or commands to the criminal justice system to take on duties related to the provision of victim services. According to Shapland (2009) the situation in Britain is different again, with government taking a more low-key, persuasive approach towards agencies’ efforts to develop responses and services to victims.

Specific details of the status and approach to victims’ rights in Australia, Britain, Canada, the US, and South Africa appear in Appendix A.

5.2 Implementing victims’ rights reform

The realisation of provisions within victims’ rights instruments is dependent on their implementation. Potential barriers to successful implementation of reforms taken by different jurisdictions included:47

- **Agency awareness**: agencies must be fully aware of instruments and/or their provisions if their principles are to be implemented. Poor levels of awareness by agencies were noted as a problem with the UK Code of Practice (Payne, 2009; Mawby 2007). Another report indicated that 25% of police forces in the Netherlands were unaware of pre-trial guidelines relating to victims released five years earlier (Groenhuijsen, 2010).

- **Unrealistic expectations**: provisions that are unrealistic (eg, timeframes for providing information that are unachievable) raise victims’ expectations with resulting decreases in satisfaction and confidence in the criminal justice system (eg, Victim Support UK, 2011).

- **Inaccessible to victims**: principles must be easily understood by victims (and service providers) in order for victims to understand their rights and know how to take appropriate action (eg, Ministry of Justice UK, 2012; Department of Justice and Constitutional Development South Africa, 2010). Payne (2009) found none of the victims she interviewed in the UK were aware of their rights.48

- **Poor drafting of content**: Mawby (2007) pointed out that a role for voluntary agencies is entirely missing from the UK’s Code of Practice, and that as a result their opportunity to participate and deliver services is diminished. Further, if content is largely process orientated, confusion is created when responsibilities of different agencies overlap (eg, provision of information at court).

- **Large numbers of independently run agencies involved in criminal justice system**: Shapland (2009) notes that change is more difficult to achieve when the criminal justice system is made up of a series of independent parts, each retaining power over its own jurisdiction (eg, England and Wales). It is easier to achieve change in systems where there are fewer parts, or where there are clearly defined authority structures by which to initiate change (eg, Netherlands).

47 Examples frequently refer to the UK’s Code of Practice, however, this is partly a reflection of availability of published material on the success of its implementation.

48 The Alberta Victims of Crime Protocol is also very detailed consisting of 92 pages.
Factors associated with successful implementation of legislation included the following (Cook et al, 1999; Groenhuijsen, 2009; Victim Support UK, 2011; Van Dijk and Groenhuijsen, 2007; Waller, 2003):

- **Effective steering groups** composed of relevant stakeholders (eg, police, prosecution, corrections, probation, health, victim service providers).
- **Supportive attitudes of relevant officials** that are accepting of innovation and change (eg, those running agencies and also frontline personnel).
- **Mandatory training programmes** to ensure those providing victim services are aware of victim issues. Specialist training can also be effective at changing attitudes and knowledge. An evaluation of 22 European Union countries revealed those with the most comprehensive training programmes for police officers on victim reception and treatment had been most successful in the operational implementation of policies.
- **Provision of adequate resources** to fund senior positions in relevant ministries to have a dedicated responsibility for victims’ issues, like in the US and Canada. Also resourcing for dedicated centres for victims of crime.
- **Monitoring of compliance** (discussed below).

**Monitoring compliance**

While development of a victims’ rights instrument is an important step, as Van Dijk and Groenhuijsen (2007) point out they do not execute themselves. Indeed significant discrepancies were noted between existence of legislation and daily practices across jurisdictions. Evaluation and monitoring of implementation is in fact essential. A useful framework for carrying out evaluation reforms was developed by Brienen and Hoegen (2000) to assist in their assessment of legislative compliance in 22 countries (cited in Van Dijk and Groenhuijsen, 2007). They described their framework as a ‘development model’ which consists of three levels (1) assessing the content of the legislation, (2) assessing adherence to good practice, and (3) monitoring daily practice. This latter category has most relevance for individual countries monitoring of compliance, and indicators included:

- counts of victim impact statements made
- counts of applications for alternative ways of giving evidence
- determining if information had been supplied as prescribed
- amounts of reparation recovered
- rates of offences reported by the public (this latter factor is important as reforms can only have an impact if people are engaging with the system)

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49 Assessment of best practice being achieved was based on what Brienen and Hoegen (2000) referred to as ‘genuine progress indicators’. These included opt-in information systems – to ensure only those that want information receive it; enforcement of compensation/restitution orders on behalf of the victim; judicial review of final decisions not to prosecute; protection of personal victim information; provision of information on the offender’s release from custody; the existence of regular flow of victims’ research and evaluation studies on legal reform.
• research on consumer satisfaction
• extent to which demand for victim services is being met.

**Complaints system**

An accessible complaints system enables victims of crime to provide important feedback to agencies on their performance and suggestions for improvements to practice (Payne, 2009; Victoria Auditor General, 2011). In New Zealand at present, those who wish to complain are required to navigate different processes in each of the agencies involved (Ministry of Justice, 2011c). The Victims of Crime Reform Bill, expected to be passed in 2012, will require specific government agencies to report annually to Parliament on victim complaints, and increase the accountability and responsibility of government agencies providing services to victims.

A simplified process, preferably with a single point of contact, has been achieved in some jurisdictions by the establishment of a Victims’ Rights Commissioner to oversee complaints (eg, England, Northern Ireland, South Australia, Canada and the US), similar to the Health and Disability Commissioner here in New Zealand. The Commissioner for South Australia monitors compliance with the Declaration of Principles Governing Treatment of Victims in the Criminal Justice System. In 2010–11 the Commissioner received 143 complaints, 583 enquiries about compensation, including grievances, and 201 enquires and/or requests for advocacy (O’Connell, 2011). The most common grievances were:

• failure to keep the victim informed and complaints that the victim has been left out of the criminal justice process (for example, not asked to provide information about safety fears to a bail authority; not consulted by the prosecutor; not given opportunity to make a victim impact statement)
• receiving services that were predominantly designed to facilitate the criminal investigation rather than address the victims’ needs.

In Victoria, the Ombudsmen for Victoria developed guidelines for complaint handling. These include principles of fairness, transparency of access, responsiveness, privacy and confidentiality, accountability, business improvement, and ongoing internal review). These were used in evaluating how complaints against the Victorian Charter were handled (Victoria Auditor General, 2011).

### 5.3 Dedicated crime victims centres

The existence of a centralised and dedicated centre for crime victims’ issues is likely to also support victims’ rights reform (Groenhuijsen, 2009; Waller, 2003). In an early review of services across Australia, Cook et al (1999) concluded that those states or territories that had such centres had more effective service delivery, better interagency relationships and enhanced systems of referral. Hence, the establishment of the Victims Centre here in New Zealand can be considered in line

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with recognised good practice. These centres can carry out a range of rights-related roles including:

- developing a structured and coordinated strategy for rights reform
- overseeing implementation of victims’ rights reforms, and monitoring compliance
- coordinating and sometimes administering services (eg, helplines, victims register). Some centres operate a referral system. Most publish a directory of services and make online resources available
- conducting research and in some cases managing a clearing house for the dissemination of research related to victims of crime rights
- providing a crime victim rights focus to policy development
- allocation of funding
- providing a forum for interagency communication and for working with agencies in the formulation of guidelines
- public awareness campaigns on crime victims’ issues, including running ‘crime victims week’, and national and international conferences
- coordination and development of training and certification for those who work with victims.

Some specific examples of dedicated victims centres appear in Appendix B together with details of their unique characteristics.

5.4 Stocktake summary

- Evidence of effectiveness of different approaches to victims’ rights reform is limited to reviews of 22 EU countries and countries that participate in the ICVS. This has resulted in some analysis of factors associated with more successful implementation of victims’ rights policies.
- Overall there is a lack of in-country monitoring of the implementation of reforms.
- Information was located on effective complaints systems.
Part three: Good practice service and support responses

Part two of this report has outlined the wide range of potential consequences those victimised by crime can experience, and how these can vary according to the characteristics of the victim and/or type of crime. It also considered government responses to protect victims’ rights and address the needs resulting from crime victimisation. This next part of the report reviews available literature on what is currently known or being embraced as good practice in service and support to respond to victims’ needs, and has been grouped into responses delivered by:

- victim service providers
- mental health professionals
- criminal justice agencies.

Before presenting the literature on good practice responses there is discussion on how good practice is determined, and a brief sketch of the types of support services available to victims of crime. There is also consideration of two issues critical to the effectiveness of service delivery that spans all areas of service provision: (1) the accessibility of services and (2) the use of screening and assessments to identify needs and appropriately target services. This part of the report ends with research looking at the benefits of an integrated service response.

Good practice responses include both a type of service or programme (eg, a specialised child witness support programme) as well as principles of delivery (eg, being respectful, culturally appropriate etc). This section focuses primarily on the former – types of services and programmes that are promoted as good practice.

In reviewing this section it must be remembered that a literature review by definition covers only written material. It can be assumed that certain selection biases will affect which types of practices are evaluated and/or written about in the professional literature. There may be other responses that are used by practitioners and victims, but are not described or evaluated by knowledge makers. Hence, the support service responses highlighted should by no means be considered a complete or definitive inventory of good practice.

Further, this section focuses only on formalised responses (eg, agencies providing support to victims of crime and criminal justice system responses). It is important to recognise that many, even a majority, of crime victims do not seek formal support services, instead relying on either their personal resources or support from families or friends.\footnote{The 2006 NZCASS found 81% of crime victims talked to family, relatives, friends and neighbours about what happened, while only 11% of those who told someone, had contact with a support agency (Mayhew & Reilly, 2008).}

Research with victims of sexual violence and families of homicide victims cite this informal support as most important and helpful source of support (Kingi and Jordan, 2009; Kingi, 2011), as well as recognising the importance of a wide range of
self-support measures including accessing online resources (Kingi and Jordan, 2009).

6 Introduction to good practice responses

Key points

- The term ‘good practice’ is widely used but typically without appropriate criteria for identifying approaches or programmes as ‘good practice’. What is considered as ‘good practice’ can vary based on the outcomes against which good practice is evaluated, who has the power and resources to define good practice, and the criteria used to judge good practice.

- In developed countries, a wide array of programmes and services now exist to address crime victims’ needs. These programmes and services largely fall into two overlapping domains: (1) those that serve to alleviate victims’ suffering, whether psychological, physical or financial, and (2) those that facilitate victims’ participation in the criminal justice system.

- Accessibility is a critical issue in providing victim support. Victims must be aware of what services are available, and the services offered must be acceptable to victims (eg, culturally appropriate). Automatic referral systems such as employed by New Zealand Police increase support service uptake.

- Effective screening and assessment ensures the right services get to the right people, and is of particular importance in relation to mental health services and criminal justice support.

6.1 Understanding what constitutes ‘good practice’

Investigations in the area of victim services reveal that the term ‘good practice’ is used fairly loosely, with little clarity as to the criteria used for identifying an approach or programme as good practice. In reviewing service responses to victim/survivors of sexual violence Mossman et al (2009a) proposed several considerations for using the term ‘good practice’.

6.1.1 What are the outcomes against which good practice is evaluated?

As discussed above, victims of crime have many and varied needs, and hence the multiple outcomes that could be pursued through service delivery. For some victims the focus may be alleviation of emotional distress, for others it is the successful prosecution of an offender, for others gaining adequate financial compensation. What is considered ‘good practice’ will also vary according to a victim’s cultural background, their age and the type of crime experienced. In recognition of these differences there has been a growing tendency to move away from seeking to identify ‘best’ practice to acknowledging the range of ‘good’ practices.

Not only are there differences on what the key outcomes might be from the victims’ perspective, but there is also much diversity in the purposes and priorities of the
various agencies involved (eg, support agencies, police, prosecutors and the court, mental health providers). Whilst they may overlap, in some cases they may also be in conflict. An obvious example is a support agency seeking to prioritise the victim’s need for validation and emotional support, while at the same time police are searching and questioning to obtain evidence, or perhaps assurance, that an alleged offence has indeed occurred (Jordan, 2001, 2008).

These differences in needs and priorities impact on what ‘good practice’ is being measured against.

6.1.2 Who assumes the authority to define good practice?

Typically it is professional organisations and government departments that have the resources and power to make the decisions, and write policies, which define good practice; on the other hand victims themselves are most aware of their interests and needs. Input from victims to this process is therefore important, otherwise organisations are in danger of devising systems that may be internally efficient but ineffective in meeting the needs of clients.

Another consideration is the country or culture on which good practice is based. New Zealand has limited resources for research compared to other countries such as the United States, United Kingdom and Australia. Hence, research on good practice tends to occur overseas, and careful consideration is needed concerning the applicability of findings to the New Zealand culture, particularly in relation to Māori victims of crime.

6.1.3 What criteria should be used to judge good practice?

Perhaps the most important consideration is what criteria are used to determine if a service is ‘good practice’. As noted above, there is no clear consensus on this issue in the literature. Borrowing from definitions adopted by other disciplines, good practice can potentially be identified as that which conforms to the following criteria:

- **evidence of effectiveness, based on sound research**: normally this would mean effectiveness demonstrated through experimentally designed research (ie, randomised control trials) producing statistically significant results, and replicated by different researchers and/or different contexts. Unfortunately, as noted in the introduction to this review, very few victim assistance programmes have been rigorously evaluated using experimental or even quasi-experimental designs. Hence relying on this criterion of good practice alone would have limited value for this review. Others have also criticised this criterion as valuing the views of experts over those of service users (Ferguson, 2003).

- **practice reflected in current trends with promising initial reports**: some fields have come up with other terms to identify potentially useful practice but

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52 ‘Best practice’ tends to be reserved for those studies achieving the highest level of research evidence, however, different terms such as ‘promising practice’ are used to identify interventions or practices that are supported by lesser levels of research evidence (eg, family violence programmes whose evaluations exhibit one or more design weaknesses (eg, lack of control or comparison group) but still offer convincing results (Cannon and Kilburn, 2003).
where evidence is limited (eg, ‘worth watching’ in the field of family violence where programmes have not been comprehensively evaluated but where initial reports are encouraging (Cooper, Warthe and Hoffart, 2004), or ‘innovative practice’ in the field of family planning/reproductive health to reflect new, possibly untested practice, but where the promise of innovation has been based on lessons learned from other practice domains (Advance Africa, 2005)).

- **knowledge-based practice** that recognises the validity of experience of professional practitioners and the ‘lived experience’ of service users (Glasby and Beresford, 2006). Mossman et al (2009a) noted this was the most common criteria to determine good practice in the sexual violence sector, partly due to the lack of ‘evidence-based’ research. Using this criteria, good practice could be determined based on consensus of opinion amongst professionals or clinicians, other recognised experts in the field, and the service users (ie, in this case, the victims of crime). Also relevant is where a practice or initiative had reached the policy implementation phase following government review (Amnesty International Australia, 2008).

For the purposes of this review, good practice has been defined as that identified by sound research and/or knowledge-based practice.

### 6.2 Types and timing of support and services

Across the developed world a wide array of programmes and services now exist to address crime victims’ needs (Cook et al, 1999; Sims et al, 2006; Stohr, 2005; United Nations, 1999). These programmes and services largely fall into two overlapping domains: (1) those that serve to alleviate victims’ suffering, whether psychological, physical or financial, and (2) those that facilitate victims’ participation in the criminal justice system.

Common services and programmes include:

- 24-hour helplines
- crisis intervention immediately following the crime
- support programmes that provide practical assistance, information and referrals
- counselling programmes to address emotional wellbeing (short and long-term)
- shelters for victims of family violence
- support during the reporting and investigation of a crime
- court support initiatives for victims and witnesses, including familiarisation with court facilities and processes and assistance in preparing victim impact statements
- financial compensation programmes
- notification programmes to inform victims of status of offender (eg, bail, parole, escape or release)
- restorative justice programmes
- crime prevention programmes to provide protection against further victimisation.
In New Zealand programmes and services are provided by community-based service providers and/or government agencies.

These support services and programmes span four possible phases (see Olle, 2005; United Nations, 1999; Wallace, 2007):

- **Crisis phase responses:** Addressing personal safety, emotional support, medical, information and practical needs immediately following the crime.

