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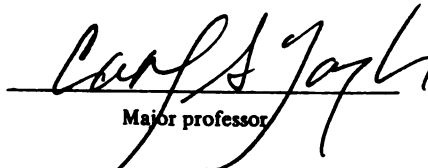
THE RELATIONSHIP BETWEEN SOCIOECONOMICS AND DEGREE OF
SATISFACTION WITH THE QUALITY OF ESSENTIAL SERVICES PROVIDED
TO SURVIVING FAMILIES OF HOMICIDE VICTIMS:
A QUANTITATIVE AND QUALITATIVE INVESTIGATION

presented by

Henia D. Johnson

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**THE RELATIONSHIP BETWEEN SOCIOECONOMICS AND DEGREE OF
SATISFACTION WITH THE QUALITY OF ESSENTIAL SERVICES PROVIDED TO
SURVIVING FAMILIES OF HOMICIDE VICTIMS:
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By

Henia D. Johnson

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ABSTRACT

THE RELATIONSHIP BETWEEN SOCIOECONOMICS AND DEGREE OF SATISFACTION WITH THE QUALITY OF ESSENTIAL SERVICES PROVIDED TO SURVIVING FAMILIES OF HOMICIDE VICTIMS: A QUANTITATIVE AND QUALITATIVE INVESTIGATION

By

Henia D. Johnson

Surviving families of homicide victims represent a neglected group of crime victims. One of the most serious problems confronting surviving families is their lack of knowledge of their legal rights.

The research was conducted during one week in a large metropolitan city and neighboring suburbs located in the Midwest. The study consisted of two groups of participants: representatives of essential services and 64 surviving family members of homicide victims. Personal interviews were conducted with essential services providers and a 26-item survey was administered to surviving families.

The research questions were addressed through the use of bivariate statistical techniques including Chi Square (χ^2). Gamma (γ) and Lambda (λ) were utilized for measures of existence and/or strength of association.

The results of this study suggest that socioeconomic factors are not a major factor in the quality of services provided to surviving families of homicide victims. Moreover, families were dissatisfied with those services provided to them by governmental agencies while being satisfied with the services provided by hospital emergency rooms.

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To
Dr. Carl S. Taylor
my adviser, brother, coach, friend, and humorist
thank you very much for insisting that I take the
high road and complete my studies
a special thanks for helping me see the humor
in what often seemed like humorless situations
I am forever indebted
and always your friend.

To
Dr. John P. Wilson
a devoted scholar and teacher
and architect of a corpus of literature from
which I learned to help surviving families
rebuild their lives
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CHAPTER ONE

Introduction

Homicide is a major public health problem in the United States (Wood, 1990). In 1990, the total number of homicides in the United States was 24,932 (U. S. Department of Justice, 1993). For the purpose of this study, homicide was defined as “the intentional killing of one human being by another.” Thus, data were not collected from those families in which a family member died as the result of a suicide, accident, or natural cause.

Homicide is a complex, multidimensional event. It may occur between individuals having different at-risk precursors, those involved in diverse interpersonal relationships, and throughout the life cycle. It may occur in varying circumstances or social domains and in different environments. Even though there are many differences in the circumstances around the multidimensional event, extending and improving the essential services provided to surviving families of homicide victims is a concept that we should be able to agree upon (Wood, 1990). As the victims’ rights movement has matured, social scientists and psychotherapists have begun to turn their attention from still living victims of crime to those who are crime victims by extension, for example, the spouses of rape victims and families of homicide victims. Bard and Sangrey (1979, p. 13) in their ground-breaking studies of crime victims were among the first to note that relatives of homicide victims can suffer symptoms of victimization as severely as do still living victims of crime (Friedman, Getzel & Masters, 1988).

Only recently has attention been given to the needs of surviving families of homicide victims. Surviving families are victims themselves because of the heavy emotional, social, and economic costs they bear. Families are often dissatisfied with the responses of court personnel and the seeming illogic of the system. They frequently feel vulnerable, helpless, and set apart by the procedures of the system. They look to the police and the courts to give formal acknowledgment to the wrongs against them. Families expect a ritualistic expression of regret and concern from the court, but it does not come. In the hurly-burly of justice, satisfaction for the victim's relatives often occupies a low priority. A family is frequently not informed of the arrest of the perpetrator, the indictment, the charge, the name of the assistant district attorney to the case, the date of the trial, or sentencing. Thus, families see the criminal justice system as indifferent or demeaning (Getzel & Masters, 1984).

Within the criminal justice system the victim's family finds they have no legal standing, for the case is the state versus the accused. The system is designed to protect the rights of the accused, while the survivors in fact have no rights. The burden of proof rests with prosecution. The legal system is a procedural labyrinth for which family members often have insufficient guides and unrealistic expectations (Klass & Peach, 1987). It would be short-sighted to define such victimhood merely from the standpoint of loss of a loved one or from anger and hurt at being viewed as an extension of a killer. Other things happen to survivors of homicide. They become victimized by police, staff at hospital emergency rooms, the media, officers of the court [prosecutors], or socially significant persons. It is necessary to explore these areas as well to gain a better understanding of the magnitude of this type of survivorship (Danto, 1982).

The United States is experiencing an epidemic of violence. Evidence of this epidemic is nowhere more obvious than in general hospital emergency rooms (Bell, 1994). Additionally, many hospitals are being taken over by hospital conglomerates. Consequently, social work departments are being disbanded and leaving surviving families of homicide victims without advocates at a critical phase following the incident.

Crime victim compensation programs are oftentimes the last bastion of hope for a surviving family. However, the effectiveness of crime victim compensation programs will be severely limited if those it hopes to serve are unaware of the availability of aid. A primary obstacle, which limits the visibility of crime victim compensation programs, is the lack of a specific legislative mandate as to the responsibility of program officials for public outreach. Most states' legislation provides little guidance about what role the state should play in publicizing the availability of benefits to victims of crime (Hofrichter & Vaughn, 1980).

Finally, as we strive to become more sophisticated in the delivery of essential services to surviving families, we must move toward truth and accuracy in the reporting of statistics. Additionally, we must [make available] education for a public that does not understand the severity of the problem, and [create] a partnership between service providers who have a sworn duty to assist surviving families (Stark, 1990).

Statement of the Problem

Surviving families of homicide victims represent a neglected group of crime victims. Oftentimes, the delivery of essential services by the police, prosecutor, hospital emergency room, and the crime victim compensation program is determined by several distinct entities that appear to have no connection. Both the availability and quality of

essential services are decided by economic, educational, political, and social structures. It should not be assumed that a surviving family of a homicide victim is automatically entitled to, and can expect to receive, quality essential services from those services providers designated to serve them.

One of the most serious problems confronting surviving families of homicide victims is their lack of knowledge of their legal rights as crime victims. Additionally, they do not have access to the names and addresses of individuals and agencies that can help them obtain the necessary services after the unexpected violent death of a family member. Thus, members of a surviving family may find themselves at the mercy of uneducated and insensitive essential services providers. Moreover, since the violent incident usually occurs suddenly and without warning, a family is economically, educationally, emotionally, and socially unprepared to effectively deal with essential services providers.

The role of the criminal justice system in exacerbating the negative effects of victimization gradually became apparent during the 1970s. [It could be hypothesized that the negative effects the author alluded to may include rising homicide rates, increasing drug use, urban rebellion, police-community violence, and economic recession, to name a few]. Unsympathetic reactions from the police and the courts heighten the suffering of the victim. This is commonly referred to as 'secondary victimization'. For the crime victim who is already having problems with fear and anxiety, depression, or self-esteem, the criminal justice proceedings can be quite confusing and demoralizing. The victims may be very sensitive to behavior they perceive as callous or uncaring and may take the perceived unresponsiveness of the system very personally (Wemmers, 1996).

Purpose of the Research

The purpose of the study was to investigate the relationship between socioeconomics and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims. Socioeconomics were identified as education, income, race, gender, and neighborhood. Degree of satisfaction with the quality of essential services was assessed by the type of information provided to families and the families' perceptions of how they were treated by essential services providers. Also, the number of times a family made contact with a services provider and the knowledge or lack of knowledge of existing services was examined. For the purpose of this study, essential services were defined as the police, prosecutor, hospital emergency room, and the crime victim compensation program.

The research included 64 surviving families of homicide victims whose family members were intentionally murdered. Those families who lost family members as a result of suicide, accident, or natural cause were not included in the study. Zip codes provided relevant information about any relationship that may have existed between a neighborhood and degree of satisfaction with the quality of essential services provided to surviving families. Qualitative interviews were conducted with two former homicide detectives, an assistant prosecutor, and the medical director of a hospital emergency room. The interviews were conducted in an effort to assess the standard operating procedures of the identified essential services providers. Specifically, as those procedures relate to providing services to surviving families of homicide victims. A representative from the crime victim compensation program was unavailable to participate in the study. Services delivered by the crime victim compensation program

were examined by using available printed material. This material included information from the U. S. Department of Justice Victims of Crime web site, the Court of Claims Crime Victim Compensation 1997 Annual Report, and the Attorney General's Office of Victim Services Victims' Rights Booklet.

According to Norris and Thompson (1993), "the most frequent finding in the existing empirical literature is that the attitudes exhibited by essential services providers are major determinants of victim satisfaction. The attitude of the police, how and when families are informed of the death of their family member by emergency room staff, where families are informed of the death, and how forthcoming prosecutors are with information are some of the main criticisms given by victims" (p. 517).

Importance of the Problem

According to the coroner's office, during the past ten years, there have been 1,835 homicides in this largely populated county located in a metropolitan city in the Midwest. The raw numbers by themselves appeared to be socially significant. At the very least, they warranted further scientific investigation into the standard operating procedures being utilized to provide quality services to this large population of surviving families of homicide victims. It was hypothesized that education, income, race, gender, and neighborhood are factors that may predispose a surviving family to being re-victimized by those essential services providers designated to serve them. For whatever reasons, [essential services providers] have shown little social responsibility toward victims. It has become something of a cliché to suggest that the victim suffers a "second victimization", but it bears some considerable truth (Elias, 1986).