- **Short-term phase responses:** Assisting with needs arising in the period following the crime. For those involved with the criminal justice system this would typically span the reporting, investigation and support during court preparation, and managing the trial processes and outcomes. For serious crimes this phase may need to extend over months or even years.

- **Long-term phase responses:** Counselling, support and treatment to manage ongoing mental health concerns (e.g., PTSD). Counselling needs for some victims can intensify after the court phase, at which stage they may be more ready to confront emotional issues (Victim Support UK, 2006). Victims who have received serious physical injury may of course also require long-term medical care and support.

- **Delayed responses:** Some victims may avoid dealing with the trauma of their victimisation, attempting to simply get on with their lives, but with emotional symptoms surfacing years later; this has been observed with sexual violence victims when the person enters a sexual relationship and is beset by conflicts associated with trust and intimacy (Burgess and Hazelwood, 1999; Jordan, 2012).

In designing an appropriate framework for service provision, stocktakes are useful in identifying duplication of services, and where gaps in provision exist (Sims et al, 2006). Unlike other countries such as Canada (see Sauvé, 2010) there has been no stocktake in New Zealand of providers of services to all victims of crime (although the Ministry of Justice is currently in the process of planning to undertake one). There have, however, been several stocktakes of New Zealand providers of specialist sexual violence services that have looked at what services are provided by whom and to what groups (see Mossman et al, 2009b; Te Ohaakii a Hine: National Network Ending Sexual Violence together – Tauiwi Caucus, 2009; and also Hamilton-Katene, 2009 for a stocktake of kaupapa and tikanga Māori services).

The Ministry of Justice has recently completed a review of the services provided by government agencies (Ministry of Justice, 2011c). The review identified crime victim services were provided by the following ten government agencies:

- New Zealand Police
- Police Prosecution Service (PPS)
- Crown Law Office and Crown Solicitors

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53 This was a working paper to assist with reforms outlined in the Victims of Crime Reform Bill. The report will be out of date once the Victims of Crime Reform Bill is passed and commences.
• Ministry of Justice
• Ministry of Social Development (Child, Youth and Family)
• Department of Corrections
• The Parole Board
• Department of Labour
• Ministry of Health
• Accident Compensation Corporation (ACC).

Services varied greatly in their level of engagement to victims, with the extent of their roles dependent on the agency’s primary focus of service delivery. Some services such as Court Services for Victims are dedicated to serving victims, while other services are an adjunct to a wider criminal justice agency’s role (see Appendix C for a description of services provided by each agency).

This review of government services highlights the extensive range of victim service responses that must be effective and of high quality in order to fully meet the needs of victims of crime.

6.2.1 Accessibility of services

Accessibility is a critical issue to ensuring victims receive the support and services they need. International research had consistently found that only a small proportion of crime victims seek help from formal support networks (McCart et al, 2010; New and Berliner, 2000; Sims et al, 2005). While seeking help in New Zealand has been found to be greater than other countries (Van Dijk et al, 2008), the 2006 NZCASS still found as few as 4% of victims sought help from a victim-oriented service provider (Mayhew and Reilly, 2008). While it is accepted that many victims do not necessarily require assistance (Dunn, 2007; Verdun-Jones and Rossiter, 2010), the 2006 NZCASS found 13% expressed the desire for a greater level of assistance or advice (Mayhew and Reilly, 2008).

To be effective in meeting their needs, victims have to be aware of what is available to them. Awareness of services among crime victims is typically low, particularly among Asian and Pacific peoples. NZCASS 2009 findings suggest over half of these groups, 63% and 58% respectively, could not identify a victim support provider to go to). It is also important that services are victim-friendly. Sections 4.2, 4.3 and 4.4 noted a number of barriers to accessing support for some subgroups of victims.

Efficient referral methods are also important to increasing access to a service. Automatic systems of referral of victims of crime by New Zealand Police to victim service providers may explain why New Zealand has among the highest take-up rates of support services by victims, in comparison to other countries (Van Dijk et al, 2008).
Innovative practices – increasing awareness

Other jurisdictions try to raise public awareness of needs and services for victims of crime through running media campaigns (eg, ‘Victims’ Rights Weeks’ held annually in the US, Canada and South Africa) or organised conferences (eg, Annual Crime Victims conference held by in the US see http://governor.ks.gov/docs/documents/2011/03/16/2011-cvrc-brochure.pdf)

Other initiatives to increase accessibility have included outreach services to rural areas in Australia (see Waters, 2011) and the use of video-conferencing to provide treatment to rural victims of family and sexual violence (Hassija & Gray, 2011); also, use of internet-based interventions in emergency departments to prevent PTSD (Mouthaan et al, 2011).

6.2.2 Screening and assessment – identifying those most in need of intervention

There is increasing recognition of the importance of screening and assessment with crime victims (Amstadter et al, 2007; Carlson and Dutton, 2003; Hanson and Brown, 2010). Effective screening and assessment ensures the right services get to the right people including appropriate practical assistance, mental health services and criminal justice support.

Screening and assessment can be used in the following ways:

- **Frontline responses:** Frontline responders are often non-clinicians, and screening tools enable identification of trauma symptoms or other mental health consequences that might otherwise go undetected. Routine screening tools for trauma symptoms can be applied by frontline agencies (eg, police, emergency departments, Victim Support NZ, specialised sexual violence support services (SSVS), Women’s Refuge) to identify those experiencing crime-related mental health impacts, thereby enabling referral for further assessment and treatment (Hanson and Brown, 2010; McBrearty, 2011)

- **Mental health providers:** routinely probing for a history of previous crime victimisation amongst those who access mental health services for other reasons, may usefully identify those with crime-related trauma (eg, PTSD, dissociation, traumatic grief) (Carlson and Dutton, 2003; Hembree and Foa, 2003; Howard et al, 2010; O’Brien, 2010).

- **Court-based needs assessments:** An approach to ensuring victims and witnesses’ needs are addressed while attending court. The UK Witness Care Units carry out such assessments with witnesses. This gives victims the opportunity to request forms of assistance such as escort to and/or from the court, or special support when taking the witness stand (Sanders and Jones, 2007).

Hanson and Brown (2010) review a number of screening and assessment tools designed to screen for crime victimisation history, and assess crime-related mental
health consequences, most notably PTSD. Their particular focus is the utility of these tools in medical or mental health settings. They note that the choice of tool will depend on the purpose of the assessment:

- if it is to assess crime-related symptoms specifically, or to assess symptoms related to multiple traumas
- a measurement tool’s psychometric properties and administration time
- whether the tool is used to yield psychiatric diagnoses
- the tool’s utility in assessing treatment outcome.

Considering the nature of crime victimisation, the importance of carrying out screening and assessment in a sensitive and empathetic manner is also stressed (Hanson and Brown, 2010; Amstadter et al, 2007).

6.3 Stocktake summary

- The Ministry of Justice has recently completed a stocktake of victim services provided by government agencies. A similar stocktake of New Zealand community-based services is currently being planned. Currently information on who provides what type of victim services, and particularly who provides services to the more hard-to-reach groups is unknown. Other countries have found this type of stocktake useful in identifying duplication of services, and also where gaps in service provision exist.

- There has been some research on screening and assessment tools for mental health issues, but less on instruments that assess a broader range of crime victims' needs (eg, safety, medical needs and ongoing areas of risk for future victimisation).
7 Support from community-based victim service providers

Key points

- Community-based providers usefully offer a range of support services to victims including 24-hour helplines, crisis support, practical assistance, support accessing financial resources, information provision, referral to other services, emotional support, and court support.

- Evaluations have found high levels of victim satisfaction with support services. However, the little research on the effectiveness of these services, has not yet demonstrated their ability to achieve positive impacts on mental health outcomes. More research is needed to understand if programmes are indeed ineffective or whether research is not focusing on the right outcomes.

- Research has found an association between contact with victim service providers and increased participation in, and satisfaction of, the criminal justice system. There also appears to be evidence of increased use of safety behaviours, and access to other community resources.

In New Zealand there are several community-based victim service providers who typically deliver multiple types of services including crisis support, practical assistance, helping to access financial resources, information provision, referral to other services, emotional support, and court support.54

- **Victim Support NZ** works with victims of all types of crime, and so deal with the majority of victims.55 They have a 24-hour helpline, offer crisis support, practical assistance, information and referrals, and support during criminal justice system involvement. Victim Support NZ also administers financial grants to reimburse victims for costs arising from certain crimes. It also provides a specialist homicide support programme.

- **Specialist Sexual Violence Service providers (SSVS)**56 focus on victims of sexual violence. Like Victim Support NZ they typically have 24-hour helplines, offer crisis support, practical assistance, information and referrals, and support during criminal justice system involvement. Most SSVS provide counselling services, whereas Victim Support NZ makes referrals for counselling.

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54 'Victim service provider' is used as a generic term referring to all types of community-based service providers that work with victims of crime.

55 Victim Support also work with individuals who have been victims of serious trauma including sudden deaths and natural disasters.

56 SSVS are delivered by a variety of NGOs, including rape crisis centres, HELP Foundation Sexual Abuse Centres, and other independent rape and/or sexual assault centres. Te Ohaakii a Hine – National Network Ending Sexual Violence Together is the national collective of NGOs working in this sector.
• **Women's Refuge**\(^{57}\) specialises in providing emergency housing to women and children who are victims of family violence, but also has a 24-hour crisis line and provides practical assistance, information, and referrals.

• Age Concern's **Elder Abuse and Neglect Prevention** (EANP) services provide support and services for victims of elder abuse.

• A range of community health providers also provide generalised support to victims, including Kaupapa Māori community providers.

This section reviews the limited research on the effectiveness of responses delivered by these types of victims' service providers – this excludes research on counselling interventions which is dealt with in the next section.

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### Innovative practices – Online discussion groups and resources for service providers


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### 7.1 Good practice responses from victim service providers

Internationally, a number of guideline documents have been published outlining appropriate responses, and recommended standards, for victim service providers. These include:

- Handbook on Justice for Victims (United Nations, 1999)
- Standards for Providing Counselling and Support Services for Victims of Crime (Victims of Crime Bureau, NSW, 2008)
- Victims of Crime: Victim Service Worker Handbook (B.C., Canada) (Ministry of Public Safety and Solicitor General, 2009)
- National Victims Assistance Consortium: Standard for Victims Assistance Programmes and Providers (South Carolina, US) (Dehart, 2003)
- Best Practice Guidelines: Crime Victims (Minnesota Department of Public Safety, 2010).

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\(^{57}\) National Collective of Independent Women’s Refuges is the umbrella organisation for around 50 refuges across New Zealand. There are also refuges, not affiliated with National Collective, funded by government, church and community groups.
These guidelines typically consist of service delivery principles. Commonly included are the need for service providers to be respectful, confidential, empowering, responsive to individual needs, responses to be timely and prompt, the type of services that are most recommended (eg, 24-hour crisis, safety plans, re-victimisation prevention) and minimum standards for agencies to operate by (eg, written guidelines, provision of professional supervision, training and development, programme evaluation).

While these guidelines appear to be based on sound principles, few of them cite empirical evidence to support their recommendations, although the UN Handbook provides an extensive list of international experts and professionals who were involved in the development of their guidelines.

7.2 Effectiveness studies – clinical outcomes

Just two peer-reviewed studies were located that purported to assess the effectiveness of victim assistance services (Davis, 1987; Sims et al, 2006). The first study focused on the effectiveness of crisis and early intervention, while the second looked at a broader range of support services. Both were carried out in the US and both concluded that the effectiveness of victim assistance services was not supported.

These studies also looked at the effectiveness of specific services such as counselling interventions. The first study by Davis (1987) examined the effects of crisis intervention on post-crime adjustment of victims of a range of crimes (burglary, robbery, assault or rape). Remarkably, 249 victims whose offence had been recorded by police were randomly assigned to either a) crisis intervention with supportive counselling, b) crisis intervention with cognitive restructuring, c) material assistance only, d) no services. Participants were interviewed one month after the crime, and for those that could be reached (n=181) three months after. A series of standardised scales were used to assess mood, PTSD symptoms, general psychopathology, fear of crime and social readjustment. Davis found there had been substantial recovery for all victims in the first three months; however, despite positive appraisals by the victims, no benefits for victims in their psychological adjustment were found as a result of services received. Davis concluded that the typical interventions associated with crisis intervention are too brief to exert significant impact. He also suggested that any study of the effectiveness of victim support services should take into account the power of natural recovery that can occur within months of victimisation.

The other study located was carried out by Barbara Sims and colleagues in 2006. These US researchers used a cross-sectional design to compare functioning of 223 victims of crime who had received support services to 437 victims who had not. Those who received services were recruited via support agencies (community-based victim service programme, victim-witness programmes, domestic abuse centres, rape

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58 The study referred to the intervention as crisis intervention, but appeared rather to be an early intervention, delivered in the weeks after victimisation, rather than immediately after or within hours.
Functioning was assessed using the Outcome-Based Evaluation Tools (OBETS) scale designed by Pennsylvania Coalition Against Rape. It measured a wide range of behavioural and physical areas of functioning. These included personal relationships, leisure activities, household responsibilities, sleeping habits, physical trauma manifestations, substance abuse, sexual functioning, aggressive behaviour, dissociation, risk-taking behaviour, personal hygiene, physical and psychological trauma manifestations, self-harm, eating habits, work and school performance, and parenting skills.

Sims et al (2006) found that 80% of those who received services were ‘very satisfied’ or ‘satisfied’ with the service received. However, they found no significant difference in levels of functioning between the two groups. The research instead identified two factors that were significantly correlated with post-crime functioning:

- the existence of coping skills
- age—older victims had more improved functioning.

A key limitation of Sims et al’s (2006) study is that level of functioning at the time of the crime was not assessed; this is of course one of the inherent difficulties to all research with crime victims. Sims et al (2006) found that those who experienced a violent crime were more likely to use a victim service. Violent victimisation is associated with increased trauma, and it could be support services enabled them to recover to a greater extent, achieving a level of functioning similar to those who were less traumatised. The quality or intensity of services received was also not assessed in this study.

Stohr (2005) hypothesised that actual effectiveness of these types of interventions may increase if programmes were tailored more accurately to the needs of victims who participate (i.e., better targeting). Another consideration applicable to both studies is that improving psychological functioning is just one goal of victim services. Others not assessed include provision of information and referrals, providing accommodation and other forms of practical assistance.

### 7.3 Evaluations assessing other types of outcomes

Evaluations focusing on outcomes other than psychological function (see Feder et al, 2009, cited in Howard et al, 2010) have found reliable evidence that advocacy-based interventions for victims of family violence can reduce abuse, increase social support and quality of life, and lead to increased use of safety behaviours, and increase engagement with community resources.

A robust study in the UK that reanalysed the British Crime Survey data found that involvement with Victim Support UK significantly increased victims’ participation and satisfaction with the criminal justice system (Bradford, 2011). A US study by Hoskins (2011) found increased access to victim resources including support services, was

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59 The authors referred to the primary dependent variable as being ‘psychological functioning’, but scales on the OBETS appear broader than just psychological functioning.
associated with increased participation in the criminal justice system and receipt of compensation.\footnote{This was a cross-sectional analysis of 67 counties in Pennsylvania using data over a 10 year period.}

A review of research on domestic violence and mental health services by Howard et al (2010) looked for research on the effectiveness of refuges and shelters. No such studies were found. They commented that victim safety imperatives, and the complexity of multifaceted individualised programmes, make this type of research difficult. However, these authors cited some evidence of decreases in violent re-victimisation, reductions in depressive symptoms, and increases in self-esteem amongst refuge users.

In their review of SSVS services, Mossman et al (2009a) also found it difficult to locate robust research on whether or how SSVS benefitted their clients. However, some evaluations were located that suggested contact with SSVS assisted victims to access resources, and experience less distress. This finding was reinforced by victim/survivors’ own accounts of what they felt assisted them most through the recovery process (Kingi and Jordan, 2009).

7.4 Research on victim satisfaction

Interestingly, both the effectiveness studies reviewed in section 7.2 above found high levels of satisfaction with victim assistance services despite demonstrating negligible remedial impact. These empirically based findings that do not support the efficacy of victim support programmes thus appear at odds with the self-reported outcomes found in the consumer evaluation surveys (which tend to indicate high levels of satisfaction).

While levels of satisfaction cannot be used to infer effectiveness, they do provide an indication of whether victims would access these services again and what aspects of the service they perceived as being most helpful.

The 2006 New Zealand Crime and Safety Survey found 75% of victims rated assistance by Victim Support NZ as ‘helpful’ or ‘very helpful’, a similar 73% gave these ratings in relation to support agencies for women, but a higher 87% for assistance received by iwi or other Māori organisations (Mayhew and Reilly, 2008). However, these percentages need to be interpreted with caution as they were based on very small sample sizes (n=16 to 64), reflecting the small proportion of victims that actually accessed support services (just 4% of all victims surveyed).

High levels of client satisfaction with victim support services have also been found in evaluations carried out here and overseas. The UK’s Victim Support organisation carried out a large satisfaction survey in 2006 with surveys sent to 22,505 victim clients, of which 12% were returned (see Dunn, 2007). Clients had either had crisis or ongoing support. The majority of clients (78%) were satisfied with the service they
received (emotional support, practical help and information). Those first contacted by telephone were more satisfied than those who had been sent a letter.\textsuperscript{61}

Those respondents who had received emotional support (45\%) were asked whether and how the emotional support they had received had helped:

- 47\% reported a positive sense of ‘feeling understood’
- 35\% felt ‘reassured’
- 32\% were ‘less anxious’
- 23\% experienced an increase in confidence
- 21\% felt ‘less angry’ about the crime.

Results from a consumer satisfaction survey carried out by Victim Support in New Zealand were also positive. A systematic sampling approach identified 648 potential participants, of whom 264 completed a phone survey (40\% of those initially identified).\textsuperscript{62} Respondents gave high ratings of satisfaction with 92\% reporting they were ‘satisfied’ or ‘very satisfied’ with their overall service, and a similar 97\% reporting the service had been ‘helpful’ or ‘very helpful’. Self-reported outcomes were similar to those found in the UK survey, where respondents reported feeling listened to (91\%), or less stressed (85\%). These ratings were higher than those found by NZCASS, likely due to the sampling focusing on those who had three or more contacts, and so excluding those who had limited contact and who refused to participate. This highlights a common limitation of consumer evaluation surveys, that those most satisfied are also those most likely to agree to participate in a survey.

### 7.5 Selection of appropriate outcome measures

It appears results vary greatly depending on what outcome is measured: consumer satisfaction, mental health outcomes, increased participation in the criminal justice system or improvements in quality of life, reduced violence and access to services and support.

Another approach advocated and used by some is defining and evaluating ‘quality aspects’ of services, rather than outcomes achieved (Williams and Goodman, 2007; Victoria Auditor General, 2011).

\begin{footnotes}
\footnote{Extra comments indicated victims valued being listened to, that supports were neutral. More face-to-face contact was requested and for Victim Support to be more proactive in offering follow-up support.}
\footnote{Potential participants were the first five consecutive clients who had received support through each of 62 offices from 1 November 2010, providing they met the following criteria: had been contacted three or more times, were a victim of serious crime or trauma, and were not at risk of re-victimisation. Of the initial 648 clients identified, 145 were not able to be contacted by phone, after three or more attempts. A further 143 of these were found to be either currently going through a trial process or judged to be still in the early stages of grief/shock or trauma, and hence, it was not appropriate to invite them to participate. There were 96 who, on invitation, declined to participate.}
\end{footnotes}
Clearly more research is needed, both to understand the extent to which programmes are effective, as well as to identify the most appropriate outcome measures to be assessed.

7.6 Stocktake summary

- Research has tended to focus on victims’ satisfaction with services. There has been little empirical evidence on the effectiveness of community-based victim support services (excluding counselling).

- Research findings on the effectiveness of victim service providers appear to vary greatly depending on what outcomes are measured: consumer satisfaction, mental health outcomes, increased participation in the criminal justice system or improvements in quality of life, reduced violence and access to services and support. Attention needs to be given to what are the appropriate outcome measures to evaluate. Another approach advocated and used by some is defining and evaluating ‘quality aspects’ of services, rather than outcomes achieved (Williams and Goodman, 2007).
8 Mental health professionals

Key points

- Crime victims vary greatly in their need for mental health services and not all require intervention.
- Emotional trauma following criminal victimisation can manifest itself in a number of different mental health conditions (eg, PTSD, depression, anxiety disorders, substance abuse, suicidal ideation and attempts, complicated or traumatic grief). Research has tended to focus on prevention and treatment of PTSD.
- No conclusive evidence was found on the effectiveness of crisis responses delivered immediately after or within hours of the crime.
- Cognitive behavioural therapy (CBT) has been demonstrated as an effective short-term intervention (within days and weeks of the crime).
- Research on the effectiveness of longer-term interventions has endorsed four treatment techniques: Exposure Therapy, Cognitive Therapy, Anxiety Management Therapy, and psycho-education. Most treatment programmes do not use these techniques in isolation but combine them in an integrated treatment package. Of these, ‘Prolonged Exposure’, ‘Cognitive Processing Therapy’ and ‘Stress Innoculation Training’ have received empirical support. This research has focused heavily on the impact of approaches on reducing PTSD symptoms, with less attention to other mental health outcomes.

This section reviews available literature on approaches to responding specifically to the emotional trauma that can result following a crime. As seen in section 3.2.1 emotional trauma can manifest itself in a number of different mental health conditions. While a range of possible mental health effects are known to arise, crime victim research has tended to focus on treatment and prevention of PTSD. 

Crime victims vary in their needs for mental health services. Amstadter et al (2007) usefully categorises victims into three groups according to their mental health needs:

- **Resilient** – those who are sufficiently robust that, following a crime victimisation, they maintain relatively stable levels of psychological functioning without intervention.
- **Rapid recovery** – these victims display clear psychopathological symptoms after the crime, but these symptoms subside within several weeks or months of the traumatic event. Some recover without treatment, while others benefit from intervention which accelerates their recovery process.
- **Chronic** – these individuals develop chronic mental health problems in the aftermath of criminal victimisation, and require longer-term treatment to promote recovery.

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63 The treatment of PTSD has been well researched, with sufficient research to warrant a dedicated journal (Journal of Traumatic Stress).
Of those that do require assistance, it is generally accepted that interventions will occur in one of the following three phases:

- **Crisis intervention** – immediately or within hours of the crime victimisation.
- **Short-term interventions** – those that occur shortly after the crime (eg, within days and weeks).
- **Longer-term interventions** – the longer term treatment of chronic mental health problems in the months or years after the victimisation.

In New Zealand initial crisis responses are generally delivered by frontline emergency agencies or victim service providers reviewed in the previous section. However, research located focused on crisis intervention delivered by mental health professionals and so is reviewed in this section.

For victims who require further counselling after the initial event (short-term or long-term), this is ideally delivered by professional counsellors or psychologists. These are often accessed directly by the victim or via referral from victim service providers.\(^{64}\) Accident Compensation Corporation (ACC) funds counselling provided by ACC registered counsellors, to all victims who have mental injury arising from physical injury caused by a criminal act. For families, friends, witnesses and people first on the scene after a death caused by a criminal act, ACC funds up to 30 sessions. There is also funding for counselling for victims of sexual abuse and other serious crimes, providing ACC criteria are met.\(^ {65}\)

This section reviews research on the type of counselling responses that have been found to be effective across these three phases. However, it is important to note New Zealand research with victims suggests, rather than the ‘right approach’, more important is having choice and being matched with a counsellor who is ‘right for the individual’ (Kingi and Jordan, 2008; Kingi, 2011).

Only two reviews were identified that focused specifically on trauma-related interventions for crime victims (Amstadter et al, 2007; Hembree and Foa, 2003). Research was also located on the psychological treatment of female crime victims (Rizvi et al, 2008), victims of family violence (Howard et al, 2010; Johnson et al, 2011), victims of sexual violence (Astbury, 2006; Campbell, 2001; Wang and Rowly, 2007). There have also been generic reviews of the effective treatment of PTSD (eg, Agorastos et al, 2011) and a systematic review of empirical evidence by the National Collaborating Centre for Mental Health (2005).

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64 Some SSVS have trained counsellors on staff who can provide ongoing specialist counselling to victims of sexual violence.

65 Changes to ACC entitlements in 2009 mean the first 16 hours of early support are funded for all those who lodge a sensitive claim. Longer-term counselling is funded in cases where it can be proved the mental injury was caused by the sexual assault (Ministry of Justice, 2011c). Recent measures introduced by ACC have been highly contentious in requiring the provision of counselling for victims’ of sexual assault to be dependent upon diagnosis of mental injury. While pressure from public and NGO sectors resulted in this being modified so that the initial 16 sessions could be provided without requiring such a diagnosis, the provision of any additional counselling requiring evidence of “mental injury” may work against victims recovery. Having to self-define as being psychiatrically ill or imbalanced is a major step and can compound feelings of low esteem and shame following a sexual attack.
The National Collaborating Centre for Mental Health (2005) made the following recommendations that also have relevance to crime victims:

- when PTSD sufferers present to primary care, general practitioners should take responsibility for the initial assessment and coordination of care
- assessment should be done by competent professionals and be comprehensive, including physical, psychological and social needs, and risk assessment
- when patient care is split between primary and secondary health professionals, there should be clear agreement about responsibility for monitoring the client
- families and carers have a key role in supporting sufferers, but may also need support themselves. Healthcare professionals should be aware of the impact of PTSD on the whole family
- where the healthcare professionals and the PTSD sufferer are from different ethnic or cultural backgrounds, the professionals should familiarise themselves with the sufferer’s cultural background
- language and cultural differences should not be a barrier to the provision of effective trauma-focused interventions. This could be achieved through the use of interpreters and bicultural therapists.

8.1 Immediate or crisis treatment (within hours)

According to Hembree and Foa (2003) crisis intervention involves the “normalising of victim reactions” to trauma, and solving immediate problems that result from the event (e.g., transporting a person to hospital, assistance in negotiating a crime scene, providing medical assistance, or contacting other family members). It is also referred to as ‘psychological first aid’ (e.g., Victim Support NZ, National Centre for Victims of Crime in the US). For Howarth et al (2009), crisis intervention aims to deal with only the most urgent and pressing problems, before referring an individual on to the next level of service or treatment.

Roberts (2005) differentiates between ‘crisis intervention’ which occurs in the days or weeks after the incident and should be carried out by trained clinicians, and ‘critical incident responses’ which occur immediately following the incident and can be carried out by other trained frontline responders (e.g., volunteers, police or medical professionals).

Practitioner handbooks referred to at the beginning of section 7.1 provide other guidelines for key elements in crisis support such as:

- ensure safety and security
- assess needs
- provide empathetic support enabling victims to express their feelings and experiences
- facilitate understanding
- identify coping strategies and resources
- assist with a safety plan
• make manageable follow-up plans.

Another principle found to be important when working with victims of sexual violence, is to encourage self-reliance. This means being careful not to make assumptions about what a person needs, instead providing options and letting the victim make the decisions (Daane, 2006; DSAC, 2006).

While extensive guidance is available on how crisis interventions should be undertaken, once again research on the effectiveness of specific approaches was lacking. A few reviews of crisis intervention located were not specific to crime victims. Also, reviews appeared to focus on crisis intervention delivered by mental health professionals, while in New Zealand this type of intervention is more typically delivered by other types of frontline workers.

Agorastos et al (2011) reviewed the research on a number of crisis interventions (within hours) and concluded that the effectiveness of crisis intervention programmes remained unproven.66 Two other reviews cited evidence of the effectiveness of Critical Incident Stress Management or Critical Incident Stress Debriefing (Everly and Mitchell, 2000; Flannery and Everly, 2000). This programme has raised controversy over the inclusion of ‘debriefing’ post-incident, which some research suggested is harmful. The latter two researchers, and others (Hawker et al, 2011) suggest this evidence was flawed, and if carried out by professionals as part of a complete programme, can be effective. However, it appears this type of approach is more applicable to support workers dealing with a crisis situation per se, rather than the victims of a crisis.

Clearly more research is needed to determine whether effectiveness is achievable in the various approaches to crisis intervention, particularly in frontline responses to crime victims.

8.2 Short-term interventions (within days, weeks)

Short-term interventions are those that occur shortly after the crime (eg, within four weeks). The key aim of these interventions is to accelerate recovery from a traumatic event and reduce the risk of developing PTSD and other trauma-related difficulties. Brief cognitive–behavioural therapy (CBT) programmes have received the most empirical support for those experiencing any traumatic event (Agorastos et al, 2011), including in response to crime victimisation (Amstadter et al, 2007). In a comprehensive review Amstadter and colleagues concluded while other interventions, including an assessment only and supportive counselling, were eventually able to produce comparable outcomes (eg, at nine months follow-up), CBT appeared to accelerate recovery.

66 These researchers reviewed the evidence for the effectiveness of acute distress management, psychological debriefing, and other immediate unspecific interventions delivered within the first hours following a traumatic event and found no demonstrated efficacy in preventing post-traumatic stress symptoms.
8.3 Longer-term interventions

There has been considerable research attention given to outcomes from longer-term treatment of mental health problems such as PTSD in the aftermath of trauma.

Four intervention techniques have been endorsed by expert consensus (Foa et al., 1999 cited in Amstadter, 2007). These are:

- Exposure therapy – this involves the direct exposure of individuals to trauma cues (e.g., sounds, smells, memories of the traumatic event) in the context of a supportive therapeutic relationship.
- Cognitive therapy – which uses cognitive restructuring techniques to modify negative thoughts and dysfunctional beliefs that trigger trauma-related anxiety and distress.
- Anxiety management therapy – aims to assist individuals to cope with the physical symptoms of distress, such as through teaching relaxation skills (e.g., controlled breathing, progressive muscle relaxation)
- Psychoeducation – provides individuals with information on the nature, dynamics and likely evolution of common psychological responses to traumatic events, and effective coping strategies.

Integrated treatment programmes

Amstadter et al (2007) comment that most treatment programmes do not use these techniques in isolation, but combine approaches in an integrated treatment package. The treatment programmes that have received the most empirical support for their efficacy with crime victims include ‘Prolonged Exposure’, ‘Cognitive Processing Therapy’ and ‘Stress Innoculation Training’ (see Amstadter et al, 2007 and Hembree and Foa, 2003 for more details; and also Wang and Rowley, 2007 for use with victims of sexual violence).

It must also be remembered that not all forms of therapy have been evaluated. Wang and Roley (2007) point out that this only means evidence of their effectiveness is not yet available, not that they are ineffective. They give the example of the use of feminist approaches for victims of sexual violence, which have not been rigorously evaluated, yet may be helpful in addressing long-term self-blame.

It is unknown in New Zealand what type of treatment approaches are used by mental health practitioners who work with crime victims. In the US there is concern over lack of uptake of empirically supported approaches (Amstadter et al., 2007; Ganju, 2003; O’Brien, 2010), with only a minority receiving such empirically supported treatments (see Ganju, 2003; O’Brien, 2010). O’Brien (2010) cites evidence that treatment services available to crime victims appear to be driven more by ideology and stakeholder interests rather than by theories and scientific evidence (O’Brien, 2010).
8.4 Stocktake summary

- The most robust empirical evidence available is on which approaches to counselling are most effective. However, this research has focused heavily on the impact of approaches on reducing PTSD symptoms, with less attention to other mental health outcomes. Also, the effectiveness of other approaches is unknown as they are yet to be evaluated, but untested does not mean ineffective.

- It was difficult to locate research that examined effectiveness of different crisis responses, particularly in relation to crime victims. This is surprising considering the importance placed on this initial response.
9 Criminal justice system responses

Key points

- Currently a third of victims choose to report their crime to police and, of these cases, around only a third again result in an arrest, prosecution and/or conviction. The integrity of the criminal justice system is reliant on victims reporting crime, providing evidence and acting as witnesses. Promoting victim and witness satisfaction with their experience is important to ensuring that victims and the wider public have confidence to participate in the criminal justice system.

Effective police responses

- Police provide the main entry point into the criminal justice system, and their response tends to be the most significant post-crime experience of victims.
- Victim satisfaction is increased when there is a prompt initial response, and the victim subsequently is kept informed in a timely fashion. Demonstrated interest in their situation, and conveying respect, are also important. Consistent with the model of procedural justice, while outcomes are important, what is most important to victims is fair and decent treatment, and the perception that appropriate action is being taken.
- Police response to victims is improved through victim-orientated training programmes, specialist training in victim needs relating to certain types of crime (eg, victims of sexual violence), dedicated victim units and/or liaison officers, and efficient referral mechanisms to community-based victim services.