In 1984, the same year the Federal Office of Victims of Crime was established, Louis Harris and Associates was commissioned by the State of New York Crime Victim Compensation Board. The purpose of this commission was “to establish both the methodological and substantive bases for a fuller assessment of the needs of crime victims and the role of public policy in meeting these needs” (p. 6). Several interesting findings were noted in this early research on the needs of crime victims. The authors posited that “much of the indirect impact of being a victim appears to depend on how victims are treated. The overall evaluations of the criminal justice system appear to be more closely linked to how the victims were treated than to what was actually done by the police and the district attorney’s office. This is implicit in the high level of satisfaction with criminal justice agencies reported by victims despite the low incidence of arrests and convictions. Victims’ satisfaction with the criminal justice system appears to depend more on demonstrating that people care about their experience than on the direct resolution of their case” (p. 19).

Discussions of the effectiveness of services to victims have typically been prescriptive rather than evaluative. Almost nothing is known about [degree of satisfaction with] the quality of services currently being offered to victims (Kaniasty, Norris, Scheer, 1990). This research was important because there is a scarcity of literature, which addresses the degree of satisfaction with the quality of essential services provided to surviving families of homicide victims by the police, prosecutor, hospital emergency room, and the crime victim compensation program.

CHAPTER TWO

Review of the Literature

This chapter is organized into four sections. The first section includes the research on police interactions with crime victims, and specifically, surviving families of homicide victims, and homicide investigations. This section also includes the literature addressing victims' satisfaction with the quality of services provided by the police. The research literature on the history of the prosecutorial process and the legalities surrounding prosecutors' interactions with surviving families will be reviewed in the second section. The third section includes a discussion of the research on hospital emergency rooms and standard operating procedures for interacting with surviving families who have suffered the unexpected trauma of losing a family member. Section four addresses some of the issues confronting surviving families of homicide victims and crime victim compensation programs.

Police and Crime Victims

Police Interactions with Crime Victims

Bynum, Cordner, and Green (1979) conducted a study in a city in the Midwest, and including crimes of homicide, found that the influence of the victim in the resolution and outcome of criminal justice cases is due to the *just world theory*. According to this theory, people like to believe that what happens to others, either positive things . . . or negative ones happens because the victim deserves this to happen. Thus, police may view victims of crimes in certain situations as more or less deserving of police attention.

The victim characteristics employed in this analysis were the victim's age, sex, race, employment status, and the income level of the neighborhood in which the victim lived. Consideration may need to be given to the negative costs of not satisfying victims. Although dissatisfaction may not necessarily guarantee nonparticipation in the future, its effects will do little to promote law enforcement. In an already fragile system, the increasing workloads that greater participation might generate could bring the criminal process to a grinding halt. Gaps in lifestyle and background between most victims and most officials (even police officers) may prevent officials from identifying with victims. Officials often hold "just world" views that may lessen their sympathy for victims who they might regard as at least partially deserving their fate. Police will respond differently depending on the kind of incident and caller. Even serious crimes may receive no or slow responses when reported by certain kinds of people or from certain neighborhoods of the city. Many police officers consider non-white, lower-class callers to be second-class complainants who have a much greater tolerance for crime. This may be one of the first instances of what has been called "two-class justice" (Elias, 1986).

Police and Victim Satisfaction Studies

Mastrofski (1984) explained that survey research, which focuses on victims' perceptions and evaluations of specific encounters [e.g. homicides] can provide more comprehensive, accurate, and interpretable data about the quality of police performance. Survey research that asks victims to render evaluations on all past encounters or impressions of entire programs or routine operations has been found not to be quite as accurate.

The Smith and Hawkins study (1973) was derived from interviews with a random sample of 1,411 citizens whose names and addresses were obtained from the Seattle, Washington, city directory. The dependent variable in the study, attitude toward the police, was operationalized by five items, which were designed to indicate opinion of police fairness, selective law enforcement, and general feelings about the police. For the analysis, the scores of the five items were combined into an index with four values—"most favorable," "more favorable," "less favorable," or "least favorable." Seventy-two percent of the respondents expressed "most favorable" or "more favorable" attitudes toward the police. The researchers included in their study the variables of respondent age, income, education, occupation, sex, and race. Of these variables, the authors found only age and race to significantly affect citizen attitudes toward the police. Young respondents were more likely to express more negative attitudes toward the police than older respondents, and non-whites were more likely to express more negative attitudes toward the police than whites.

In 1983, Shapland conducted a study, which involved a series of interviews with 287 victims of violent crime from two unspecified towns in England as they progressed through the criminal justice system. The first interview was conducted approximately two weeks after the initial contact with the police. At this stage, over 70% of the victims were very satisfied or satisfied with how the police handled the incident. The author found that the major determinant of satisfaction was not so much the performance of the police but their attitude toward the victim. Those police who appeared to be interested in what the victim said, took the time to listen to them, and seemed to take them seriously, promoted feelings of satisfaction in the victims. Additionally, the researcher found that

“the receipt of feedback from the police on the status of the case did have an effect on satisfaction levels of violent (personal) crime victims” (p. 235).

The Poister and McDavid study (1978) found that the seriousness of the reported crime had a significant influence on overall satisfaction with police investigative performance. This is a critical finding because it suggests that there may be other important differences between victims of different crime seriousness types. Additionally, the researchers discovered that a follow-up investigation did not have an effect on satisfaction levels of crime victims. Nor, did knowledge of an arrest in relation to the incident have a significant effect on crime victim satisfaction. Also, the researchers discovered that income was related to satisfaction but education was not. Hence, it is not possible to specify precisely how or to what degree victim demographic characteristics are important determinants of satisfaction with police investigation performance.

In 1977, Thomas and Hyman conducted a study which focused on general attitudes toward the police. A systematic sample of 9,178 non-business listings was drawn from various cities in Virginia, and a questionnaire was sent to each address. The researchers used four items to operationalize “attitude toward the police”. The authors found that the majority of the respondents had favorable attitudes toward the police. They included in their analysis the variables of respondent ethnicity, sex, age, total family income, education, occupation, and neighborhood. Of these variables, ethnicity and age were found to have the strongest association with attitudes toward the police. Blacks expressed more negative attitudes toward the police than whites and young respondents expressed more negative attitudes than older respondents.

Homicide Investigations

It is often difficult to deal with survivors of homicide victims. Despite having little training in death notification and the effect of the grief process, the [homicide] detective must face the stress of dealing with the emotional elements of the situation. Concurrently, there is often a role conflict between the need for sensitivity in dealing with the victim's significant others and the emotional hardening required for the investigator's own mental self-preservation. Problems also arise in communities where there is a high or increasing number of homicides. Although a detective may still feel a personal commitment to solve a case, the sheer number of cases in an investigator's caseload may limit the scope and length of an investigation and preclude the time necessary for sustained follow-through (Sewell, 1994).

Police work, especially homicide investigations, can be very stressful for police officers as well as victims. The police may find it necessary to isolate their feelings about what they see, and dehumanize the dead person and all persons associated with the surviving family. Anger toward society in general may occur if homicide detectives feel as though they are being buried by an endless number of corpses and violent persons. Without realizing it, they may become emotionally dead. Compounding their reaction to the people they meet and deal with is their need to handle the anger being directed toward them. The investigation of a homicide receives more attention and criticism than any other crime. The police officer frequently faces pressures from many sources: a demanding news media, the emotional storm of relatives and friends of the deceased, and often inquiries from insurance companies that do not want to pay off on double indemnity policies. If you add to this confusion on the scarcity of facts and witnesses, you can see

some of the problems facing the police in homicide investigations. Often, police officers must get to “know” the deceased more than they do members of the family. Getting to know as much as possible about the victim and possible suspects makes it easy to become involved personally, and trying to remain objective sometimes becomes extremely difficult. However, finding out the truth about what happened is the sole purpose of an investigation. Police must be objective if during their investigation they expect to learn the truth (Bruhns, 1982).

Prosecutors and Crime Victims

History of the Prosecutorial Process

Under the Anglo-American system of law the prosecutor is the legal advocate on behalf of the state, not the victim. Prosecutors are under no special obligation to take care of victims. They are not obligated to provide information about what is being done in their cases, except to the extent that doing so strengthens the case by keeping the victim involved and supportive, and willing to provide useful testimony against the defendant. One of the cliches of our contemporary system of criminal justice is that victims are victimized twice, first by the offender and then by the system. Prosecutors who succeed in convicting offenders may still fail the community by showing institutional indifference to victims (Forst, 1993).

The theme of alienation, which runs through the victims’ movement, traces to a deeply held feeling that the victim has been so much separated from the crime against him that the crime is no longer “his.” The sense of alienation probably began when the civil action for damages was split off from the criminal prosecution. A fine paid to the King became a substitute, at least in the criminal process, for compensation previously

paid by the offender to the victim and his family. Alienation was accentuated when private prosecution—by victims or by any member of the public—was abandoned in the United States and the public prosecutor was given a monopoly of the criminal charge. The victim may begin with the assumption that it is the wrong against him that is to be requited by the criminal law. Even though the prosecutor is his surrogate, proceeding in his place and on his behalf—he is too often persuaded by the “system” that the criminal prosecution is not really “his” business at all (Goldstein, 1982).

In the distant past, when all harmful actions were civil torts, when there was no differentiation between private wrongs and public crimes, victims enjoyed an unchallenged legal status. They were the principal protagonists when prosecutions were private, handled not by the Crown but by the person who suffered or his or her representative. The reduction of the victim to an inconsequential figure coincided with the emergence of the public prosecutor. But the real decline started with the emergence of a criminal law that viewed the criminal act not as an offense against the victim but as an offense against the sovereign and later the state. Gradually, the victim, who used to be the central figure, was reduced to the status of a witness used to buttress the case. Once the state monopolized the right to criminal prosecution and converted the compensation into a fine destined to the state coffers, the victim became the legal nonentity. During the past decade, victims have been afforded a degree of participation in criminal prosecution. In April, 1982, President Reagan established a Task Force on Victims of Crime, which made 68 recommendations for empowering victims and improving their treatment in the courts. In 1982, the Omnibus Victim and Witness Protection Act gave many of these recommendations the force of law in the federal courts. Victims were guaranteed more

involvement in decisions made about their cases, greater protection from intimidation, and the right to present officials a statement about how the crime affected them (Davis, 1987).

Prosecutors and Victim Satisfaction Studies

The sample of 450 crime victims interviewed in this survey was selected by a two-stage process: first, police departments were chosen, and second, individuals were selected from among those reporting crimes to each department in either January or July of 1980. Only victims reporting index crimes were included in the universe from which the sample was drawn. All interviews were conducted by telephone from an interviewing facility in New York City. The independent variables were race, income, age, region, and county type. The authors created a 5-point Likert scale in which the answer choices were: “very satisfied”, “somewhat satisfied”, “somewhat dissatisfied”, “very dissatisfied”, and “not sure”. Overall, almost 3 out of 5 (59%) were satisfied with how the prosecutor handled the case, and one-third (33%) were very satisfied. Blacks were more likely than whites to be dissatisfied with how their cases were handled (45% vs. 31%). Fifty-seven percent of the subjects were “satisfied” with how their cases were handled when an arrest had been made. The researchers believed that the differences in rating among various social groups can probably be traced to the differing expectations of the groups (Louis Harris and Associates, 1984).

An empirical analysis (Williams, 1976) was conducted on the effect of victims’ characteristics on decisions made by the prosecutor concerning cases against defendants charged with violent crimes in the District of Columbia. The analysis utilized data from a Prosecutor’s Management Information System (PROMIS) that was installed in the U. S.

Attorney's Office for the District of Columbia. Data about homicide victims are included along with data about defendants. The researcher found that when examining the effects of victim characteristics, it is more relevant to study felonies, since individual case assignment allows a prosecutor to be more aware of the victim. Bivariate tables were developed showing the relationship between the victim characteristics and the decision to be analyzed for the group of violent crimes. The bivariate analysis showed that cases identified by the screening prosecutor as involving victim provocation or victim participation were more likely to be dropped. The general hypothesis of study was confirmed: victim characteristics do affect the case-processing decisions made in cases of violent crime.

An earlier study by Williams (1972), examined how victims felt about their participation in the criminal justice process, including a conference with the assigned prosecutor. A saturation sample of victims participating in the criminal justice process in Milwaukee, Wisconsin, was interviewed. The design necessitated the gathering of data over a 48-week period, and the data were organized into subsections. One of those sections was entitled "victim satisfaction with criminal justice personnel." The researcher used a 5-point Likert scale in which the answer choices were: "very satisfied", "satisfied", "dissatisfied", "very dissatisfied", and "no opinion". Since previous research clearly indicated that victims were more or less satisfied with prosecutors, the researchers were surprised to find that 75% of the victims indicated overall satisfaction with how the prosecutor handled their case. When listing "effort", "effectiveness", and "courteousness" as criteria for satisfaction with the prosecutor, 70% of the victims felt that the prosecutor was interested in helping victims of crime. When the participants

were asked how they felt about “administrative runaround”, they focused their dissatisfaction only on the judge.

Hospital Emergency Rooms and Crime Victims

Emergency Rooms and Interactions with Surviving Families

A 1992 study (Fallat & Oliver), was initiated to assess what happens to families grieving the sudden and traumatic death of a family member, and to identify ways to guide doctors, nurses, chaplains, and other personnel who find themselves caring for acutely bereaved families. The study was retrospective and involved 47 families whose children were admitted to a children’s hospital in Louisville, Kentucky from July 1988 to September 1992. Ultimately, 20 families were interviewed. Three families declined, and 18 could not be located. Although it has been noted that the loss of a [family member] is the most severe loss a person can experience, there are no papers in the trauma literature outlining the optimal way to approach parents after the sudden traumatic death of their child. In this circumstance, it may be especially difficult for a physician to approach a family he or she has never met or had little time to develop a relationship with and tell them that their [family member] died. The findings indicated that it would be helpful if physicians, nurses, or other trauma team members can take the initiative to talk with bereaved parents about their coping strategy and to facilitate the linkage between the parent and helping persons. Emergency room staff might revisit the deceased person’s treatment process during a follow-up visit. Also, parents reported that their experience with physicians during critical times significantly shaped their memory of the death and feeling toward the hospital and its physicians.

This article (Myers, 1983) addressed the importance of understanding threat and the coping process when addressing the needs of surviving families in emergency rooms. The writer believes that the 'informing interview' affects the coping process of both parties, the informing physician and the surviving family. The informer is not familiar with the surviving families' intelligence, personality, available support systems, past experiences with stress, nor religious beliefs. While these variables may be beyond the professional's control, he or she can still make a difference in the memory of the event for the surviving family. The physician's motivations in entering medicine include a desire to be of active help to others, and a desire to significantly reduce morbidity and mortality. However, it is not easy to be present with another in distress. The writer believes that "satisfaction with emergency room experiences could be increased if the informers are warm and interested, competent, self-confident, able to listen, patient and accepting, and tolerant of expression of emotion" (p. 574).

According to Soreff (1979), death in the emergency department requires a comprehensive approach with attention and sensitivity to families. When the patient dies, the staff still has a responsibility to help the family. The comprehensive approach to sudden death in the ED must include and take into account an effective telephone technique, the availability of a private room, staff-family interactions, the physician's encounters with the family, their reactions to the death, their confrontation with the body, the chaplain's role, and the staff's reactions. The emergency room personnel play a critical role in how the family relates to the events. Staff has a particularly great responsibility towards the family, and they must monitor their statements and expressions because the family weighs for months the words and responses of the staff and reviews

for a lifetime the happenings of that day. The mood of the ED reflects the tragedy and the family's grief. Individuals feel the loss. Many struggle with the sense of failure. They had been there to save lives, but instead they have been confronted with their limitations. The physicians had to deal with their disappointment and fallibility.

The 1992 study by Godbold, Grant, Rydman, Smith, and Johnson hypothesized that unemployment, lack of an adequate basic education, and being reared in a single or no-parent household, are factors that may predispose a young Black male to become a trauma unit patient. The research was conducted at Cook County Hospital in Chicago, Illinois. A 20-question survey was administered to 300 male patients between the ages of 18 and 40 years old over an eight-week period. All races were included in the sample. Eligible subjects were obtained from reviewing the daily trauma log-sheet for the previous 24-hour time period each morning. Data collection was conducted by two examiners, both of whom were Black physicians. The survey consisted of five sections. The sections included: type of trauma presentation, demographic data (race, address, zip code, and date of birth), educational background, employment background, and family educational background. The findings indicated that age was equally distributed among the five age ranges designated. Sixty-eight percent of the patients surveyed were unemployed. Forty-two percent had less than a high school education and 30% had a high school education. Only 12% reported having any college education. Blacks comprised 87%, Hispanics 8.6%, and Whites 3.4% of the study population. The most frequent response to the question: "What was the highest educational level achieved by the adult male or female consistently present in your household?" was "unknown."

Highest unemployment and lowest educational levels were found among patients who were victims of penetrating trauma or assault.

Emergency Rooms and Victim Satisfaction Studies

In a study conducted by Parrish, Holdren, Skiendzielewski, and Lumpkin (1987), survivors' perceptions with sudden death and satisfaction with their emergency department experience were assessed. Family members of 66 patients, who died in the ED from January 1980 to March 1985, were surveyed by telephone interview regarding the care they, as survivors, received while in the ED. Forty-seven (71%) of 66 were satisfied, 19 (29%) of 66 believed that their family received average or worse than average care. Participants were questioned about attitudes expressed by the ED staff. Most responses were favorable, but a significant number thought the staff cold, unsympathetic, and not reassuring.

The first section requested participants to grade or rank the ED staff on a scale of 1 to 10, worst to best, based on their satisfaction of the care and emotional support they received. The second section required the survivors to give a yes/no response to seven adjectives describing the attitudes displayed by staff. The third section addressed the viewing of the deceased. The fourth section attempted to define problematic areas. It was composed of two open-ended questions regarding the participant's experience in the ED. The most frequent complaint from families was the lack of updated information during the waiting period. Surviving families strongly recommended some form of written or telephone follow-up by a member of the ED staff. Overall, the research determined that satisfaction does not necessarily correlate with good care. The unknowing and uneducated family may have been very satisfied with the worst support

process, simply because they were unaware of the proper care they should have received. In addition, feelings of satisfaction or dissatisfaction may have changed since the acute event, that is, the person who thought they received adequate care at the time of death may now, retrospectively, be displeased.

In an exploratory study by Jones and Buttery (1981), survivors' perceptions of their emergency department experience were examined to evaluate the crucial support areas as witnessed by survivors. A letter was sent to immediate survivors who were in the emergency department as a result of sudden deaths from May 1, 1975 through April 30, 1976. There were 22 (of a possible 69) survivors who were willing to participate in the study, and the interviews were conducted by graduate students in the homes of the survivors. The researchers identified four major points of intervention with survivors. These were notification of the event, arrival at the emergency department, notification of the death, and the concluding process. Generally, it was found that the notification of the actual event was relatively easy to handle effectively. Surviving families reported being satisfied if the staff member sounded confident, since it alleviated some of the initial anxiety. Inversely, families reported being dissatisfied with physicians who seemed to lack compassion about the deceased.