Supporting victims through the court process

- Overseas initiatives focus on providing a single point-of-contact for court support of victims (eg, Witness Care Units in the UK, Witness Assistance Services in Australia, and Victims' Desks in the Netherlands). New Zealand’s Court Services for Victims takes a similar approach. Support through these initiatives is available for those attending court. A support model that extends before, during and after court appearances is that of UK’s independent advisors (Independent Victim Advisors for Sexual Violence and Independent Victim Advisors for Domestic Violence).
- Meeting with a prosecutor prior to a trial is likely to ensure that victims feel better prepared and more involved in the criminal justice process. Research indicates that witness preparation programmes can reduce stress and anxiety, and give witnesses more confidence in presenting evidence.
- The experience of attending court is potentially stressful, but this stress can be reduced by altering the physical environment to limit encounters with the accused and their supporters.

Supporting victims in decision making

- The need for an inclusive criminal justice system that enables crime victims to have a voice is recognised in New Zealand victims’ rights legislation and international documents. Victims can participate through having their views heard
prior to bail decisions, presenting a victim impact statement (VIS) at sentencing, and submissions to the Parole Board when an offender is being considered for release.\(^{67}\) While potentially empowering of victims, if not managed carefully these experiences have potential to create feelings of disempowerment for victims.

- Victims’ levels of satisfaction with giving VIS can be enhanced by the following: clearly explaining the purpose of VIS; ensuring the victim receives adequate information and support on how to prepare their VIS; ensuring victims do not feel like their statement has been censored; giving victims the option of presenting their VIS orally; ensuring they are appropriately acknowledged by the judge and the court.

- In making post-sentence submissions to parole hearings, a specialist worker model may be most effective, such as where a probation officer or team is assigned the role of victim liaison, and this work is clearly separated from ‘offender work’.

An important decision for crime victims is whether they wish to report their crime and pursue justice through the criminal justice system.\(^ {68}\) As seen in section 3.3 there are potential benefits from engagement with the criminal justice system, but there can also be risks of adverse consequences.

The criminal justice area is a complex arena, where many different rights and interests must be balanced, including those of the victim, the offender and the public (Justice and Electoral Committee, 2007). The interests of the offender in the trial process have always been of critical concern. Notions of ‘fair trial’, ‘presumption of innocence’ and ‘burden of proof’ are all time-honoured principles designed to ensure that the rights of an accused person are protected (Victim Support Agency, 2009). The challenge is how to ensure a fair trial for the accused, provide protection for the public, whilst also addressing the needs of the victim.

The integrity of the criminal justice system is reliant on victims to report crime, and often to provide evidential information and be a witness in court proceedings. Consequently, it is important to ensure that victims, including those who are also witnesses, have a safe and tolerable experience. This in turn promotes greater public confidence in the system.

The importance of public confidence is referred to in a recent review of criminal justice statistics:

*There is a growing recognition in contemporary democratic nations that promoting public confidence in the administration of justice is one of the primary goals of good government. Public trust or confidence is critical to the functioning of the criminal justice system.* (Statistics New Zealand, 2009, p73)

\(^ {67}\) The right to provide a submission to the Parole Boards is limited to victims of specified offences in the Victims’ Rights Act 2002.

\(^ {68}\) The criminal justice system is the network of courts and legal processes that deal with the enforcement of criminal laws. The key players are the complainant (victim of crime), the accused (the perpetrator), the police, lawyers, judges and court staff.
Recent reforms have been directed at improving the treatment of victims within the justice system (Justice and Electoral Committee, 2007), thereby ‘rebalancing’ the system and ‘placing victims closer to the heart’ of the criminal justice system.

Research in this area has tended to focus on surveying victims of crime experiences and satisfaction with different aspects and stages of the criminal justice process (see section 2.3) as opposed to responses that are effective in assisting in the recovery and healing of crime victims.

In focusing on a victim’s satisfaction the concept of procedural justice comes to the fore. Fair, decent and respectful treatment, where procedures are followed correctly, are critical to victim satisfaction (Bradford, 2011; Commissioner for Victims and Witnesses in England and Wales, 2011). Indeed, reliable research has shown that such treatment through the process is as important as, and sometimes more important than, the final outcome, in determining victims’ satisfaction and confidence (Bradford, 2011; Bradford et al, 2009; Parsons and Bergin, 2010).

The traditional view of justice for victims has centred largely on holding the offender to account through prosecution, trial and sentencing. Victim advocates are now beginning to call for an alternative concept of justice, a kind of ‘parallel justice’ (Herman, 2010; Payne, 2009; Victim Support NZ, 2007) that gives equal weight to the needs of victims, assisting them to rebuild their lives (Herman, 2010). Herman’s (2010) vision of this ‘parallel justice’ system is as follows:

…”there would be one path to justice that is offender-oriented, where we hold offenders accountable, and another path to justice that is designed to help victims get back on track and reintegrate them into productive community life. …These two paths … interact with each other: victims … testify in court, (and) there should be options for victim–offender dialogue. But at the same time, the separate path to justice for victims should have victim-oriented objectives that have to do with providing safety, helping victims recover from the trauma of the crime, and helping them regain control over their lives. (Herman, 2010, p.4).”

The remainder of this section reviews available research on good practice criminal justice responses. As discussed above, this is primarily focused on how best to support victims/witnesses, and to mitigate the most stressful aspects of their experience, with less attention given to ways to assist in their healing and recovery.69

9.1 Effective police responses

Police provide the entry point to the criminal justice system, being the agency to which victims usually report a crime. Some researchers describe this as a gatekeeping role (Jordan, 2004; Wilson et al, 2001). In responding to victims of crime, New Zealand Police are guided by the principles set out in the Victims’ Rights

69 Some victims will be required to take the stand as a witness for their case. Some of the support needs for this group will be similar to other victims, but they will also have special support needs related to giving evidence. The term victims/witnesses is used to include both victims and those victims who are also witnesses.
Act 2002, from when an offence is reported, through court appearances, and until the case is closed (Ministry of Justice, 2011c).

Police interactions with victims often occur shortly after a crime has occurred, and typically when the victim is still suffering from the immediate impacts of the crime. As such police actions can be the most significant and influential of victims’ post-crime experiences (Curtis and McCoy, 1999; Mawby, 2007; Victim Support UK, 2011). An insensitive or indifferent response may exacerbate the emotional trauma already being experienced. It may also deter the victim from progressing further through the criminal justice system, either on the current, or a future occasion (Victim Support UK, 2011; Bradford, 2010). For those who progress beyond the reporting phase, their interaction with police can extend through the investigation of the offence, on to the arrest and prosecution of the offender. For serious offences the officer in charge is likely to interact frequently with a victim as the case progresses through the court, particularly with victims who act as witnesses in court.

Police generally only intervene in cases that are reported to them. The 2009 NZCASS found one-third of victims reported their crime to police. However, for victims of sexual violence or crimes where the perpetrator is known, such as with family violence, the figure is much lower. Just one in ten victims of sexual violence and a quarter of those who the perpetrator was their partner reported their crime (Morrison et al, 2010). This suggests addressing barriers to reporting for these groups is vital, particularly considering these two groups are also at significant risk of repeat victimisation.

One of the challenges for police is getting the correct balance between (a) investigating and solving a crime, which is usually seen as their primary role; and (b) providing appropriate attention to victims (Mawby, 2007). As noted in section 6.1.1 these roles can sometimes be in conflict. However, it is essential that police get the balance right, performing both roles well to ensure victims are willing to report a crime and proceed with the criminal prosecution.

For this reason, levels of satisfaction and confidence in police have been a focus of research here (eg, NZCASS) and overseas (eg, UK’s Witness and Victim Experience Survey (WAVES), Franklyn, 2012). Particular concerns regarding police responses to sexual violence in New Zealand led to the Commission of Inquiry into Police Conduct (Bazley, 2007), resulting in 60 recommendations for changes to procedures and standards (many of which have not been implemented as yet).

### 9.1.1 Victims’ perceptions of good police responses

The NZCASS 2009 found 54% of victims who reported their crime to police were ‘very satisfied’ or ‘satisfied’ with the police response; and around a quarter (26%) were ‘very dissatisfied’ or ‘dissatisfied’. Factors significantly associated with ratings of satisfaction or dissatisfaction were:

- **Initial response** – whether or not a police response was forthcoming, the speed of response
- **Waiting time** – lengthy time lapses between occasions of police communicating with victims
• **level of interest** – whether police conveyed interest and concern

• **level of respect** – the extent to which police were perceived to afford victims personal respect

• **provision of information** – the extent to which police kept victims informed of relevant developments in the case, also whether victims were informed a complaint was to be filed with no further action.

Analysis of the British Crime Survey data by Victim Support UK (2011) has shown lack of information from police can contribute to victims fearing for their personal safety. They note the importance of victims being informed particularly on whether the offender has been apprehended and, if so, is at large (eg, on bail) or in custody. This applies especially in cases where the victim knows the offender, or where the offence occurred in their own home.

### Innovative practice – police responses

**‘TrackMyCrime’ an online interactive service to provide information**

The provision of up to date accurate information to victims, is perhaps the aspect of good practice response most commonly recognised (Victim Support UK, 2011; Mawby, 2007; Morrison et al, 2010). However, this can be difficult for police who will have multiple demands on their time and may work shifts, making it difficult to contact victims at an appropriate time of the day. It is also the case that there may be nothing to report.

A solution to this being trialled in Avon and Somerset in the UK is an interactive online service ‘TrackMyCrime’, enabling victims to logon at their convenience to see what is happening with their case (Victim Support UK, 2011):

• police post updates on the site

• the system also generates automatic messages at key points in the investigation (eg, incident has been recorded, officer has been allocated, incident has been closed or resolved and advising of further support available)

• victims can also update relevant details such as correcting information on items of property which has been stolen or give feedback on service received.

Those factors identified through NZCASS listed above, provide important indicators of a good practice police response according to victims, and mirror those found overseas – Mawby (2007) also highlighted the importance of the final outcome of the case on victim satisfaction (ie, offenders arrested, goods recovered). However, as predicted in the ‘procedural justice’ model, fair and decent treatment, and proper actions have been found to be consistently valued by victims over outcomes, and are associated with high levels of confidence and acceptance of police actions and decisions (Bradford, 2010; Xie et al, 2006).

NZCASS (2009) found the groups significantly more likely to rank the Police as doing a poor or very poor job were those aged between 15 and 36, Asian or Māori, single or living in a *de facto* relationship, those more vulnerable economically, sole parents or living with flatmates and those in rented accommodation, and residing in the upper
9.1.2 Impact of police responses on future engagement

In addition to addressing barriers to reporting crime, of particular concern to police (and to other criminal justice agencies) is ensuring that any given contact with police maintains or increases willingness or likelihood of future contact if necessary. NZCASS 2009 results found mixed results in this respect. Overall, 68% of survey participants ranked police as doing a good or very good job, the highest ranking of all criminal justice agencies (Morrison et al, 2010). However, of particular interest is isolating the responses of those who have had contact with police. Of those victims who reported their crime to police, most were unchanged in their perception of the police (57%), with similar smaller proportions of victims reported feeling more (20%) and less favourable (23%) toward the police. Suggesting perhaps only a quarter of those who reported their crime (23%) may be less likely to make contact in the future (ie, those who had formed a less favourable perception).

In contrast overall ratings of police performance from all survey respondents were significantly lower for those who had recently been a victim of crime, and even more so if they had been a victim of multiple crimes. This latter finding is consistent with overseas research that those with most recent contact give lower ratings, and points to a need for an improved service response to ensure those who make contact with police continue to do so (Allen et al, 2006, Bradford et al, 2009 cited in Bradford, 2010).

Results from the International Crime Victims Survey (the last of which was in 2004) showed a downward trend in victim satisfaction with police in several countries. The main source of dissatisfaction appeared to be around receiving insufficient information. Paradoxically, the deterioration was most pronounced in countries where services for victims are claimed to be most advanced, such as Netherlands, England and Wales, Scotland and Sweden (Van Dijk and Groenhuijsen, 2007). Van Dijk and Groenhuijsen (2007) suggest that availability of services increases expectation levels of victims. Alternatively, improved access to victim services may encourage police to off-load responsibilities to victims on to other agencies.

While these are interesting issues, analysis in New Zealand shows between 2006 and 2009 a slight increase in the proportion of people rating the Police positively (from 60% to 68%; Morrison et al, 2010).

Innovative practice – Joint training initiative to improve responses to victim survivors of homicide

In the UK joint training between Victim Support UK and police Family Liaison Officers appears to assist with mutual awareness of each other’s roles, and with communication over families’ needs and any new developments. Family Liaison Officers appreciated the practical assistance for victims that Victim Support could provide, which they found difficult to assist with (Victim Support UK, 2006).
9.1.3 Improving police responses

Other than crime victims’ satisfaction with police responses, there appears to be little research that explores the effects of police actions with respect to victim recovery, and/or reducing feelings of secondary victimisation (Wilson and Segrave, 2011).

Some early research in the Netherlands (Winkel, 1989, 1991) and the US (Rosenbaum, 1987) investigated the effect of police victim-orientated training programmes and specialist crime prevention programmes in alleviating or minimising victims’ psychological distress. More recent analysis of 22 European countries by Van Dijk and Groenhuijsen (2007) supported the value of comprehensive victim-orientated training programmes for police officers. Here in New Zealand specialist training in adult and child sexual assault is available for detectives in two areas.70 This is generally regarded as a positive response, although concerns remain over the consistency of training coverage and availability of this specialist response (Jordan, 2004; McDonald and Tinsley, 2011; Mossman et al, 2009a).

More recently Wilson and Segrave (2011) carried out a qualitative review of the strengths and weaknesses of selected models of police-based approaches to victim services. Wilson and Segrave categorised these approaches into three broad models.

- **Dedicated victim units**, commonly defined by crime type; these include family violence units, sexual assault units, but can also be generic (eg, Victim Advisory Units in Victoria, Australia or Victims Services Unit in London, Ontario). Most examples are found in Canada and the US, providing crisis response and/or case management. In New Zealand there are specialised units for the investigation of child and adult sexual assault and family violence. Specialised units are now widely recognised internationally as good practice (Amnesty International Australia, 2008; Jordan, 2004; Metropolitan Police Service, 2005).71

- **Dedicated liaison officer services**, implemented within a ‘community model of policing’, an individual officer is typically assigned special responsibility for victims of crime. Liaison officers can also be designated with responsibility for ‘indigenous’, ‘at-risk’, or ‘minority’ groups, or be offence specific (eg, in New Zealand Iwi and Ethnic Liaison Officers, and Domestic Violence Liaison Officers in Victoria, Australia). The UK has Family Liaison Officers assigned to homicide cases, trained both to assist in the investigation of cases and to provide victim support. They can also be assigned to other offences such as road accidents causing death. This has also been adopted throughout Australia and elsewhere internationally. In New Zealand Family Liaison Officers are assigned to families of victims of homicide and were successfully deployed in recent incidents where multiple people were affected, such as the Pike River mining disaster and the Carterton ballooning incident.

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70 These detectives receive specialist training in interviewing victims/complainants of sexual assault.

71 The Canadian province of British Columbia also has a highly developed program of police-based victim services, with a central coordinating Association, Police-Victim Services of British Columbia, which provides training in the form of Victim-Service Practitioners Certificate and hosts an annual forum.
• **Referral of services** models require that frontline officers make referrals to external support services or provide contact details and information booklets. In New Zealand there are formalised referral processes that ensure appropriate referrals to victim service providers (eg, Victim Support NZ, SSVS and/or Women’s Refuges). Victim Support offices are located in police stations, and working relationships with Victim Support here appear more effective than in the UK, where some police were found to be completely unfamiliar with the services delivered by Victim Support UK (Payne, 2009).

Clearly these models are not mutually exclusive, and New Zealand appears to operate examples of all three. Wilson and Segrave (2011) found strengths and weaknesses with each model, but noted that effectiveness of each was influenced by police ‘culture’, the extent of commitment to ‘victim-centred’ policing, and availability of resources. Wilson and Segrave concluded that dedicated units may be optimal in delivering services, but are resource intensive and can create a perception that dealing with victims is not ‘real’ police work. Dedicated liaison officers also require significant commitment from management to achieve their goals, and effectiveness depends on the level of other duties officers are assigned to. Effectiveness is also dependent on levels of interagency cooperation, the quality of the referral mechanisms, and availability of victim support services.