The objective of this study (Greenberg, Ochsenschlager, Cohen, Einhorn, and O'Donnell, 1993) was to document whether or not respondent emergency departments had a process and/or team to interact with surviving families with a family member dead on arrival (DOA). Additionally, a needs assessment was completed to determine what information is essential to convey to surviving families, and to find out what emergency departments are doing to train residents. A survey instrument was developed by health

care professionals at Children's National Medical Center who are involved in the acute care of children and their families. Surveys were sent to directors of emergency departments in all United States children's hospitals and those general hospitals with more than 400 beds. Of the 508 ED directors surveyed, 167 (33%) responded after three mailings. Not all directors responded to every question, and missing values ranged from 7 to 33 for survey items. A recognized limitation of the study was the low response rate despite three mailings, self-addressed stamped envelopes, and a condensed, easy to complete questionnaire.

Summary statistics for each question in the survey were tabulated, including frequency counts for categorical variables, mean $\pm$ one standard deviation for continuous variables, and median and range for ordinal variables. Percentages are reported excluding the non-responding EDs for each question. Pearson χ^2 analyses were used to test hypothesized relationships between pairs of survey items. Tests were considered significant with P values $< .05$. In 62% of EDs responding to the survey, the attending physician usually informed the parents about their child's death. Fifty-two percent of the responses indicated that those individuals responsible for providing counseling to surviving families were most often the ED physician. In programs surveyed, health care professionals, such as nurses (51%), social workers (35%), and clergy (27%) provided additional support to families whose loved one presented DOA to an emergency department. Eight percent (13) of programs mentioned a defined DOA team. More than one-third of the respondents provided follow-up to surviving families.

The purpose of this study (Cross, et. al. 1996) was to determine how long family members waited before someone from the trauma team met with them to discuss the

condition of their relative. This was a prospective, single-blinded study of a convenience sample of 63 trauma patients conducted at a trauma center. The mean age was 36 ± 17 years. Sixty-seven percent of the patients were men and 84% were white. The observers recorded demographic data, including the age, gender, and race of the patient. The time of arrival of the patient to the treatment room and the time of arrival of the family to the ED were recorded. The observers noted the time the patient's condition was first discussed with the family. Families arrived 38 ± 35 minutes after the patient. The mean time families waited before contact with the trauma team was 37 ± 34 minutes. This study shows that the trauma team is often slow in communicating with the family of the victim. Surviving families were very dissatisfied about the lack of ED support personnel soon after their arrival and about not being informed during the waiting period. Further research has determined that breakdown seems to occur in the area of notification of family's arrival, and the physician actually going to speak to the family.

Crime Victim Compensation Programs

History of Compensation Programs

The idea that the state should provide financial reimbursement to victims of violent crime for their losses was propounded initially by English penal reformer Margery Fry in the early 1960s. Spurred by the impulse to grant a new kind of welfare to people in need, New Zealand's was the first legislature, in 1963, to adopt a victim compensation program, with Great Britain passing a similar law shortly thereafter. In 1965, California became the first state in North America to establish a compensation program, soon followed by New York. Most compensation programs evolved from welfare to a justice orientation, in which victims were seen as deserving compensation

whether they were in need or not. These programs represent the first public recognition of society's responsibility to victims and have been the cornerstone of all the victim service schemes that have followed (Young, 1997).

According to the National Office for Victims of Crime (1998), subsequent to the formation of the 1967 President's Commission on Law Enforcement and the Administration of Justice, the Law Enforcement Assistance Administration (LEAA) Citizen's Initiative was formed. The purpose of this initiative was to encourage public involvement in the 'war against crime,' and to foster greater consideration for victims, witnesses, and jurors by the criminal justice system. In 1974, the National District Attorney's Commission on Victim Witness Assistance was formed and, with LEAA funding, it developed a series of initiatives that provided the baseline from which court-based services emerged. The Crime Victims' Fund was authorized by the Victims of Crime Act (VOCA) of 1984. Each year, millions of dollars are deposited into this fund from criminal fines, forfeited bail bonds, penalty fees, and special assessments collected by the U. S. Attorney's Office, the U. S. Courts, and the Bureau of Prisons. These dollars come from offenders convicted of Federal crimes, not from taxpayers.

The Department of Justice is responsible for prosecuting criminals and for collecting the payment of fines. The Administrative Office of the U. S. Courts is responsible for providing financial information on the fund deposits, which are held by the U. S. Treasury. Most of the money is administered by the Office for Victims of Crime (OVC) and distributed by them to fund victim assistance and [state] compensation programs. In fiscal year 1995, 48 states, the District of Columbia, and the U. S. Virgin

Islands received VOCA compensation grants. The State of Maine was eligible to receive grants in 1996.

Compensation Program Issues

In the 1984 study by Louis Harris and Associates, the question asked of crime victims was: "Have you ever heard of the Crime Victim Compensation Board, or haven't you?" The choices provided to the subjects were as follows: "yes, have heard of", "no, haven't heard of", and "not sure." Only a little over one-third (35%) of the participants who reported index crimes to the police were aware of the existence of the Crime Victim Compensation Board. Awareness of the Board was lower among minority victims (28%) than among white victims (38%), and it was lower among those with annual family incomes below \$15,000 (31%) than among those with high income (42%). The fact that so few victims heard of the Board from the police when reporting the crime is significant. By law, the police are required to inform injured victims of their potential eligibility for the Board's services. Only 7% of those who knew about the Board filed a claim, which represents only 2% of victims of reported index crimes. The primary reason for not filing a claim was the expectation that not much would come of it.

Two major arguments have been advanced for public compensation to crime victims. One is an "obligation of the state" argument that the state has monopolized law enforcement and prosecution, reducing victims' access to redress, and that therefore, the state creates a contract to protect the victim and should help compensate for its failure to do so. The other is a "social welfare" argument that the state has a moral obligation to help innocent victims. One of the primary criticisms of victim compensation programs is that they promise much but deliver little to victims. A number of studies of state violent

crime victim compensation boards have documented that few victims of violent crime apply for benefits, primarily because few victims know of their existence. Compensation programs are chronically underfunded and represent only a symbolic commitment to make the public think their elected leaders are concerned about them (Smith and Hillenbrand, 1997).

Crime victim compensation programs in America provide a more focused response to claims for compensation arising from criminal victimization. Almost all of the existing programs are characterized by strict eligibility requirements, relatively few awards in proportion to the number of claims, and an almost infinitesimal clientele given the number of victims of crime. All programs are limited to monetary compensation for needs arising from violent crimes, but additional requirements greatly reduce the number of persons eligible for compensation. The requirement that there be no personal relationship between the offender and the victim disqualifies large numbers of persons who are victims of violent crimes. Since at least 30 to 40% of all violent crimes involve members of the same family, it is difficult to understand the rationale for such a provision, if serving the needs of victims is the actual objective of the program. In such cases, persons are excluded from receiving funds for unreimbursed medical expenses and for loss of earnings, although such persons have made sustained efforts to be contributing members of society (Ziegenhagen, 1976).

In a more recent study by McCormack (1991), it was found that most crime victim compensation programs require that the crime be reported to the police within a reasonable time after its occurrence. There is a tendency to make compensation contingent upon the degree to which victims accept and support the law enforcement

organization's definition of the incident and treatment of the offender. If the police do not interpret the incident as a crime, there can be no compensation. If the victim favors remedies other than arrest and possible imprisonment of the offender, the crime is not likely to be reported.

Perhaps the most disconcerting aspect of existing victim compensation programs is that many of the social conditions that contribute to individual vulnerability to the unlawful acts of others also tend to prevent victims from gaining an award from compensation programs. One group of victims within a particular culture is vulnerable because of its lack of knowledge of its rights and duties. Others are incapable of learning or executing such rights and responsibilities due to physical or mental deficiency. Yet, almost all the victim compensation programs require elaborate documentation of claims, and the responsibility for such documentation is placed upon the victim or the victim's surviving family.

CHAPTER THREE

Methodology

Objectives of the Research

The overall objective of this research was to investigate the relationship between socioeconomics and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims. Specifically, this study examined the relationship between education, income, race, gender, and neighborhood of surviving families of homicide victims, and their degree of satisfaction with the quality of essential services provided to them. Degree of satisfaction with the quality of essential services was assessed by the type of information provided to families and their perception of how they were treated by essential services providers. Also, the number of times a family made contact with a services provider and the knowledge or lack of knowledge of existing services was examined. For the purpose of this study, essential services were identified as the police, prosecutor, hospital emergency room, and the crime victim compensation program. Additionally, qualitative interviews were conducted with two former homicide detectives, an assistant prosecutor, and the medical director of a hospital emergency room. The interviews were conducted in an effort to assess the standard operating procedures of the identified essential services providers. Specifically, as those procedures relate to providing services to surviving families of homicide victims. A representative from the crime victim compensation program was unavailable to be

interviewed for the study. Services delivered by the crime victim compensation program to surviving families were examined by using available printed.

The research objectives were as follows:

- To investigate the relationship between education and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims.
- To investigate the relationship between income and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims.
- To investigate the relationship between race and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims.
- To investigate the relationship between gender and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims.
- To investigate the relationship between neighborhood and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims.
- To assess the standard operating procedures utilized by essential services providers in the delivery of services to surviving families of homicide victims.

Research Questions

In order to accomplish the stated objectives, several specific research questions were addressed:

- Is there a relationship between education and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?
- Is there a relationship between income and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?
- Is there a relationship between race and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?
- Is there a relationship between gender and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?
- Is there a relationship between neighborhood and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?
- What are the standard operating procedures utilized by essential services providers in the delivery of services to surviving families of homicide victims?

Conceptual and Operational Definitions

This section includes the conceptual and operational definitions for each of the dependent and independent variables utilized in this study. The dependent variables were:

- Degree of satisfaction with the quality of essential services provided by the police.

- Degree of satisfaction with the quality of essential services provided by the prosecutor.
- Degree of satisfaction with the quality of essential services provided by the hospital emergency room.
- Degree of satisfaction with the quality of essential services provided by the crime victim compensation program.

The independent variables were as follows:

- Education of the surviving family member interacting with the essential services providers.
- Income of the surviving family member interacting with the essential services providers.
- Race of the surviving family member interacting with the essential services providers.
- Gender of the surviving family member interacting with the essential services providers.
- Neighborhood of the surviving family member interacting with the essential services providers.

Satisfaction with the Quality of Essential Services

Conceptual: Degree of satisfaction with the quality of essential services refers to the subjective responses from the surviving family member interacting with the essential services providers.

Operational: A series of four questions on the survey (12, 17, 20, and 26) asked the surviving family member to what degree they were satisfied with the quality of essential

services provided to them by a specific essential services provider. A scale was used to measure the degree of satisfaction with the quality of essential services.

Standard Operating Procedures Providing Essential Services

Conceptual: The standard operating procedures for providing essential services to surviving families of homicide victims were assessed by using semi-structured questions specifically related to each essential services provider.

Operational: The concept of standard operating procedures for providing essential services to surviving families of homicide victims was operationalized with three qualitative interviews. A representative from the crime victim compensation program was unavailable to be interviewed for the study. Services provided by the crime victim compensation program were assessed by the examination of available printed material.

Socioeconomics

Conceptual: Education of the family member interacting with the essential services providers.

Operational: The concept of education was operationalized with Question #5: What is your highest year of completed education? The respondent was provided with three response categories and instructed to circle the correct answer.

Conceptual: Income of the family member interacting with the essential services providers.

Operational: The concept of income was operationalized with Question #4: What is your annual family income? The respondent was provided with seven response categories and instructed to circle the correct answer.

Conceptual: Race of the family member interacting with the essential services providers.

Operational: The concept of race was operationalized with Question #3: What is your race? The respondent was provided with four response categories and instructed to circle the correct answer.

Conceptual: Gender of the family member representing the surviving family.

Operational: The concept of gender was operationalized with Question #1: What is your relationship to the victim? The respondent was provided with ten response categories and instructed to circle the correct answer. Question #2: What is your gender? The respondent was provided with two response categories.

Conceptual: Neighborhood of the family member interacting with the essential services providers.

Operational: The concept of neighborhood was operationalized with Question #8: What is your zip code?

Research Hypotheses

To address the research questions of this study, the following hypotheses were tested to investigate relationships and degrees of satisfaction.

Research Question #1. Is there a relationship between **education** and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

HO₁ There is no relationship between education and degree of satisfaction with the quality of essential services provided by police to surviving families of homicide victims.

- HA₁** There is a relationship between education and degree of satisfaction with the quality of essential services provided by police to surviving families of homicide victims.
- HO₂** There is no relationship between education and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.
- HA₂** There is a relationship between education and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.
- HO₃** There is no relationship between education and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HA₃** There is a relationship between education and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HO₄** There is no relationship between education and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.
- HA₄** There is a relationship between education and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

Research Question #2. Is there a relationship between **income** and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

HO₅ There is no relationship between income and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HA₅ There is a relationship between income and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HO₆ There is no relationship between income and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.

HA₆ There is a relationship between income and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.

HO₇ There is no relationship between income and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.

HA₇ There is a relationship between income and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.

HO₈ There is no relationship between income and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

HA₈ There is a relationship between income and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

Research Question #3: Is there a relationship between race and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

HO₉ There is no relationship between race and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HA₉ There is a relationship between race and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HO₁₀ There is no relationship between race and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.

HA₁₀ There is a relationship between race and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.

HO¹¹ There is no relationship between race and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.

HA₁₁ There is a relationship between race and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.

HO₁₂ There is no relationship between race and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

HA₁₂ There is a relationship between race and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

Research Question #4. Is there a relationship between gender and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

HO₁₃ There is no relationship between gender and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HA₁₃ There is a relationship between gender and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

HO₁₄ There is no relationship between gender and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.

- HA₁₄** There is a relationship between gender and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.
- HO₁₅** There is no relationship between gender and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HA₁₅** There is a relationship between gender and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HO₁₆** There is no relationship between gender and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.
- HA₁₆** There is a relationship between gender and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

Research Question #5. Is there a relationship between **neighborhood** and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

- HO₁₇** There is no relationship between neighborhood and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.

- HA₁₇** There is a relationship between neighborhood and degree of satisfaction with the quality of essential services provided by the police to surviving families of homicide victims.
- HO₁₈** There is no relationship between neighborhood and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.
- HA₁₈** There is a relationship between neighborhood and degree of satisfaction with the quality of essential services provided by a prosecutor to surviving families of homicide victims.
- HO₁₉** There is no relationship between neighborhood and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HA₁₉** There is a relationship between neighborhood and degree of satisfaction with the quality of essential services provided by a hospital emergency room to surviving families of homicide victims.
- HO₂₀** There is no relationship between neighborhood and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.
- HA₂₀** There is a relationship between neighborhood and degree of satisfaction with the quality of essential services provided by the crime victim compensation program to surviving families of homicide victims.

Overview of the Research Design

In order to accomplish the objectives of this research, an exploratory study was proposed and conducted in the natural settings, the neighborhoods of the sample population. The purpose of this study was to investigate the relationship between socioeconomics and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims. A newly-created instrument was used to address issues relative to education, income, race, gender, and neighborhood of the surviving family. Also, a set of semi-structured questions was constructed. The questions specifically related to the services provided by each of the identified essential services providers. The questions were utilized to guide the qualitative interviews with those individuals who represented essential services. Interviews were only conducted with three essential services providers including the police, prosecutor, and hospital emergency room. Services delivered by the crime victim compensation program were examined by using available printed material. The decision was made to utilize available printed material to assess the dependent variable known as degree of satisfaction with the crime victim compensation program. This decision was made after state officials refused to allow an assistant attorney general to participate in the research. This material included information from the U. S. Department of Justice Victims of Crime web site, the Court of Claims Crime Victim Compensation Annual Report, and the Attorney General's Office of Victim Services Crime Victims' Rights Booklet.

Instrumentation

The four dependent variables were measured using a 26-item questionnaire that was specifically designed by the researcher for this study. Additionally, the dependent

variables were measured with a set of semi-structured questions that were administered in an audio taped qualitative interview with a representative from three of the identified essential services providers.

The survey consisted of a total of 26 questions. Twenty-two of these questions were multiple-choice and required the participant to either circle the correct answer or fill in the blank. The survey included four questions designed to measure the degree of satisfaction with essential services provided to surviving families of homicide victims. These four questions were answered by using a scale. A newly-created instrument was used in this study for several reasons. First, for the most part, the instruments that were perused prior to the study addressed the issues of crime victims from a psychological perspective. Second, no instrument was found that specifically addressed the four essential services providers identified for this particular study. For the purpose of this study, essential services were identified as the police, prosecutor, hospital emergency room, and crime victim compensation program. Third, in an attempt to encourage surviving families to participate in the study, the survey was designed to be brief and specific. The instrument was piloted in Lansing, Michigan with two volunteer mothers whose children were murdered as the result of violent homicides. Subsequently, an effort was made to eliminate language or questions that may be misunderstood by respondents or cause unnecessary distress. Prior to the research it was estimated that it would take respondents approximately 15 minutes to complete the survey. However, at the data collection sites, respondents completed the survey within 10 to 20 minutes. The audio taped qualitative interviews with representatives of the identified essential services averaged from 1 hour to 1½ hours in length.

Questions 1 through 7 specifically addressed the socioeconomics of the respondents. Question 8 requested participants to provide their zip code. The responses provided information about any relationship that may have existed between a neighborhood and degree of satisfaction with the quality of services provided to surviving families. Questions 9 through 12 specifically addressed surviving families' interactions with the police after the incident. Questions 13 through 17 specifically dealt with surviving families' experiences in a hospital emergency room. Questions 18 through 21 addressed surviving families' experiences with the prosecutor assigned to their case. Questions 22 through 26 addressed families' interactions with the crime victim compensation program.

Data Collection Procedures

The research was conducted in a large metropolitan city and neighboring suburbs located in the Midwest. The actual data collection took place at four sites strategically located within the city during a time period of seven days. The data collection sites included a social services mall, a community services center, a neighborhood center, and a church. The sites were chosen because they are well known and respected facilities and provide a myriad of services to families in the respective catchment areas. Furthermore, the sites represent four political boundaries, which include Ward 1, Ward 5, Ward 11, and Ward 14. Three police districts were represented and include District 2, District 4, and District 6.

These specific sites, political boundaries, and police districts provided the opportunity to obtain a diverse sample of surviving families of homicide victims. The demographics of this metropolitan city are such that a large portion of the eastside

consists of African-American families. Inversely, a large portion of the downtown area where the church is located, along with the westside, consists of Latinos and Caucasians. Also, the church serves as an overnight shelter for homeless families. The neighborhood center is located on the near westside with a large population of Spanish-speaking families along with a strong white middle class. The social services mall is located in an African-American neighborhood, which contains 90% of the public housing in the city. Many of the residents in this neighborhood live at or below the official poverty level. The community center is located in a strong black middle-class neighborhood on the far eastside. The same rationale was applied to the political boundaries and the police districts. Political wards 1 and 5 are eastside wards and wards 11 and 14 are westside wards. Police district 2 is located in a westside neighborhood while districts 5 and 6 are located in eastside neighborhoods. These very stark racial and economic divisions supported the attempt to obtain a fairly representative sample of surviving families of homicide victims from the area. Additionally, each of the locations was accessible to public transportation for those subjects who wanted to participate in the study but did not own or have access to an automobile. These sites also served the dual purpose of providing a private area for the administration of the surveys as well as a safe environment for the female interviewer.