The most common response to improving service delivery to victims of crime appears to be in development of police guidelines. An overseas example includes the International Association of Chiefs of Police (IACP)’s ‘Enhancing Law Enforcement Response to Victims: A 21st Century Strategy’ which contains guidelines, standards and transferable models for the provision of victim services within municipal police agencies (IACP, 2007).

Here in New Zealand police responsibilities to victims are laid out in a number of guidelines and/or codes of conduct:

- **Police Manual** includes three sets of victim-related guidelines:72
  - Victims (Police service to victims)
  - Family violence policy and procedures
  - Adult sexual assault investigation (ASAI) guidelines.


There are also general principles applicable to police–victim interactions outlined in the Police Code of Conduct and other polices and strategies (eg, Police Ethnic Strategy Working Towards 2010; New Zealand Polices Responsiveness Strategy to Pacific Peoples 2002/2006). While the development of guidelines and policies reflect a positive move, evaluations of the extent to which they have been successfully implemented is required (McDonald and Tinsley, 2011; Mossman et al, 2009a).

More recently Police are trialling a new approach to victims called **Victim Focus** which is a key part of a new operational strategy **Prevention First 2011 to 2015**. The

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72 The Police Manual is for internal use and not available externally. The guidelines are regularly reviewed and updated if necessary, so it is not appropriate to provide a year for the document.
aim is to improve police responses to victims in order to reduce the likelihood of repeat victimisation. Victim Focus includes the use of a ‘graduated response model’ (summarised in a notebook card), where the police response becomes more intensive the more frequently a person is identified as victimised. Repeat and high risk victims are identified through automatic alerts. There is also a commitment to deliver victim-focused training.73

9.2 Supporting victims through the court process

Before reviewing accepted good practice support for victims through the court process, it is worth acknowledging the following points:

- victims whose cases make it to court are only a subset of victims of crime (one in ten of all victims). In New Zealand, only a third of crimes are reported to police (Morrison et al, 2010). Only a third of these reported/recorded offences then go on to be prosecuted (Statistics New Zealand, n.d.)
- victims’ needs typically begin before, and extend beyond, the time in the court process (Payne, 2009)
- victims’ support needs during this phase can vary considerably depending on crime type and individual characteristics:

  … many witnesses require little more than notification of when and where to turn up, while others will need considerably more support in the form of advice, practical arrangements, reassurance, and measures such as pre-trial visits. (Payne, 2009, p15).

- some victims will be required to take the stand as a witness for their case. Some of the support needs for this group will be similar to other victims, but they will also have special support needs related to giving evidence.

Managing expectations

One of the challenges to supporting victims of crime during the court process is managing expectations. This issue has been highlighted by Herman (2005):

For those who sought redress in the criminal justice system, the single greatest shock was the discovery of just how little they mattered. Because the crimes had had such a profound impact on their lives, the victims often naively expected their interests to be of major concern to the authorities. They had trouble understanding that the central focus of the case was on the defendant, not on themselves. (p581)

This misunderstanding is partly a feature of the adversarial system of justice that is common in many jurisdictions, and operates here in New Zealand. It is often not clear to victims that in the adversarial system crime is treated as harm against the state rather than the individual concerned (Justice Sector and Electoral Committee, 2007). The Crown therefore is not representing the victim, but prosecutes offenders in the

interests of the wider public. The role of the victim is restricted to an instrumental one, as a witness for the Crown. Because it is not ‘their’ case they cannot compel a prosecutor to take certain actions, contest decisions, or challenge the sentence imposed. This experience can result in a victim feeling discounted, silenced and disempowered (Booth and Carrington, 2007; Cook et al, 1999).

Managing expectations and minimising misunderstanding requires that victims receive understandable information on how the criminal justice system works, what their role is, and then updates on progress with their case.

**Key support needs for victims/witnesses attending court**

It is difficult to separate out in the literature the specific needs of victims, compared to those victims who are also witnesses (required to take the stand and give evidence). Many witness support programmes are for all witnesses regardless of whether they are victims. Findings presented below are either relevant to victims and/or witnesses who are victims. The term victim/witness is used unless a finding is relevant only to those who are witnesses or just victims, in which case this is specified as such.

A number of key needs have been identified as the case progresses through the court process (Mawby, 2007; Payne, 2009; Victim Support Agency, 2009):

- information on case progression, and the meaning and significance of certain decisions and events, as they come up
- information on court processes generally, and on what they can reasonably expect to occur (and what they cannot expect)
- emotional support as necessary
- appropriate court facilities
- for victims who are witnesses, specific help to minimise retrauma when giving evidence (eg, special measures for giving evidence, support person present).

Many of these needs, particularly the right to information and support, have been the focus of codes of practice and victims’ rights legislation both here and overseas. In New Zealand strategies aimed at minimising witness retraumatisation have received attention through statutory reform (eg, the *Evidence Act 2006* allows for evidence to be given from behind a screen, via closed circuit television, or prerecorded videotape, and the right to have a support person present). New guidelines have also been developed on how Crown Prosecutors interact with victims/witnesses (Crown Law, 2010). While significant gains have been made, reviews continue on how court processes can be further improved to better meet the needs of victims/witnesses.  

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74 The Law Commission is currently engaging in consultation on proposals on alternative trial processes (Alternative pre-trial and trial processes: Possible reforms’, Law Commission, 2012). A package of reforms is also being considered to address concerns around the way child witnesses are treated in the criminal justice system. Improving victims’ experiences at court are also a major focus of proposals as a result of the Enhancing Victims’ Rights Review [CBC (11) 4/1]
This section now briefly reviews literature on:

- providing court support to victims
- communication with prosecutors
- court facilities.

### 9.2.1 Providing court support for victims/witnesses

In New Zealand, in addition to informal support provided by friends and families, a range of other groups and players may be involved in providing vital information and support to victims and victims who are witnesses during the court process. These include court victim advisors, community-based victim support agencies, police, and prosecutors.\(^\text{75}\) In 2010 a specialist court support service was introduced by the Ministry of Justice to assist victims of sexual violence and lessen the negative impact of the criminal justice process on victims. This support service is based on the existing court advisors model.

With respect to different models of court support, debates centre on the following issues:

- whether support is best provided by public sector agencies or by community organisations (see Mawby, 2007)
- when multiple agencies are involved, how to bring agencies together efficiently
- whether a single point of contact for victims/witnesses is appropriate, to make access easier (Payne, 2009)
- how support can be provided to victims before and after the court experience (Payne, 2009).

The range of people on hand during a court case, and the type of assistance each provides, can make it difficult for victims to know who to approach for information and support. Some overseas jurisdictions provide a single point of contact for victims and witnesses in the court process, similar to the court advisors in New Zealand. This includes the Witness Care Units in the UK that provide needs assessments and support for victims and witnesses,\(^\text{76}\) Witness Assistance Services in Australia,\(^\text{77}\) and

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\(^{75}\) These advisors can provide case information, ensure victim/survivors’ safety during court proceedings, and liaise with police, prosecutors, the judiciary and community organisations. They also inform the court of the victims’ views and ensure victims of crime are informed of their rights under the Victims’ Rights Act 2002. A range of publications is also available containing information on the court process (eg, ‘Moving through the criminal justice system: For people affected by crime’ see [www.victimsinfo.govt.nz](http://www.victimsinfo.govt.nz)).

\(^{76}\) In the UK since 2005, Witness Care Units are run by police and the Crown Prosecution Service, but work closely with the Witness Support Programme provided by the UK’s Victim Support. They aim to provide a single point of contact to identify needs, improve coordination of referrals, and provide updates on progress and outcomes. They should not be confused with Victim Support UK’s Witness Assistance Schemes or Victim Care Units run in some areas.
‘Victims Desks’ in the Netherlands. All of these initiatives focus on victims and witnesses court attendance.

Another model being trialled in the UK is the use of Independent Advisors whose role extends before, during and after court appearances. Independent Victim Advisors for Victims of Sexual Violence (ISVA) and Domestic Violence (IDVA) have been introduced across England and Wales. A key responsibility is to develop multiagency partnerships with relevant agencies, whilst remaining independent. The advisors are trained specialists who work proactively with victims from the point of crisis. Victims receive an integrated response through advisors networking and liaising on behalf of the victim (Robinson, 2009; Howarth et al, 2009).

Both models have been evaluated with positive results (see Robinson, 2009; Howarth et al, 2009). Robinson (2009) noted the location of ISVAs impacted on the types of referrals received. ISVAs located in Sexual Assault Referral Centres tended to receive more police referrals, while those in SSVS had higher numbers of self-referrals who were less likely to want contact with the criminal justice system.

While these advisors can provide end-to-end support, their role is not intended to replace statutory parties, rather to assist victims and victims who are witnesses in their interactions with other agents as appropriate (ie, interactions with prosecutors and/or police).

### Innovative practice – court support


### Child friendly court resources


- Activity workbooks by the Office for Victims of Crimes “I'm going to federal court with Mark & Julie” (For children ten years and up); Learning all about court with "BJ": An activity book for children going to federal or tribal court ([http://www.ovc.gov/publications/](http://www.ovc.gov/publications/))

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77 The Victorian Office of Public Prosecutions (OPP) has a Witness Assistance Service which is available to all prosecution witnesses and victims of crime who are involved in cases handled by the OPP. This service provides information and support, and is staffed by professionals experienced in the area of witness/victim support.

78 The Victim Support Desk is a cooperative initiative between the Public Prosecution Service, the police and Victim Support Netherlands. The Support Desk provides victims with information and legal support so as to enable victims to make better use of their rights. A central coordinator is responsible for ensuring the best possible cooperation between all parties.
9.2.2 Communication with prosecutors

Interaction with prosecutors has been found frequently to create tensions and frustrations for victims and victims who are witnesses (Elliott and O’Brien, 2011; Kingi and Jordan, 2009), often as a result of the prosecutor’s unique role in court proceedings. Yet, as noted in the introduction to this section, managing expectations associated with the adversarial system of justice can be important, and a potential role of prosecutors. Responses to improve interactions often involve the development of guidelines. In the US, comprehensive guidelines for prosecutors working with victims/witnesses have recently been developed (US Department of Justice, 2011) and similarly in the UK a ‘Ten Point Prosecutors Pledge’. Here in New Zealand, guidelines have also recently been developed for prosecutors who interact with victims (Crown Law, 2010).

One aspect receiving particular attention is the timing and provision of a pre-trial meeting between the prosecutor and the victim(s). Proposals aimed at formalising the current arrangements are included in the 2010 Enhancing Victims’ Rights Review [CBC (11) 4/1]. The aim of such meetings is for victims to have the opportunity to ask questions of the prosecutor. Research with victims suggests that meeting prior to trial makes victims feel better prepared, and more involved in the case (Doak, 2008; Stern, 2010 both cited in McDonald and Tinsley, 2011). The practicalities of meetings depend on the seriousness of the offence and the case load of the prosecutor.79 It is expected that such meetings are short and occur only on the first day of a hearing (McDonald and Tinsley, 2011).

McDonald and Tinsley (2011) also canvass the idea that if such meetings occurred earlier victims might be better prepared on issues such as handling cross-examination. They cite research by Ellison and Wheatcroft (2010)80 that found witness preparation programmes reduced stress and anxiety, gave witnesses more confidence, and enabled them to be more articulate in their testimony.81

Jordan (2008) reports on a high-profile multiple victim serial rape case in New Zealand, where measures to support the women victims included not only the opportunity to meet the prosecutorial team in advance of the trial but also to match victims with the prosecutor they related to well. Prominent Crown Solicitor Simon Moore has outlined a model his Auckland-based team adheres to in their interactions with serious victims of crime. This model was strongly endorsed by Lesley Elliot (see Elliott and O’Brien, 2011, p224). Key elements were:

- engaging with the family as early as possible, to gain their confidence

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79 Crown prosecutors rather than police prosecutors are involved with more serious indictable offences. However, they may still arrive at court to act as the prosecution for anywhere up to 20 cases. It is only the very most serious homicide or sexual violation cases where a Crown Prosecutor may have more time to meet with a victim.

80 This was a quasi–experimental design comparing four different approaches to witness preparation (n=65).

81 Prosecutors must be careful not to ‘coach’ a victim/witness on evidence in any substantive way (Ministry of Justice, 2009); however, with clear guidelines it appears possible to better prepare victims without being accused of ‘coaching’.
• explaining how and why the focus of the trial is on the accused, and the importance of preserving the accused’s rights to a fair trial
• gaining a clear insight into the views of the family so these can be managed and where possible accommodated
• adopting a ‘no surprises’ policy to help manage families’ expectations.

9.2.3 Court facilities

The physical environment of a court can also impact on the experience of victims and those who are a witness. New Zealand research with victims of sexual violence found that shared public areas meant that encounters with the defendant and their supporters were likely to occur, such encounters usually being very stressful (Kingi and Jordan, 2009). Separate entrances and waiting rooms are valued. Victims’ experiences are also made worse if victims must spend long and unpredictably lengthy amounts of time in inadequate facilities (McDonald and Tinsley, 2011). Facilities that would better respond to victims’ and witnesses’ need to feel safe include (see MacDonald and Tinsley, 2011; Sanders and Jones, 2007):

• separate entrances, waiting rooms, refreshment and toilet facilities
• facility to give testimony in ways that do not require direct confrontation with the defendant (eg, screens, CCTV, video links, video recorder).

On the other hand Burton et al (2006, cited in Sanders and Jones, 2007) found that some victims and witnesses were ambivalent about separate waiting areas, perceiving it as a form of ‘segregation’ while the accused and their supporters were free to roam to, from and around the court building. Payne (2009) in a review of the UK’s facilities also noted that measures taken were often insufficient (eg, rooms without windows, or where there was no access to washrooms or refreshments without passing through the public areas). As an alternative approach, Sanders and Jones (2007) suggest minimising victims’ time in the court by summoning them by pager or mobile phone only when they were required. This has been accommodated in the UK’s Code of Practice.

9.3 Supporting victims with participation in decision making

The need for a more inclusive criminal justice system that enables crime victims to have a voice is recognised in New Zealand Victims’ Rights legislation and international documents (eg, Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power). In New Zealand victims now have a right to have their views considered at three key points in the adult criminal justice system:

• when a judge is considering a bail application (for cases of specified offences outlined in the legislation)

Victims also have the right to have their views considered in other situations eg, if the immigration service is considering the deportation of an offender.
• at sentencing, through the submission of a victim impact statement (written or oral)

• when the parole board is considering if an offender who has been imprisoned for serious offences should be released, and if so under what circumstances (for cases of specified offences outlined in the legislation).

No research was found that looked at effective victim responses in relation to bail applications. However, below is research related to victims input at sentencing (through victim impact statements) and post-sentencing (via submission to parole hearings). While these measures are intended to serve victims' needs (and thus empower them), they each carry risks that victims who exercise them will instead end up feeling ignored, which can result in feeling disempowered (Mawby, 2007; Sanders and Jones, 2007).

9.3.1 Sentencing

Many crime victims seek acknowledgement of their hurt and suffering as a result of the offender’s actions (Herman, 2003). In New Zealand and elsewhere the main way this need has been accommodated is through the right to submit a victim impact statement (VIS). The VIS allows victims to convey to the judge, immediately prior to sentencing, the ways and extent to which a crime has affected them. It is usually a written submission, provided to the judge via the prosecutor. In New Zealand, but unlike many other countries, victims can also request that they or a nominated person read the statement to the court.83

Many jurisdictions provide for victims to make a VIS; however, there are variations (Booth and Carrington, 2007), such as:

• who is defined as a victim and may therefore submit a VIS (primary and/or secondary victims)
• the type of offences which make a VIS applicable (a range of offence types or only the more serious)
• permissible content (opinions on the offender, expectations of sentencing) and maximum length84
• method of presentation (written or oral presentation).85

The use of VIS has received a fair amount of research attention, most notably in relation to their impact on sentencing decisions. While mixed, the evidence generally appears to indicate negligible effects (see Booth and Carrington, 2007 or Englebrecht, 2011 for a review). Some attention has also been given to the perceived value of a VIS from the victim’s perspective (eg, Edwards, 2004; Englebrecht, 2011; 83 The judge can deny this request, if for example, reading the VIS would cause undue delays, or if there are concerns about the number of, or length of, VIS (Enhancing Victims’ Rights Review [CBC (11) 4/1]).
84 South Australia and some states in the US allow victims to express an opinion on the penalty to be imposed.
85 New Zealand, Canada and most states in the US allow oral presentation.)
Roberts, 2008; Roberts and Manikis, 2011; Smith, 2011; Victim Support Agency, 2009). Roberts (2008) reviewed survey research carried out in Scotland and Canada that found victims were generally pleased they had submitted a VIS, and that making this form of statement made them ‘feel better’ (around two-thirds of submitters).