The data collection process commenced on Sunday, February 1, 1998, and ended on Saturday, February 7, 1998. Qualitative interviews with essential services providers were conducted from Monday through Wednesday at 9:00 a.m. As requested, each of the interviews was conducted at the interviewees' place of employment. Since there was no interview with a representative from the crime victim compensation program, six hours

including travel, were used to complete the qualitative interviews. As previously arranged, the directors of each survey site followed through with an assistant for the researcher. The purpose of the assistant was to act as a substitute during any short-term absence of the investigator. Upon arrival at each site the researcher conducted a brief training session with each individual. The trained assistants were able to explain the purpose of the study, discuss the issue of confidentiality, obtain signatures on consent forms, administer surveys, and provide assistance as needed.

Demographic Characteristics of the Research Participants

The study consisted of two groups of participants. The first group consisted of representatives from three of the four identified essential services providers. The interviewees were two retired homicide detectives, an assistant prosecutor, and the medical director of two emergency departments for a large medical center, which has facilities in the inner-city and a neighboring suburb. After three letters and five telephone calls, the city police department remained unresponsive to the researcher's request for an interview with a current or former homicide detective. Subsequently, the researcher interviewed two retired homicide detectives who are currently serving as the chief of police and deputy chief of police of the public housing authority in this large metropolitan area. The combined law enforcement experience of these two men is 48 years, which would qualify them as career law enforcement officers. Both have worked as homicide detectives in large metropolitan cities, and the chief worked in internal affairs for a number of years. The chief of police is a Black male and the deputy chief is a White male. Both males are middle aged, married, and fathers of adult children. The

original letter was sent to the chief of police. The researcher was unaware that there was going to be two interviewees until her arrival at the public housing police department.

The assistant prosecutor was a middle aged, single, African-American male who does not have any children. He is a native of the county and city in which the research was conducted and has been an assistant prosecutor for 16 years. He has only prosecuted five or six homicide cases. He was recently promoted to a supervisory position, in which he is responsible for assigning cases to assistant prosecutors. Originally, the letter of request was sent to the county prosecuting attorney, who is an elected official. She was unavailable for an interview and honored the original request to assign the task to an experienced representative in the event of her absence.

The director of the hospital emergency department was a middle aged, married, White male with children. He is a physician with 15 years of emergency medicine experience. From 1982 until 1990, he was the director of a 90,000 patient-visits-a-year emergency department in the State of Florida. This facility was the second busiest emergency department in the state and a Level One trauma center. He has been in the research city for a total of four years.

Essential services provided by the crime victim compensation program were examined by using available printed material. The researcher made several attempts to interview a former Crime Victims' Services employee who is currently located in the city where the research was being conducted. State officials refused to allow him to participate in the study. It was suggested that the researcher travel to the state capitol, which is located 150 miles from the research city, and interview the current section chief. The research timeline would not permit such a trip and the decision was made to utilize

available printed material. The material included information from the U. S. Department of Justice Victims of Crime web site, the Court of Claims Crime Victim Compensation 1997 Annual Report, and the Attorney General's Office of Victim Services Crime Victims' Rights Booklet.

The second group of participants in this investigation consisted of 64 surviving families of homicide victims. For the purpose of this study, homicide was defined as "the intentional killing of one human being by another." In 1982, Deegan stated, "in order for homicide to be criminal in nature, it must be covered by existing criminal law. All chargeable criminal homicides embody the intentional taking of a human life on the part of the perpetrator, or at least require demonstrating a form of negligence by the defendant that directly results in the death of the victim" (p. 238). Thus, data were not collected from those families in which a family member died as the result of a suicide, accident, or natural cause. All of the participants self-identified and resided in the county where the research took place. Participants either lived in the city where the research was conducted or in a neighboring suburb. The sample included a total of 64 participants, of which 33 (51.6%) were female and 31 (48.4%) were male. The female relationships to the murdered victims included: 15 mothers, 6 sisters, 5 aunts, 3 grandmothers, 2 wives, and 2 cousins. The male relationships to the murdered victims included: 14 fathers, 8 uncles, 5 brothers, 3 cousins, and 1 husband.

The mean age for females was 47.84 years, and the mean age for males was 36.70 years. There was 11.14 years difference between the mean ages of the female and male participants. The research represented a diverse sample of surviving families. Thirty-nine (60.0%) of the participants were African American. Sixteen (25.0%) of the participants

were Caucasian, followed by nine (14.1%) Latino. In terms of marital status, the majority of the respondents were single. Twenty-six (40.6%) were single, 28.1% (N=18) were divorced, 18.8% (N=12) were married, and 12.5% (N=8) were widowed. The sample was fairly well educated. Forty (62.5%) of the participants reported attending high school. Twenty-four (37.5%) of the participants reported having attended and/or graduated from college. Additionally, participants represented various income levels. It is notable that 30 (46.9%) of the participants reported income levels above \$15,000 and higher. Nineteen (29.7%) reported an annual income between \$5,000 to \$14,999, and this was closely followed by 15 (23.4%) participants who reported family income of less than \$5,000.

The number of participants who responded to questions regarding specific essential services fluctuated from 64 to 43. However, this fluctuation was consistent throughout the research. Each of the 64 participants had some type of interaction with the police. Only 60 participants were eligible to answer the question of satisfaction as it related to interaction with a prosecutor. In four of the cases no perpetrator had been apprehended. Thus, at the time of the data collection these respondents had no contact with a prosecutor. Only 51 participants were required to visit the emergency room. Thirteen of the respondents had family members who were pronounced dead at the scene and transported directly to the county morgue. Additionally, only 43 participants responded to the question relating to satisfaction with the crime victim compensation program. Seventeen participants reported having no knowledge of the program, while four made the decision not to apply for compensation.

Confidentiality

Several mechanisms were utilized to protect the confidentiality of the participants. The researcher thoroughly explained the concept of confidentiality to each participant, and special emphasis was placed on the differences between confidentiality and anonymity. The researcher administered the surveys by asking the respondents the questions. This method helped to increase the degree of accuracy and decrease the number of missing items. Also, it alleviated the possibility of embarrassment to any participants who may have been illiterate. Two large envelopes were available, one for signed consent forms, and a second for the completed surveys. Participants were instructed to place their signed consent forms in the designated envelope and keep the copy for their records. After completion of the survey, the researcher double-checked for missing items and placed completed surveys in the designated envelope. Additionally, the issue of confidentiality was discussed with each essential services provider, and a consent form was signed. A detailed explanation was provided to both groups of participants regarding their voluntary participation and right to refuse to answer certain questions or discontinue the interview at any time without penalty.

The University Committee on Research Involving Human Subjects (UCRIHS) expressed concerns regarding risk in the project as it related to the protection of confidentiality. The purpose of this committee is to protect the rights and welfare of human subjects used in research. The committee's concerns focused on the issue of whether or not the survey population and geographic area would be sufficiently large enough to ensure that the identification of the assistant prosecutor and section chief

would be unlikely. Thus, it was imperative that clarification and modification of this issue be resolved before the project was approved.

Recruitment of Participants

The recruitment of participants for research dealing with the violent death of a family is at best a delicate task. For a variety of reasons, surviving families of homicide victims are not and probably never will be readily available to researchers. Subsequent to the violent death of a family member, depending on the circumstances, a family will move and leave no forwarding address. Thus, any official list such as a coroner's report or police report becomes null and void. Moreover, the standard operating procedures of many police departments restrict access to homicide files in an effort to protect the integrity of a pending homicide investigation. Second, surviving families of homicide victims are very suspicious of people requesting personal information about the murder of a family member. Third, even while collecting data, a researcher has an obligation to respect the bereavement process of a surviving family. Therefore, surviving families of homicide victims must be identified and solicited on the basis of good will. It is virtually impossible to randomly select surviving families of homicide victims who may be representative of the population at large.

Although it is difficult, and in some ways unorthodox, Earl Babbie (1995) suggested, "occasionally it may be appropriate for you to select your sample on the basis of your own knowledge of the population, its elements, and the nature of your research aims. In short, based on your judgment and the purpose of the study. You may wish to study a small subset of a larger population in which many members of the subset are easily identified, but the enumeration of all of them would be nearly impossible . . . you

may collect data sufficient for your purposes” (p. 225). The researcher on this project is a victims’ advocate with knowledge of the population being studied. Thus, she was able to use her knowledge of the population and the research city in the recruitment endeavor.

On the same topic, Rynearson (1993) reported, “prospective and controlled studies to document the specific affects of bereavement after homicide are stymied by the resistance of potential research subjects since a minority will volunteer for the study” (p. 258).

Various methods were used in the recruitment of participants for this exploratory study. A letter of request was mailed to representatives of the four identified essential services providers. The letter explained the study and requested an audio taped interview to discuss the standard operating procedures for providing essential services to surviving families of homicide victims. A follow-up telephone call was made to these individuals three days after the mailing in an effort to expedite the scheduling of an interview during the week of data collection.

In the endeavor to recruit surviving families of homicide victims, letters of explanation were mailed to clergy of faith-based organizations that represent diverse denominations. These letters requested that they identify surviving family members of homicide victims that may be members of the congregation. Letters were mailed to representatives of crime victim service agencies, support groups, and advocacy groups such as Mothers Against Drunk Drivers, Parents of Murdered Children, Compassionate Friends, and Voices Over Inner City Crime Exchanging Solutions, requesting that the information be shared with members.

Addresses of surviving families of homicide victims were obtained from the coroner’s office annual report. These names and addresses were used to write letters

directly to surviving families. However, this method of procuring names and addresses of surviving families may not have been the most effective, since surviving families often become transient following the violent death of a family member. Letters were sent to 26 families using addresses taken from the coroner's report. Nine (35%) of these letters were returned non-deliverable. The literature is replete with research which documents the difficulty encountered in the recruitment of surviving families of homicide victims (Harris, 1984; Fallat & Oliver, 1992; Jones & Buttery, 1981, Greenberg et. al. 1993). Only three of the participants mentioned that they had received a letter. The researcher failed to include a question on the survey dealing with how participants heard about the research, nor was the question asked during the interview. Letters were sent to the twenty-one city council members asking them to identify any of their constituents who have lost family members as a result of a homicide. Additionally, the researcher made personal telephone calls to surviving families, victim support groups, faith-based organizations, council members, community organizers, and others in an effort to identify potential participants.

CHAPTER FOUR

Results

Overview of the Quantitative Results

This section presents the results of the statistical analysis of the data. The data were analyzed as they apply to the research questions and hypotheses presented in Chapter III. The research questions were addressed through the use of bivariate statistical techniques including Chi Square (χ^2) for statistical significance. Chi Square is used in inferential statistics as a basis for a test of significance. Gamma (γ) and Lambda (λ) were utilized for measures of existence and/or strength of relationship. For the purpose of this study, a relationship was considered significant if it attained a probability level of $<.05$.

The purpose of this study was to investigate the relationship between socioeconomics and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims. In an effort to accomplish the objectives, socioeconomics were identified as education, income, race, gender, and neighborhood. Essential services were identified as the police, prosecutor, hospital emergency room, and the crime victim compensation program.

Initially, the four dependent variables were operationalized with a scale including “very satisfied,” “satisfied,” “dissatisfied,” “very dissatisfied” and “not applicable.” However, for the analyses, the scale was combined into the two degrees of “satisfied” and “dissatisfied” since the total number of respondents was not large enough to warrant a scale with five degrees. Additionally, those participants who answered “not applicable,”

or “did not know about the program,” were excluded from the analyses of degree of satisfaction of essential services. It was concluded that since these individuals had no contact with a specific services provider they would be unable to make an assessment about the services.

Zip codes were used as indicators of the participants’ neighborhoods. Seventeen (17) zip codes were represented in the data collection. Since the respondents reported such a variety of zip codes, zip codes were combined into two clusters. Hereafter, the zip codes will represent neighborhoods and be referred to as Cluster 1 and Cluster 2. Census data were used in the determination as to which zip codes should constitute a cluster. Cluster 1 consisted of eight zip codes, and the population was primarily Caucasian, female, and high school graduates earning an annual income of \$35,000 and above. Cluster 1 was represented by 26 participants. Cluster 2 consisted of nine zip codes, and the population was primarily African American, female, and high school graduates earning an annual income of \$5,000 and less. Cluster 2 was represented by 38 participants. The clusters were defined as nominal variables and cross-tabulated as were other nominal variables.

Test of the Hypotheses

Research Question #1. Is there a relationship between education and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

Hypothesis #1. The relationship between education and degree of satisfaction with the police is presented in Table 1.

Table 1. Education and Satisfaction with Police

	X ²	G	N	Dissatisfied	Satisfied
Highest Education Level	1.422	.333			
High School			40	80.0%	20.0%
College			24	66.7%	33.3%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.00.

Table 1 suggests no support for the hypothesis that there is a relationship between education and surviving families' degree of satisfaction with the quality of essential services provided by the police. Overall, 75% of the participants reported being dissatisfied with the services provided by the police. $\chi^2 (1, N = 64) = 1.422, p = .233$.

Hypothesis #2. The relationship between education and degree of satisfaction with the prosecutor is presented in Table 2.

Table 2. Education and Satisfaction with Prosecutor

	X ²	G	N	Dissatisfied	Satisfied
Highest Education Level	.004	.020			
High School			39	76.9%	23.1%
College			21	76.2%	23.8%

* 1 cell (25.0%) has expected count less than 5. The minimum expected count is 4.90.

Table 2 suggests no support for the hypothesis that there is a relationship between education and surviving families' degree of satisfaction with the quality of essential services provided by the prosecutor. Overall, 76.7% of the participants reported being dissatisfied with the services provided by the prosecutor. $\chi^2 (1, n = 60) = .004, p = .949$.

Hypothesis #3. The relationship between education and degree of satisfaction with the hospital emergency room is presented in Table 3.

Table 3. Education and Satisfaction with Emergency Room

	X ²	G	N	Dissatisfied	Satisfied
Highest Education Level	.140	.120			
High School			32	31.3%	68.7%
College			19	26.3%	73.7%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.59.

Table 3 suggests no support for the hypothesis that there is a relationship between education and surviving families' degree of satisfaction with the quality of essential services provided by the hospital emergency room. Overall, 29.4% of the participants reported being dissatisfied with the services provided by the hospital emergency room. $\chi^2(1, n = 51) = .140, p = .708$.

Hypothesis #4. The relationship between education and degree of satisfaction with the crime victim compensation program is presented in Table 4.

Table 4. Education and Satisfaction with Crime Victim Compensation Program

	X ²	G	N	Dissatisfied	Satisfied
Highest Education Level	2.207	.463			
High School			27	77.8%	22.2%
College			16	56.3%	43.8%

* 1 cell (25.0%) has expected count less than 5. The minimum expected count is 4.84.

Table 4 suggests no support for the hypothesis that there is a relationship between education and surviving families' degree of satisfaction with the quality of essential services provided by the crime victim compensation program. Overall, 69.8% of the

participants reported being dissatisfied with the services provided by the crime victim compensation program. $\chi^2 (1, n = 43) = 2.207, p = .137$.

Research Question #2. Is there a relationship between income and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

Hypothesis #5. The relationship between income and degree of satisfaction with the police is presented in Table 5.

Table 5. Income and Satisfaction with Police

	X ²	G	N	Dissatisfied	Satisfied
Family Income Level	4.126	.476			
Less than \$5,000			15	86.7%	13.3%
\$5,000 to \$14,999			19	84.2%	15.8%
\$15,000 and higher			30	63.3%	36.7%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.75.

Table 5 suggests no support for the hypothesis that there is a relationship between income and surviving families' degree of satisfaction with the quality of essential services provided by the police. Overall, 75% of the participants reported being dissatisfied with the services provided by the police. $\chi^2 (2, N = 64) = 4.126, p = .127$.

Hypothesis #6. The relationship between income and degree of satisfaction with the prosecutor is presented in Table 6.

Table 6. Income and Satisfaction with Prosecutor

	χ^2	G	N	Dissatisfied	Satisfied
Family Income Level	.185	.100			
Less than \$5,000			14	78.6%	21.4%
\$5,000 to \$14,999			19	78.9%	21.1%
\$15,000 and higher			27	74.1%	25.9%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.27.

Table 6 suggests no support for the hypothesis that there is a relationship between income and surviving families' degree of satisfaction with the quality of essential services provided by the prosecutor. Overall, 76.7% of the participants reported being dissatisfied with services provided by the prosecutor. $\chi^2 (2, n = 60) = .185, p = .912$.

Hypothesis #7. The relationship between income and degree of satisfaction with the hospital emergency room is presented in Table 7.

Table 7. Income and Satisfaction with Emergency Room

	χ^2	G	N	Dissatisfied	Satisfied
Family Income Level	2.379	.326			
Less than \$5,000			13	46.2%	53.8%
\$5,000 to \$14,999			16	25.0%	75.0%
\$15,000 and higher			22	22.7%	77.3%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.82.

Table 7 suggests no support for the hypothesis that there is a relationship between income and surviving families' degree of satisfaction with the quality of essential services provided by the hospital emergency room. Overall, 29.4% of the participants reported being dissatisfied with services provided by the hospital emergency room.

$\chi^2 (2, n = 51) = 2.379, p = .304$.

Hypothesis #8. The relationship between income and degree of satisfaction with the crime victim compensation program is presented in Table 8.

Table 8. Income and Satisfaction with Crime Victim Compensation Program

	X^2	G	N	Dissatisfied	Satisfied
Family Income Level	.227	.081			
Less than \$5,000			12	75.0%	25.0%
\$5,000 to \$14,999			12	66.7%	33.3%
\$15,000 and higher			19	68.4%	31.6%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.63.

Table 8 suggests no support for the hypothesis that there is a relationship between income and surviving families' degree of satisfaction with the quality of essential services provided by the crime victim compensation program. Overall, 69.8% of the participants reported being dissatisfied with services provided by the crime victim compensation program. $\chi^2(2, n = 43) = .227, p = .893$.

Research Question #3. Is there a relationship between race and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

Hypothesis #9. The relationship between race and degree of satisfaction with the police is presented in Table 9.

Table 9. Race and Satisfaction with Police

	X^2	L	N	Dissatisfied	Satisfied
Race	3.692	.000			
African American			39	69.2%	30.8%
Caucasian			16	75.0%	25.0%
Latino			9	100.0%	0.0%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.25.

Table 9 suggests no support for the hypothesis that there is a relationship between race and surviving families' degree of satisfaction with the quality of essential services provided by the police. Overall, 75% of the participants reported being dissatisfied with services provided by the police. $\chi^2 (2, N = 64) = 3.692, p = .158$.

Hypothesis #10. The relationship between race and degree of satisfaction with the prosecutor is presented in Table 10.

Table 10. Race and Satisfaction with Prosecutor

	χ^2	L	N	Dissatisfied	Satisfied
Race	.901	.000			
African American			36	75.0%	25.0%
Caucasian			15	73.3%	26.7%
Latino			9	88.9%	11.1%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.10.