In reviewing the impact of the criminal justice system on wellbeing, Parsons and Bergin (2010) suggested VIS had the potential to improve a victim’s experience of the criminal justice system. However, there is also the potential for negative impact, particularly if a victim is under the impression that their statement will directly influence sentencing, when in practice VIS tend to have little or no bearing on sentencing. This experience has a potentially negative impact on a victim’s sense of a valid participation in the process (see also Booth and Carrington, 2007; Edwards, 2004, Englebrecht, 2011; Sanders and Jones, 2007).

Support and information concerning VIS are critical in realising their potential value to victims. It is important that information is provided in a timely manner, and not when victims are in a highly distressed state and unlikely to absorb new information (Victim Support Agency, 2009).

A recent comprehensive review of VIS in Victoria also found victims generally had positive views about VIS, although a number of factors influenced levels of satisfaction (Victim Support Agency, 2009). These included:

- that victims were made aware of their right to make a VIS
- that victims understand, and have accurate expectations, of the VIS process (in particular how their VIS will be used)
- that victims receive adequate information and support in preparing their VIS
- whether the experience of presenting the VIS in court went well.

Other factors identified in research are the importance of being able to deliver the VIS orally (Roberts, 2008; Victim Support Agency, 2009), also whether victims perceived that their VIS was actually acknowledged and taken into account by the judge (Sanders and Jones, 2007).

VIS are typically verified and signed by the prosecution or police before being submitted and this can involve editing the content to ensure conformity with applicable legislation. A particular issue of contention arises when the VIS includes material that is considered inadmissible and is therefore significantly altered prior to submission (Victim Support Agency, 2009). The current provisions in New Zealand as to what may be included in a VIS are open to interpretation, which can lead to arguments on what is admissible (Cabinet paper, Enhancing Victims’ Rights Review, [CBC (11) 4/1]). New Zealand research with families of homicide victims has found this to be a particularly vexing issue. Victims interpreted the excision of material from

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86 This was a comprehensive research report based on extensive consultations with over 150 key stakeholders involved in the VIS process as well as five focus groups each with 14 victims of crime. Stakeholders included police, prosecutors, defence counsel, the judiciary and magistracy, victims’ service agencies, and witness assistance services.
their VIS as being ‘silenced’ (Elliott and O'Brien, 2011; Kingi, 2011). This underlines the need for guidelines to be made clearer and for victims to be correctly advised through the VIS process including, where necessary, guided with wording on the VIS, ensuring that it will not be subject to later revision.

At least some of these factors are addressed in proposals included in the 2010 Cabinet paper *Enhancing Victims' Rights Review* to enhance the VIS, including:

- providing clearer guidelines on the purpose and content of VIS
- widen the scope so that VIS can include the effects of the crime on dependent family or whānau members
- give victims of serious offences (section 29 of *Victims' Rights Act 2002*) the automatic right to orally present their VIS to the court.

### 9.3.2 Post-sentence – parole decisions

In New Zealand victims of serious offences (section 29 of *Victims' Rights Act 2002*) have a right to be notified of upcoming parole hearings, to make a submission to the parole board, and to be notified of the outcome of the hearing.

Research cited by Booth and Carrington (2007) suggests that, unlike a VIS, parole submissions can be influential in decisions of the parole board.

Ensuring victims have the opportunity to exercise these rights and are able to participate if they wish in the parole process, requires of course that they are reliably notified. There are two key aspects to an effective response to victims at this stage:

- an efficient system of notification
- victims supplied with sufficient information to assist them to properly participate.

The mechanism for victims to be notified in New Zealand is the Victim Notification Register (VNR). This mechanism ensures victims are informed of a number of important events relating to the offender. A number of agencies are responsible for supplying this information, including New Zealand Police, Department of Corrections, Ministry of Health, the New Zealand Parole Board and the Department of Labour. As a result the VNR process has become increasingly complex and a number of improvements to the system have been proposed (*Enhancing Victims' Rights Review*, [CBC (11) 4/1]). Key issues for the success of this system are ensuring:

- victims who wish to be notified are recorded on the register\(^{87}\)
- contact details for victims are kept up to date
- all agencies are aware of victim preferences on whether to receive information or not, and maintain up to date information.

Ensuring current contact details has particular relevance in relation to parole hearings. With many serious offences, notifications can occur many years after the

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\(^{87}\) Generally, good practice is to incorporate ‘opt in’ systems of notification (Van Dijk and Groenhuijsen, 2007)
victim is first registered. Currently it is the responsibility of the victim to inform the relevant agency of any change of address. Of course, this obligation may not always be kept in mind by victims and there is the risk that contact details become out of date.

Innovative practice

A recent review of victim services by parole boards in the United States (APAI, 2012a) identified the following initiatives as good practice.

- In Ohio an online victim notification registration system has been implemented to allow victims to quickly and efficiently register for notifications
- The Florida Parole Commission proactively searches for current contact details of victims via driving licences, social security numbers, online databases, even news articles), thereby keeping its own records up to date.

Support for victims attending parole hearings

In New Zealand it is the New Zealand Parole Board’s responsibility to notify victims of upcoming hearings, but it is less clear where the responsibility lies in providing more direct support for a victim to attend a meeting with the Board or make a submission. The New Zealand Parole Board is piloting the use of Victim Support NZ to provide support and assistance with submissions (Ministry of Justice, 2011c). In other jurisdictions, it is the probation service itself that has this support role. In the UK contacting and supporting victims is a statutory responsibility of the probation service (see Mawby, 2007). In Canada the Parole Board’s regional communications officers play a key role, and a recent survey of registered victims suggested high levels of satisfaction with the Board’s staff (see APAI, 2012b). In the US, around 90% of authorities have a dedicated victim assistance staff member, with around 70% having a dedicated unit (APAI, 2012b).

A review of post-sentence models of probation contact with victims in the UK (HMIP, 2003 cited in Mawby, 2007) identified three approaches:

- dual role – probation officer who is responsible for the offender, takes on additional responsibility of notifying, and as needed, liaising with victim
- specialist worker – probation team is assigned the role of victim liaison, with the work remaining in-house but separated from ‘offender’ work
- third party approach – an agency such as a victim service provider is used to make initial contact and provide assistance.

The HMIP (2003) review acknowledged the specialist worker model to be the most effective approach. It enabled victim work to be developed as a specialisation within probation and limited the dilemma of separating offender and victim issues and priorities. However, Mawby (2007) notes that it may restrict the extent to which victim-orientated work becomes fully integrated into probation practice.

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88 UK’s Code of Practice makes it a statutory requirement that in serious offences (sentences 12 months or longer for sexual or violent offences) there is face-to-face contact.
Mawby (2007) also identifies a number of challenges and considerations in delivering an effective response to victims at the later stages of the criminal justice process including:

- appropriate ways to make contact – by phone, letter, email, in person
- clarifying whether victims still want to be consulted – for some the experience of being contacted unexpectedly can reactivate trauma
- ensuring victims can submit their views without fear of retaliation by offenders
- managing the balance between the rights of the offender and the victim in relation to what information is made available to whom.

This latter point is sometimes a source of resentment, as is illustrated in the following from a victim:

> Whatever you say gets told to him [the offender]. If I object to something, he finds out, but if he objects to something, I'm not allowed to know. (Rogers, 1999, p.26, cited in Mawby, 2007).

Fears of retaliation, difficulties in accessing information, and expectations that submissions will be ignored, led Mawby (2007) to the observation that participation in parole processes is not always in the best interests of the victim. This process also appears to be one where victims’ expectations must be carefully managed.

### 9.4 Stocktake summary

- There has been a clear focus on victims’ satisfaction with their experience with the criminal justice system. Very little attention has been given to criminal justice responses that assist victims with their healing and recovery.
- Victim surveys have usefully identified factors which influence victim satisfaction with their involvement with police.
- Regular surveys of victims’ and witnesses’ experiences with the criminal justice system are not conducted in New Zealand. In the UK their WAVE research provides more detailed information on victims’ and witnesses’ experiences; however, it is limited to those whose cases are prosecuted.
- Victim-orientated training for police officers is associated with increased victim satisfaction and recovery, but less information is available on characteristics of effective training programmes.
- Research appears to be inconsistent or lacking in New Zealand that monitors compliance to guidelines for working with victims of crime (for police or prosecutors).
- Research to evaluate the court services for victims of sexual violence is currently underway. It would be desirable to know whether needs assessments, and what types, are currently being carried out with victims and witnesses.
- It would also be useful to review the current court facilities and the extent to which victims’ and witnesses’ needs can be catered for (eg, separate waiting rooms, use of pagers).
• There is a need for research on how well victims’ needs are being responded to by the Parole Board. Research on this topic has been carried out in Britain, but is not necessarily applicable to the New Zealand situation. Victims’ satisfaction with VIS and participation at parole hearings needs to be assessed. This is important as there is a risk if not managed properly their use can be disempowering for victims.
10 Integrated responses

Key points

• Victims of crime can find it confusing and frustrating dealing with multiple government agencies to obtain information about the criminal justice system, their rights, and how to access services. The experience of victims can be enhanced by integrating provision of services. There are a number of models with varying points of delivery, content and breadth of focus.

• Promising results have been found for victims of domestic violence when an integrated, multiagency response is provided (eg, New Zealand’s Family Violence Interagency Response System (FVIARS) and the UK Multi-Agency Risk Assessment Conferences (MARCs) and IDVAs).

• Specialised integrated support centres are also considered good practice for victims of sexual violence (eg, Sexual Assault Referral Centres/SARC). The end-to-end specialist support provided by ISVA also appears promising.

• One-stop-shop or multiservice centres may have benefits for victims of crime and are currently being trialled in New Zealand, but have yet to be evaluated.

Widely regarded as confusing and frustrating for victims is the necessity of dealing with multiple government agencies when seeking information about the criminal justice system, one’s rights as victims, and how to access services (Ministry of Justice, 2009). As outlined earlier, a recent review identified ten government agencies that provide services to victims of crime (see Appendix C). The range of agencies involved, the complexity of victims’ needs (eg, physical, mental, financial, social and criminal justice), the fact that the interaction occurs at what is often an emotionally fraught and distressing time, suggest that integrated or multidisciplinary approaches would improve practice response to victims of crime (Fleming et al., 2006; Jennings et al., 2011; Green et al., 2010; Payne, 2009; Shepherd and Lisles, 1998).

Benefits of integration are likely to include better matching of services to victims, better uptake of information, information sharing among agencies, cost efficiencies in the delivery of services, and ultimately improved outcomes for victims.

There are two levels where an integrated response can occur (Australian Domestic and Family Violence Clearinghouse, 2010):

• integrated provision of services: a coordinated, possibly interagency, team or centre delivering services

• integrated systems for service delivery: a jurisdiction-wide model that encompasses multiple tiers of management, changes to core agency practice,

89 Other terms to describe an integrated service response include interagency, joined-up service delivery, collaborative service delivery, multiagency and whole of government responses.
diverse aspects of service delivery, shared protocols and, often, integrated courts and legislative base.

Once again very little research was available on the effectiveness of integrated systems (the second bulleted level); all that was located was a small number of articles and reports, mainly case studies where this type of approach to services had been adopted.\(^90\) It is likely this approach is used widely but not the subject of published reviews. Also worth noting is that the Australian Law Reform Commission (2010) recently completed a detailed national review of the legal response to family violence across Australia, of which one chapter was devoted to the importance of reviewing integrated responses and summarising the essential elements of an integrated response.\(^91\)

The remainder of this chapter reviews the limited material on specialist integrated responses (the second level of integration).

### 10.1 Specialist integrated responses to family violence risk assessment

In New Zealand, victims of family violence are the only group of crime victims where a specialised interagency response is available. This occurs through the Family Violence Interagency Response System (FVIARS). Meetings of participants have been held regularly throughout New Zealand since 2006. Meetings are attended by representatives from New Zealand Police, Child Youth and Family, and the National Collective of Independent Women’s Refuges (NCIWR).\(^92\) At each meeting, participants review new cases of family violence reported to police, and decide on recommended responses. The meetings enable an integrated response to be developed, based on guidelines for each individual agency’s responsibilities:

- for initial response
- post-event assessment
- risk-response planning
- coordinated cross-sector support for victim empowerment
- child safety
- offender management and accountability.

A recent evaluation based on four case study sites found that FVIARS improved relationships between agencies, allowed for adaptability to local conditions, promoted efficient use of agency resources, and enabled a more accurate picture of individual

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\(^90\) Examples included: strategies to integrate and coordinate victims of crime services, in Queensland (Wilson et al., 2001); the challenges to delivering effective multiagency work for victims and witnesses of crime in Leicester (UK), (Fleming et al., 2006); and an integrated treatment system for victims of crime developed by Sutton Community Safety Partnership (2007), where a victim’s needs are addressed following appropriate screening, assessment, care coordination and treatment review.


\(^92\) Where an NCIWR representative is not available, a representative from another community agency such as Victim Support will attend. Other relevant community agency groups may also attend.
cases and assessment of risk of further violence (Carswell et al, 2010). The authors reported that outcomes for adult and child victims were harder to assess, due to lack of data on outcomes, although the authors noted anecdotal evidence of good outcomes.

Similar models have been used successfully overseas including the UK’s Multi-Agency Risk Assessment Conferences (MARCs, see Steel et al 2011 for a review) and are being introduced in some Australian states (see Australian Domestic and Family Violence Clearinghouse, 2010).

10.2 Independent advisors (IDVAs and ISVAs)

The roles of IDVA and ISVAs were discussed in the previous section under court support. They are independent workers located in community settings, and form multiagency partnerships with relevant agencies to work on behalf of the victim. IDVAs and ISVAs provide:

- emotional support
- advice and practical help
- support through the criminal justice process
- liaison with other agencies on behalf of the victim.

According to studies they succeed in enabling victims to receive an integrated response through networking and liaising on behalf of the victim (Robinson, 2009; Howarth et al, 2009). The same could be true of workers from other agencies in New Zealand supporting victims (eg, Victim Support NZ, SSVS and Women’s Refuges); however, the ‘independent’ aspect of IDVA and ISVA may assist in their ability to effectively network and liaise.

10.3 Specialised integrated responses to sexual violence

Specialised integrated support centres are considered particularly good practice in responding to victims of sexual violence (Kelly, 2005; Mossman et al, 2009a). This approach has become popular in a number of jurisdictions including Australia, the UK, United States, Canada and South Africa (Mossman et al, 2009a). Centres are variously titled Sexual Assault Referral Centres (SARC), Sexual Assault Centres, Sexual Assault Treatment Units and in South Africa Thuthuzela Care Centres. They bring together in one location a variety of medical, legal, counselling and support services for victims in the immediate aftermath of sexual assaults. They may be located in hospitals or (as in the UK and Australia) community based.

An evaluation has been carried on SARCs in the UK, which found that they integrated the needs of the criminal justice system with the needs of victims well. Victims tended to value highly the services provided (Lovett, Regan and Kelly, 2004).

A limitation of SARCs is a tendency to focus only on victims who report their assault to police (which is a small minority of cases). Mossman et al (2009a) noted that

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93 The IDVA and representatives from Housing and Probation also usually attend MARCs
services provided by SARCs complemented, but should not displace the community-run SSVS, which have a different focus (eg, those victims who do not wish to report to police, including victims of historical sexual assault).

10.4 One-stop shops

The one-stop shop is another model of integrated service provision that has been developed to respond to both adults and children subjected to sexual and domestic violence or any form of violence against women. They are distinguished from SARCs by this broader focus, with SARCs limited to recent sexual assaults. A press release in May 2007 suggested a ‘one-stop shop’ bringing together specialists from Child, Youth and Family Services, the Counties Manukau District Health Board and some community agencies was to be set up under one roof in South Auckland (Mangnell, 2008). It was reported to be a multiagency service for victims of child abuse, adult sexual assault and family violence, housing medical staff and facilities, family safety teams with members from the Police, Child, Youth and Family Services and Women’s Refuge, as well as police evidential, child abuse and adult sexual assault teams. Unfortunately no further details or evaluation of this initiative were located.

This integrated model of service delivery has been developed as a means to maximise scarce resources, which may account for it being common in third-world countries (Kelly, 2005). Whilst many practitioners support the idea of one-stop shops in principle, recognising the connections between forms of violence, there are also concerns that:

- child victims/survivors could be prioritised for services before adult victims/survivors
- domestic violence victims/survivors could be prioritised for services before sexual violence victims/survivors (Kelly, 2005).

10.5 Multiservice centres

Multiservice centres are a broader form of integrated service delivery, where a number of different agencies and services are combined, not under one roof, but in one location. A number of agencies are housed in one location and so can easily work together to assist common clients accessing a range of support and services.

In New Zealand, the Ministry of Social Development (MSD) has developed ‘Community Link’ centres based on this approach. Centres house a range of agencies to provide a joined-up way of working effectively with individuals and families who have multiple and complex needs. Currently, they are located in over 50

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94 Mossman et al (2009a) noted that some community-based SSVS centres had incorporated aspects of SARCs into their own models of service delivery. For example, the Hutt Rape Counselling Network in Wellington works with police and forensic sexual abuse doctors (DSAC, 2006) and have developed a custom-made room on-site in which forensic medical examinations can be carried out.
sites around New Zealand and have recently been co-located with three Family Courts. They are described on the MSD website as follows: 95

At Community Link, people, families and communities can expect support tailored to their own personal needs and priorities. This includes intensive wrap-around support if that is what is needed. At a Community Link, clients only need to tell their story once, not every time.

These principles seem highly applicable to victims of crime, but victim support services do not appear to be included as partner agencies at present. These centres could also be effective in making victim services more accessible to the high-risk ‘hard to reach’ groups. No evaluations were located on multiservice centres.

10.6 Dedicated victim centres

The establishment of national level dedicated victims centres appears to be another way to achieve a coordinated approach to service delivery (Cook et al., 1999). These centres can play a leading role in the national coordination of victim-related services, ensuring the entire spectrum of victim services are available and work and function together to address the needs of victims of crime. These centres were discussed in section 5.3 and examples are provided in Appendix B.

10.7 Stocktake summary

- Evidence is beginning to emerge of the value and effectiveness of a number of models of integrated service provision (eg, FVAIRS, MARCS, ISVAs and IDVAs and SARCs). Other models, whilst they intuitively make good sense, have not been evaluated.

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Part four: Key findings

11 Summary and implications

This review has traversed an extensive range of research on crime victimisation, its consequences and what is known about effective responses. This final section summarises some of the key findings and implications that have emerged. It concludes with a summary of overriding principles of good service delivery, and identified gaps in knowledge.

The challenge of capturing the breadth of research in this area was raised in the introduction by Lauritsen and Archakova (2008) and was certainly borne out in completing this review. Whilst an exhaustive review of all aspects was not possible, it is hoped that this review will be a useful resource for those requiring an overview of key issues or looking for a starting point to further explore issues.

In considering the state of research in this area, New Zealand is fortunate in having robust and comprehensive information from the NZCASS on the nature and extent of crime victimisation. This is essential information for the planning and targeting of resources and to improve understanding of the support needs of victims.

Findings from this survey have demonstrated that victimisation is not evenly distributed; certain subgroups are at increased risk of experiencing crime (eg, younger persons, Māori and ‘other’ ethnic groups, sole parents, students, those living in households comprising flatmates, and being unemployed or on a benefit). Other groups are more vulnerable to adverse reactions as a result of victimisation (eg, individuals who have experienced multiple or repeat victimisation, younger victims, victims with disabilities, and those of low socioeconomic status). Many of those at increased risk of victimisation and adverse consequences are in ‘hard-to-reach’ groups, and efforts to increase accessibility of support services for these should be a priority.

In singling out groups most at risk of victimisation it is however important to note individual risk factors often cluster together, meaning some groups carry a particularly heavy burden of risk. Analysis of NZCASS data suggests that it is inherent disadvantage rather than separate factors related to it (such as being Māori or a sole parent) that underlies heightened risk; as such, this should be the focus of crime prevention and victim services initiatives. Targeting socially and economically deprived areas allows support to reach those most in need without singling out particular groups and thereby stigmatising members of those groups.

While NZCASS provides evidence that impacts experienced can differ according to the type of crime, and personal characteristics of the victim, an equally strong finding is that victims of the same type of crime can exhibit very different reactions. Alternatively, victims of different crimes can have similar reactions. This means predicting the intensity and duration of an individual’s reaction to a crime, whether they will develop mental health disorders, or experience functional impairment, is difficult and complex. A central tenet of effective response therefore must include
assessing the specific needs of each victim and providing or coordinating an individualised response. Research suggests needs should be reassessed at various stages of the process, from the point of crisis through to pre- and post-court involvement. Currently standardised tools or processes for carrying out needs assessments of crime victims are not available in New Zealand.

The integrity of the criminal justice system is reliant on victim participation, hence the importance of understanding victim satisfaction and barriers to accessing the criminal justice system. Understanding barriers to seeking help is also vitally important. In New Zealand we are building a strong body of in-depth qualitative evidence on what victims, particularly those of serious crimes, say they need; similarly, we know a great deal about victims’ satisfaction or otherwise with services and responses received. While not representative of all victims, this research has provided valuable insights into the experiences of crime victims, including their experiences of criminal justice responses. This qualitative research now needs to be followed up with quantitative approaches using representative samples to better understand the scale of and extent of issues identified (eg, problems accessing information, issues communicating with police and prosecutors).

In completing this review, the type of research that emerged as most lacking was well-designed research that measures the effectiveness of victim support services (other gaps in knowledge are listed in section 11.2 below). While reliable overseas research has documented the range of adverse consequences of victimisation (particularly negative mental health outcomes), we still know very little about what works in supporting victims of crime in their healing and recovery.

There is empirical evidence of the effectiveness of certain treatment approaches to reducing PTSD symptoms in the short and longer term. However, other counselling approaches perhaps more commonly used in community settings have not been researched. Also apparently lacking is an understanding of effective crisis responses.

It is acknowledged that researching outcomes in this field is difficult; however perhaps lessons need to be learned from other fields such as health, in which it has been possible to carry out this type of research (eg, effectiveness of trauma counselling in accident and emergency departments). Also useful may be defining and evaluating ‘quality aspects’ of services, as well as outcomes achieved. Cross-sectional longitudinal research has also proved valuable in isolating factors associated with positive life outcomes and could be explored as a useful way forward.

Whilst demonstrating outcomes of interventions has been difficult, certain aspects of service delivery have consistently emerged as important. A complete list appears in section 11.1 below; mentioned here are the four most prominent elements.

- While outcomes are important, what appears most important to victims is fair and decent treatment, and the perception that appropriate action has been taken. This is consistent with the model of procedural justice. The provision of timely and accurate information is also an essential component of this, and goes a long way to managing the expectations of victims of crime.

- Ensuring accessibility of services is also essential. New Zealand Police’s automatic referral system of victims of crime to service providers is a positive
initiative. The relationships between parties and coverage of support services, albeit on limited funding, appear good and receive positive appraisals from victims. This may explain why New Zealand has among the highest take-up rates of support services by victims, relative to other countries. Another Police initiative, ‘Victim Focus’, aims to identify repeat victims, a positive move that is likely to improve service responses to what can be hard-to-reach groups. However, the 2006 NZCASS found 13% of victims described unmet needs for assistance, so there is still considerable scope for ensuring victims from all sectors of society have access to appropriate services.

- Research also supports **victim-orientated training** as an important means to improve service responses. Some areas of specialist victim training are delivered to New Zealand Police (eg, family violence and sexual assault). Other sectors of the criminal justice system have produced guidelines (eg, for Crown prosecutors) but formalised victim-focused training generally appears to be lacking.

- An observation noted here in New Zealand and elsewhere is that the range of agencies providing victim services can make it difficult for victims to know who to look to for information and support. Providing a **single point of contact** that is available **end-to-end**, to help victims navigate and access systems of care and justice, appears important. A promising support model that delivers this is that of the UK’s independent advisors (Independent Sexual Violence Advisors) and Independent Domestic Violence Advisors).

Recognition of the adverse effects of crime on victims, including the risk of secondary victimisation for those seeking justice through the legal system, has resulted in significant efforts to **protect victims’ rights** and achieve adequate standards of care. International understanding and agreement on fundamental victims’ rights has existed since the 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power.

In many respects New Zealand has led the way in recognising victims’ rights. For example, New Zealand was the first country to offer state-funded compensation to crime victims for personal injury, and among the earliest to introduce court-ordered reparation for victims (a right still campaigned for in some jurisdictions). Victims in New Zealand had comparatively early access to restorative justice, whilst various legal reforms have improved the rights and treatment of victims and ensuring their views are heard through the trial process. This includes, with the judge’s authorisation, the right for victims of certain offences to orally present a victim impact statement, again another right unavailable to victims in many jurisdictions.

There have been some minor shifts in international thinking on how to protect victims’ rights (eg, responding to victims who are particularly vulnerable, recognising the importance of preventing and reducing repeat victimisation, and considering allowing a victim the right to appeal a decision not to prosecute). New Zealand has already accommodated, or is currently proposing to address, many of these.

However, whilst the provisions accommodated in New Zealand’s legislation are either already consistent with, or working towards international best practice, there is currently no means of evaluating how well these provisions are being implemented. Certainly NZCASS has shown there are unmet needs amongst some victims and overall levels of satisfaction with criminal justice agencies could be improved. None
of the victims’ rights provided for in legislation are legally enforceable, and there is little or no monitoring of government and community agencies’ compliance. Unsatisfactorily, victims who wish to complain are currently required to navigate different processes in each of the agencies involved.

This failure to monitor compliance, and inaccessible complaints system, has however been recognised by Government and is one of the key aims of the new Victims Code currently under development. The new complaints process to be introduced through the Victims of Crime Reform Bill will assist in developing a picture of victims’ concerns regarding the services and support they receive.

Whilst it is imperative that processes are developed to ensure those providing services to victims are held accountable, it will be important to avoid mistakes encountered in England and Wales where a code of practice was found to be too detailed, and thus inaccessible to victims. The South African approach may have more merit, with a simple and accessible code, backed up by agency-developed comprehensive guidelines and means of demonstrating compliance and accountability.

The role of the Victims Centre will also be important in coordinating the often overlapping roles and responsibilities of agencies and services. A challenge for the centre will be ensuring victims have choice, and can select the services and support most appropriate to their needs. However, it is also important to avoid duplication of services and resources, to prevent victims from ‘falling between the gaps’, where agencies assume other parties have provided particular services.

The majority of the victims’ needs highlighted throughout this review have been well known for many years; efforts must now shift towards understanding how these needs can be addressed.

### 11.1 Guiding principles for providing effective service and support to victims of crime

A key aim of this report was to provide information on how best to support victims of crime. In reviewing the extensive range of research relevant to crime victimisation, a number of guiding principles emerge as important in delivering effective support and services to victims. These principles are applicable to all agencies, government and non-government, that work with victims of crime.

**Respectful and confidential treatment:** available research shows while outcomes are important to victims (e.g., reparation, convictions), consistent with the concept of procedural justice, the manner in which victims are treated is more important.

**Individualised response / flexible services:** there is strong evidence that people are affected differently by crime. Services allocated purely by crime type or victim type are likely to miss other victims with significant needs. Assessment must ensure individual needs are identified, and services need to be sufficiently flexible to provide individualised response. A range of service options should be offered so that individual preferences can be catered for.
Services are accessible: Services can only assist victims if they are known to victims, victims are comfortable using them, and are available at the time and location where needed. Participation in the justice system can be important to victims and so must be accessible to them. Therefore:

- services need to be well advertised, and use publicity campaigns to ensure victims are aware of their existence
- certain services need to be available 24-hours (eg, crisis response)
- services and access to justice need also to be available in rural and provincial areas; internet-based resources can enable online learning, social networking and self-help access for those in remote areas
- services and justice responses need be culturally appropriate and accessible to those from different ethnic backgrounds (eg, Māori, Pacific Peoples, Asian)
- services and justice responses need to be sensitive to the needs of vulnerable populations and accessible to those with disabilities, younger victims, those living in socially and economically deprived areas.

Provision of ‘right information, at the right time, in the right format’: Provision of information has consistently been shown to be one of the most important needs for victims. This can be vital in enabling victims to make informed choices, to help them feel more in control, and importantly to help manage expectations. Important characteristics include:

- providing information at the right time and in the right format – for example victims may be too traumatised to absorb information if it is provided too soon after the crime, or may require written information that they can look through at a later point. Personalised information given face-to-face can also be important at certain stages (eg, pre-trial preparation)
- information given in a timely fashion – victims need to receive regular updates on the progress of their case. It is also important that priority is given to victims receiving information before the media or other parties – adopting a ‘no surprises’ policy seems particularly important for victims
- information is accurate – being given incorrect information, at times when they are struggling to accept and deal with traumatic events, can significantly set back victims’ coping and recovery
- information needs to be user-friendly to all ages, ethnicities and those with disabilities
- who to contact for information, and how the relevant agency or person can be contacted, needs to be clearly identified.

Delivered by experienced, knowledgeable, well-trained, empathetic staff: the following characteristics appear important in ensuring quality service:

- victims’ privacy and confidentiality is understood and respected
- workers have received specialist victim training, and have professional supervision (not only those supporting and counselling victims, but also for police and prosecution, especially around decision making).
Consistent high quality services and support: Victims should also receive a consistent standard of service regardless of where they live, and the individual staff assigned to their case (e.g., police, prosecutor). The following factors can assist in achieving this:

- recruiting appropriately qualified and/or trained staff
- screening and assessment is used to identify individual needs
- development of guidelines that are monitored for compliance can assist with the provision of the same level and quality of service to all victims of similar crimes. Importance of mandatory training can also improve consistency of service.

Integrated service provision: The number of agencies a victim must deal with to get information about the criminal justice system, their rights and how to access services can be overwhelming. Providing an integrated multiagency service response can be effective in increasing access to services and information for victims, assisting with information sharing among agencies and ultimately improving outcomes for victims.

End-to-end individualised support: Research has suggested victims prefer one point of contact, and to be supported throughout their journey by one person. This limits the number of times they have to ‘tell their story’.

Accountable services: Victims’ rights instruments and other policies and guidelines do not implement themselves. Service providers must be held accountable for delivering services as prescribed. The following strategies are important in achieving this:

- identification and monitoring of minimum standards of care
- an easily accessible complaints process allows monitoring of standards, and also enables consumer feedback to feed into improved services.

11.2 Gaps in knowledge

A final goal of this review was to identify information gaps, and thereby guide the Ministry of Justice’s future work and planning. A stocktake summary appears at the end of each chapter; areas highlighted below are those that may warrant further consideration and attention.

- There is a dearth of empirically based research on the effectiveness of support programmes for victims. Research is needed that focuses on outputs delivered, (e.g., practical support, assistance in accessing services and financial support, provision of safety and protection, and assistance in preparing VIS or for parole board hearings) as well as research on outcomes (including psychological, relational, material, occupational, and health outcomes). While there is information available on victims’ satisfaction with services, we currently have little idea of the effectiveness of services in remedying, in the medium and long term, the wellbeing of victims.
- Many jurisdictions have carried out a stocktake of victims’ services as an important first step in evaluating gaps and overlaps in service provision. This also
appears useful in developing an online directory of service providers. While New Zealand is a relatively small country and with just a few main providers of victim support services, this review revealed little information is known on:

- what types of services are provided by which providers (eg, help lines, crisis response, counselling, court support)
- what screening and assessment processes are used
- for those who provide counselling, the approaches used
- availability and use of professional supervision
- services available for minority and hard-to-reach groups.

- NZCASS findings point to ‘inherent disadvantage’ as being the underlying factor leading to heightened risk of victimisation. Yet this group is also typically the hardest group to reach. Understanding how to identify and respond to the needs of this group of victims would appear to be a priority.

- Also important is greater understanding of the support and justice needs of different groups of victims, in particular Māori, Pacific peoples, Asian, young victims, older victims and those with disabilities. A booster sample enabled a dedicated analysis of NZCASS findings for Māori, but sample sizes of other minority groups are typically insufficient to reliably assess differences. Insights can be gained through in-depth qualitative research, but is currently either outdated or lacking for these groups.

- Other groups which we have little or no information on are:
  - those excluded from NZCASS (eg, those under 15 years old, the homeless, those living in boarding houses)
  - organisations and businesses (current definitions of the ‘victim’ of crime exclude organisations and businesses)
  - the needs of property offence victims (little attention has been given to this group despite the high prevalence of this type of crime and, in the case of vehicle thefts, relatively high levels of self-reported impact).

- Valuable information on crime victims’ experiences and needs was extracted from the 2006 NZCASS data. This allowed important assessment of uptake of support services and unmet needs. A similar dedicated analysis is awaited on the 2009 NZCASS data.

- Surveying crime victims’ awareness of their rights will be important in monitoring the success of the current crime victims’ reform work. If victims are unaware of their rights it is unlikely they will exercise them. Also important will be monitoring accessing rights (eg, the extent to which victims are offered and use alternative means of presenting evidence). It will be important to survey service providers’ awareness of victims’ rights.

- New Zealand has almost no information on crime victims’ experiences of participating in parole hearings. Research with victims registered on the VNR, similar to the Canadian APAI survey, could be useful.
• Detailed analysis of the experience of victims who participate in the criminal justice system – this is similar to the UK’s WAVES research but preferably would include victims who report crimes to police but whose case is not progressed.

• The review failed to locate detailed information on some areas, and more focused reviews on the following seem important:
  ▫ effective crisis responses
  ▫ screening and needs assessments
  ▫ effective training programmes
  ▫ effective complaints systems.
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Appendices
Appendix A: Examples of approaches to victims’ rights in different jurisdictions

Below are brief outlines of the status and approach to victims’ rights across a number of jurisdictions (Sources include: Booth and Carrington, 2007; Canadian Resource Centre for Victims of Crime, 2006; McGibbon, 2008; Ministry of Justice (UK), 2012; O’Connell, 2011; Shapland, 2009; Young, 2001).

Australia

In Australia all six states and two territories have introduced some form of victims’ rights instrument. All have a similar content, are based on the UN Declaration, and none are legally binding. The following six jurisdictions have introduced Victims’ Rights Acts:

- Western Australia: Victims of Crime Act 1994
- South Australia: Victims of Crime Act 2001
- Queensland: Victims of Crime Assistance Act 2009
- New South Wales: Victims’ Rights Act 1996 and the Charter of Victims’ Rights 2003

The remaining two have charters that list how victims should be treated, but these conditions are not prescribed as statutory provisions.


All states and territories have provision for victim impact statements in criminal proceedings and financial assistance or compensation schemes for crime victims. Each jurisdiction also has service networks, some of which are located within the government sector and some within the non-government sector. No single victim group or agency has exclusive government patronage, unlike the US National Organisation for Victims Assistance (NOVA) or Victim Support in the UK or New Zealand. Western Australia and Victoria have adopted a predominantly government-administered victim services model, whereas the other regions use a mixed model. Western Australia’s Act includes special recognition of the unique needs of victims in regional and remote areas.

South Australia has been described as having the most developed victim support services in Australia (Booth and Carrington, 2007). Services are largely state funded, thus placing less burden on the voluntary sector. South Australia also has a Victims’ Rights Commissioner and a centralised agency to coordinate services, provide policy advice and conduct research (Victim Support Agency). Victoria
recently reviewed the implementation of their Charter, but the findings were unable to be located.

**Britain**

The *1990 Victims Charter* set out a code of good practice, listing how victims should be treated by the state and community organisations. This was updated and extended in 1996. The third revision was the current *2005 Code of Practice for Victims of Crime*. This was a detailed code outlining 99 minimum standards and introduced a complaints system. The Code focused almost exclusively on the role and responsibilities of 11 public sector agencies, specifying required actions often including the mode of interaction (e.g., face-to-face meeting) and the timeframes the action must be completed by (e.g., advise victims within five days if it is deemed that an investigation will not proceed). It is process orientated and does not prescribe how agencies should treat victims. The code includes extra provisions for vulnerable and intimidated witnesses. This Code is currently being revised to address shortfalls and align with a new European Union directive to which the government is a signatory. Britain also has a Witness Charter that sets out standards that witnesses should expect from the criminal justice system. A recent development is the establishment of a Victims’ Rights Commissioner in 2010, to ensure victims have a voice in government. The Victim Support UK organisation is the only national provider of victims’ services and it receives significant annual government funding.

**United States**

All 50 states have passed legislation supporting the rights of victims of crime and over half have legislation that protects victims’ rights. At the federal level the *Victim and Witness Protection Act* was passed in 1982, followed shortly after by the *Victims of Crime Act* that was passed in 1984. This latter legislation provided for the establishment of the influential Federal Office for the Victims of Crime (OVC) established in 1988. In 2004 the landmark *Crime Victims’ Rights Act* (part of the ‘Justice for All Act’) was passed which for the first time provided standing for individuals to assert those rights in court (in federal criminal cases). Also influential in the US has been the National Organisation for Victims Assistance (NOVA). This voluntary organisation (similar to Victim Support in the UK and New Zealand) is funded by government to provide a range of services and supports for victims. NOVA is recognised as being successful in lobbying for victims’ rights and in successfully influencing relevant national and state policies.

Training and certification of those working with victims appears more prevalent in the US. The US *Attorney General Guidelines for Victims and Witnesses Assistance 2011* outline mandatory training for all new federal employees having contact with victims of crime. The *Justice for All Act 2004* adds an element of enforcement, whereby US Attorney General officers are required to complete and submit annual compliance reports. Employees can be disciplined for failing to comply with these provisions. As noted earlier this Act also gives legal redress for victims in federal criminal cases if their rights are breached. At the state level, the OVC oversees mandatory training and certification of individuals employed by state-administered or state-financed victim assistance programmes.
Canada

Most of the victims’ rights provisions have occurred at the provincial or territorial level by one of the 13 governments, with the majority enacting legislation governing victims’ rights (ie, Victims’ Bill of Rights). In the mid and late 1980s, Manitoba, New Brunswick, Newfoundland, the Northwest Territories, Nova Scotia, Prince Edward Island, Quebec and Saskatchewan passed provincial Bills of Rights for victims. In the mid and late 1990s, British Columbia, Alberta and Ontario followed suit.

Most of this legislation reflects the UN Declaration and as in other jurisdictions provisions are not legally enforceable; although, in 2000, Manitoba passed one of the most comprehensive pieces of victims’ rights legislation in the country. This created a complaints mechanism for victims to turn to if rights are violated.

Prompted by the 1985 UN Declaration, in 1988 the federal, provincial and territorial governments adopted the Statement of Basic Principles of Justice for Victims of Crime. This required all Canadian Ministers of Justice to adopt a uniform policy statement of victims’ rights that would be used to guide their legislative and administrative initiatives in the criminal justice area. This statement was updated in 2003. Other federal level victims’ rights action has been through a series of amendments to the Criminal Code to enable restitution, a victims’ surcharge, victim impact statements, and greater responsiveness to victims of violence.

The federal government has been proactive in establishing resource centres, the first being set up in Ottawa in 1982, the most recent one being called the Policy Centre for Victims Issues at the Department of Justice (Victim Service Directory, Victims of Crime Research Digest). A National Office for Victims of Crime was also set up in 2005 to provide information to victims and provide input on policy and legislative initiatives, education about victims’ issues for members of the criminal justice system, and networking and support to the Correctional Service of Canada and the Parole Board of Canada.

South Africa

South Africa’s Victim Empowerment Programme is regarded by some as an example of good practice in responding to victims’ rights (Waller, 2003). The programme was first launched in 1996 as part of a nationwide crime prevention strategy. It is organised through an interministerial committee, chaired by the Social Development Department. The programme articulates victims’ rights through the 2004 Service Charter for Victims of Crime in South Africa that outlines seven core rights, based on the UN Declaration. An associated document, the Minimum Standards on Services for Victims of Crime, sets out processes and responsibilities of government agencies, minimum standards on services, and a complaints mechanism. Each government agency is required to implement the Victim Empowerment Programme (which the charter and minimum standard are part of) and develop their own policies and guidelines to ensure effective implementation and devise outcome measures to monitor and report on their progress.
Appendix B: Examples of dedicated victim centres

Office for Victims of Crime (OVC) – US
The OVC is part of the US Department of Justice. It was established in 1994 and is widely regarded as good practice (Booth and Carrington, 2007; Waller, 2003; Wilson et al, 2001). This federal-level centre has a strong focus on the provision of training, as well as the following (see http://www.ojp.usdoj.gov/ovc/):

- funding to state victim assistance and compensation programmes (funding comes from fines and penalties paid by federal offenders)
- help for victims – online directories of services and a range of resources, including those applicable to international victims
- support for service providers – including resources, training and technical assistance. They have developed a number of online resources including training packages and tools for support workers
- public awareness campaigns including the National Crime Victims Rights Week
- a range of victim-related research and resources.

Also in the US, the National Centre for Victims of Crime (http://www.ncvc.org/), is a non-profit organisation that has been in existence for over 25 years. It has a very comprehensive selection of resources for victims and service providers. The Centre is particularly active in advocating for victims’ rights.

Policy Centre for Victims Issues – Canada
This centre is part of the Department of Justice of Canada and provides a range of services. It has a particular focus on allocating funding including dedicated funding for particular services such as to indigenous victims of crime. It appears to have good research and statistical resources and produces a selection of useful policy focused research through its online publication ‘Victims of Crime Research Digest’ (see http://www.justice.gc.ca/eng/pi/pcvi-cpcv)

Also in Canada is the National Office for Victims located within the Department of Public Safety (http://www.publicsafety.gc.ca/prg/cor/nov/nov-bnv-eng.aspx). It specialises in providing information to victims and service providers about federal corrections issues. It responds to information requests, for example if victims have questions or concerns in relation to specific offenders.

There are also a number of centres operating at the provincial or territorial government levels. The British Columbia Victims and Witnesses of Crime and Violence Centre within the Ministry of Justice has been cited as a good model (eg, Wilson, et al, 2001). The unit has published a comprehensive handbook for victim support workers. It is responsive to diverse needs, with victims’ rights published in a number of languages and resources divided by crime type. (http://www.pssq.gov.bc.ca/victimservices/index.htm)
Victims of Crime Bureau – NSW, Australia

The Victims of Crime Bureau was one of the first centres in Australia established as part of the Department of Attorney General through the Victims’ Rights Act 1996. It has recently been rebranded as the Victims Services Centre. Among a number of victim services, the Centre monitors the Charter of Victims’ Rights, administers an approved counsellors’ scheme and their accreditation, and provides important links between key stakeholders and victim services. It operates a helpline with a dedicated service for aboriginal victims. A distinguishing feature is their Victims Advisory Board made up of members of the community and relevant government agencies, which provides advice to the Attorney General. They have also recently set up a clearing house to collect and disseminate victims of crime-related research.

Victim Support Agency (VSA) – Victoria, Australia

The VSA operates out of the Victorian Department of Justice. The VSA takes a greater role than most centres in the funding and administration of state wide victim services. It manages a helpline and victims register, and has oversight of the Victims Assistance and Counselling Programme delivered by community agencies across the state. It is also responsible for the implementation of the Victims’ Charter, conducting research, developing policy relating to victims of crime, engaging stakeholders and conducting community education.

Appendix C:
Summary of victims’ services provided by government agencies

- **New Zealand Police** – services include the provision of information and/or direct referrals to victim service providers; provision of information to victims about the progress and outcome of their case; where applicable referrals to Court Services for Victims (CSV); assisting with the making of a victim impact statement (VIS) and registering details on the victim notification register (VNR). Additional specific responses are provided to victims of offending by children or young people, victims of family violence, for families and whānau bereaved by homicide (provision of a Family Liaison Officer), adult victims of sexual assault, and child victims.

- **Police Prosecution Service (PPS)** – an autonomous service within New Zealand Police, PPS is the main prosecuting body within the jurisdiction of District Court and Youth Court. Services from PPS commence only after an arrest is made and charges laid, and include the provision to victims of information on the progress and outcome of their case. Where applicable victims are also advised of their role and rights as a witness, the meaning of any sentence given and notification of any appeals. PPS also apply on behalf of a victim for special measures to give evidence in alternative ways; facilitate victims reading of their VIS if requested; for victims of serious offences obtain their views on bail and, for those registered on the VNR, informing victims if an offender is released and relevant bail conditions; where applicable special measures are taken for victims of sexual assault; victims views are gained where an offender applies for name suppression; explain, promote and facilitate access to restorative justice processes where appropriate.

- **Crown Law Office and Crown Solicitors** are solicitors in private practice appointed by the Governor General and independent of the Police, who prosecute serious (indictable) offences on behalf of the Crown. Crown Prosecutors are responsible for providing similar services to victims as the PPS, but delivery of services can either be made directly by the Crown Prosecutor, or in many instances indirectly, by ensuring that they are carried out by the police officer in charge.

- **Ministry of Justice** in addition to the overall administration and management of criminal cases brought to New Zealand courts, victim-related services include the collection of offender levies to supplement funding for financial assistance and services to victims of serious offences; provide Court Services for Victims (CSV); where applicable and requested, Restorative Justice Services; administration and issuing of protection orders for victims of family violence; provision of information to victims related to coronial services; collection of reparation on behalf of victims; financial assistance through the criminal justice assistance reimbursement scheme and facilitation of claims made by victims.

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96 Ministry of Justice, 2011c. This was a working paper to assist with reforms outlined in the Victims of Crime Reform Bill. The report will be out of date once the Victims of Crime Reform Bill is passed and commences.
against compensation awarded to a prisoner or offender; also enabling participation in decision making related to the deportation of an offender.

- **Ministry of Social Development (Child, Youth and Family):** work with police and the Youth Court to deal with young offenders through family group conferences (FGCs), and provide services facilitating participation in FGCs by victims of offending by young offenders.

- **Department of Corrections** manages the victim notification register (VNR), which keeps registered victims of a serious offence informed if an offender is released from prison, escapes or dies while in prison or is released to work or has a temporary release; supplies specific information related to parole hearings if requested by registered victims; and other information on events related to a paroled offender, an offender sentenced to home detention, is being considered or is subject to an extended supervision order, or is transferred to a hospital or mental health facility; facilitates victim participation in a restorative justice conference.

- **The Parole Board’s** services include notifying victims registered on the VNR of upcoming parole board hearings; facilitating access to information from the Department of Corrections to assist victims making submissions (written or oral); facilitating victims’ oral submissions to the board; and notifying all registered victims of the outcome of the hearing; non-registered victims can also apply to make written submissions, or apply to make an oral submission, to the board (these victims will be notified of the decision).

- **Department of Labour’s** services include notification of victims registered on the VNR if an offender is being considered by the Minister of Immigration for deportation and enabling the victim’s views on the deportation to be considered together with the notification of the outcome; provision of information on progress of an investigation and the outcome to victims involved with workplace incidents under the *Health and Safety in Employment Act 1992*; if there has been a workplace death, immediate relatives will be advised of referral to the coroner and provided with information and support during the process.

- **Ministry of Health** provides general services to victims of offences as health services clients; and notifies victims registered on the VNR if an offender is detained in a hospital or care facility and any changes to this status.

- **Accident Compensation Corporation (ACC)** provides entitlements to all individuals who have suffered personal injury including injuries to victims resulting from criminal acts. Entitlements include medical treatment, transport to treatment, pharmaceutical reimbursement, home help; special financial assistance is available to families of homicide victims; victims of sexual assault can receive 24-hour assessment and treatment services provided by a specially trained ‘Doctor for Sexual Abuse Care’ together with follow-up care, they can also claim for up to 16 hours of early recovery support, and further ACC support services for the treatment of ‘mental injury’ caused by the sexual assault.