Table 10 suggests no support for the hypothesis that there is a relationship between race and surviving families' degree of satisfaction with the quality of services provided by the prosecutor. Overall, 76.7% of the participants reported being dissatisfied with services provided by the prosecutor. $\chi^2 (2, n = 60) = .901, p = .637$.

Hypothesis #11. The relationship between race and degree of satisfaction with the hospital emergency room is presented in Table 11.

Table 11. Race and Satisfaction with Emergency Room

	X ²	L	N	Dissatisfied	Satisfied
Race	.230	.000			
African American			28	32.1%	67.9%
Caucasian			15	26.7%	73.3%
Latino			8	25.0%	75.0%

* 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.35.

Table 11 suggests no support for the hypothesis that there is a relationship between race and surviving families' degree of satisfaction with the quality of services provided by the hospital emergency room. Overall, 29.4% of the participants reported being dissatisfied with services provided by the hospital emergency room.

$$\chi^2 (2, n = 51) = .230, p = .891.$$

Hypothesis #12. The relationship between race and degree of satisfaction with the crime victim compensation program is presented in Table 12.

Table 12. Race and Satisfaction with Crime Victim Compensation Program

	X ²	L	N	Dissatisfied	Satisfied
Race	3.381	.000			
African American			25	68.0%	32.0%
Caucasian			12	58.3%	41.7%
Latino			6	100.0%	0.0%

* 3 cells (50.0%) have expected count less than 5. The minimum expected count is 1.81.

Table 12 suggests no support for the hypothesis that there is a relationship between race and surviving families' degree of satisfaction with the quality of essential services provided by the crime victim compensation program. Overall, 69.8% of the

participants reported being dissatisfied with services provided by the crime victim compensation program. $\chi^2 (2, n = 43) = 3.381, p = .184$.

Research #4. Is there a relationship between gender and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

Hypothesis #13. The relationship between gender and degree of satisfaction with the police is presented in Table 13.

Table 13. Gender and Satisfaction with Police

	X ²	L	N	Dissatisfied	Satisfied
Gender	.188	.000			
Female			33	72.7%	27.3%
Male			31	77.4%	22.6%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.75.

Table 13 suggests no support for the hypothesis that there is a relationship between gender and surviving families' degree of satisfaction with the quality of essential services provided by the police. Overall, 75% of the participants reported being dissatisfied with services provided by the police. $\chi^2 (1, N = 64) = .188, p = .665$.

Hypothesis #14. The relationship between gender and degree of satisfaction with the prosecutor is presented in Table 14.

Table 14. Gender and Satisfaction with Prosecutor

	X ²	L	N	Dissatisfied	Satisfied
Gender	.020	.000			
Female			29	75.9%	24.1%
Male			31	77.4%	22.6%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.77.

Table 14 suggests no support for the hypothesis that there is a relationship between gender and surviving families' satisfaction with the quality of essential services provided by the prosecutor. Overall, 76.7% of the participants reported being dissatisfied with services provided by the prosecutor. $\chi^2 (1, n = 60) = .020, p = .887$.

Hypothesis #15. The relationship between gender and degree of satisfaction with the hospital emergency room staff is presented in Table 15.

Table 15. Gender and Satisfaction with Emergency Room

	X ²	L	N	Dissatisfied	Satisfied
Gender	.582	.000			
Female			23	34.8%	65.2%
Male			28	25.0%	75.0%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.76.

Table 15 suggests no support for the hypothesis that there is a relationship between gender and surviving families' degree of satisfaction with the quality of essential services provided by the hospital emergency room. Overall, 29.4% of the participants reported being dissatisfied with services provided by the hospital emergency room.

$\chi^2 (1, n = 51) = .582, p = .446$.

Hypothesis #16. The relationship between gender and degree of satisfaction with the crime victim compensation program is presented in Table 16.

Table 16. Gender and Satisfaction with Crime Victim Compensation Program

	X ²	L	N	Dissatisfied	Satisfied
Gender	.341	.000			
Female			26	73.1%	26.9%
Male			17	64.7%	35.3%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.14.

Table 16 suggests no support for the hypothesis that there is a relationship between gender and surviving families' degree of satisfaction with the quality of essential services provided by the crime victim compensation program. Overall, 69.8% of the participants reported being dissatisfied with services provided by the crime victim compensation program. $\chi^2 (1, n = 43) = .341, p = .559$.

Research Question #5. Is there a relationship between **neighborhood** and degree of satisfaction with the quality of essential services provided to surviving families of homicide victims?

Hypothesis #17. The relationship between neighborhood and degree of satisfaction with the police is presented in Table 17.

Table 17. Neighborhood and Satisfaction with Police

	χ^2	L	N	Dissatisfied	Satisfied
Neighborhood	.086	.001			
Cluster 1			26	76.9%	23.1%
Cluster 2			38	73.7%	26.3%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.50.

Table 17 suggests no support for the hypothesis that there is a relationship between neighborhood and surviving families' degree of satisfaction with the quality of essential services provided by the police. Overall, 75% of the participants reported being dissatisfied with services provided by the police. $\chi^2 (1, N = 64) = .086, p = .769$.

Hypothesis #18. The relationship between neighborhood and degree of satisfaction with the prosecutor is presented in Table 18.

Table 18. Neighborhood and Satisfaction with Prosecutor

	χ^2	L	N	Dissatisfied	Satisfied
Neighborhood	.002	.000			
Cluster 1			26	76.9%	23.1%
Cluster 2			34	76.5%	23.5%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.07.

Table 18 suggests no support for the hypothesis that there is a relationship between neighborhood and surviving families' degree of satisfaction with the quality of essential services provided by the prosecutor. Overall, 76.7% of the participants reported being dissatisfied with services provided by the prosecutor. $\chi^2 (1, n = 60) = .002, p = .967$.

Hypothesis #19. The relationship between neighborhood and degree of satisfaction with the hospital emergency room is presented in Table 19.

Table 19. Neighborhood and Satisfaction with Emergency Room

	X ²	L	N	Dissatisfied	Satisfied
Neighborhood	2.350	.000			
Cluster 1			22	18.2%	81.8%
Cluster 2			29	37.9%	62.1%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.47.

Table 19 suggests no support for the hypothesis that there is a relationship between neighborhood and surviving families' degree of satisfaction with the quality of essential services provided by the hospital emergency room. Overall, 29.4% of the participants reported being dissatisfied with services provided by the hospital emergency room. $\chi^2(1, n = 51) = 2.350, p = .125$.

Hypothesis #20. The relationship between neighborhood and degree of satisfaction with the crime victim compensation program is presented in Table 20.

Table 20. Neighborhood and Satisfaction with Crime Victim Compensation Program

	X ²	L	N	Dissatisfied	Satisfied
Neighborhood	.485	.000			
Cluster 1			20	75.0%	25.0%
Cluster 2			23	65.2%	34.8%

* 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.05.

Table 20 suggests no support for the hypothesis that there is a relationship between neighborhood and surviving families' degree of satisfaction with the quality of essential services provided by the crime victim compensation program. Overall, 69.8% of the participants reported being dissatisfied with services provided by the crime victim compensation program. $\chi^2 (1, n = 43) = .485, p = .486$.

Summary of the Quantitative Results

The quantitative results of this study suggest that socioeconomics are not a major factor in the quality of essential services provided to surviving families of homicide victims. All of the hypotheses stating that there is a relationship between socioeconomics and quality of essential services provided to surviving families of homicide victims were rejected. The degrees of dissatisfaction with services provided by governmental agencies were notable, but not significant. A trend that emerged from the study indicated a high degree of satisfaction with services provided by hospital emergency rooms. This degree of satisfaction transcended education, gender, income, neighborhood, and race.

Overview of the Qualitative Results

The qualitative interviews were conducted in an effort to assess the standard operating procedures of the identified essential services providers. Specifically, as those procedures relate to providing services to surviving families of homicide victims. The interviews were conducted with two former homicide detectives, an assistant prosecutor, and the medical director of a hospital emergency room. Services delivered by the crime victim compensation program were assessed through the examination of available printed material. The secondary purpose was to ascertain how essential services providers

evaluated themselves in terms of their relationship with the neighborhood, and more specifically, surviving families of homicide victims. The interview questions were designed to determine if the essential services providers perceive the services they provide the same as those families who use the services.

Results of Interview with Homicide Detectives

Without preamble, the African American detective went on record and said “how families are handled can depend on the politics of the police department. If the mayor and police chief are victims’ advocates or were elected or appointed on a crime victims’ platform, victims are treated with compassion. If the mayor and police chief are law and order types, crime victims will become the recipients of that particular philosophy. Too many police officers feel as though people get what they have coming to them. It is important to remember that the philosophy of the main office becomes the philosophy on the street.” Elias (1986) confirmed this thesis and wrote, “what role victims do play in the criminal process may also be political. Victims help legitimize the criminal [justice] process” (p. 160). Bynum et al. (1979) also corroborated this philosophy when they wrote, “people like to believe that what happens to others, either positive things . . . or negative ones happens because the victim deserves this to happen. Thus, police may view victims of crimes in certain situations as more or less deserving of police attention” (p. 303). Elias (1986) posited, “officials often hold “just world” views that may lessen their sympathy for victims who they might regard as at least partially deserving their fate” (p. 141).

The next question posed to the interviewees focused on surviving families’ satisfaction or dissatisfaction with the perception of how they are treated by the police

after the homicide. The Caucasian detective responded, “there could probably be more interaction between families and detectives. Many detectives still believe that the victim should be the focus of their investigation. In 1982, Bruhns supported this thesis and wrote, “the officer must get to “know” the deceased more than he does members of the family” (p. 225). In 1983, Shapland concurred with this statement and posited, “the receipt of feedback from the police on the status of the case did have an effect on satisfaction levels of violent (personal) crime victims” (p. 235). This current research revealed that only 7.8% of the 64 participants responded that they had contact with the police about their case more than four times.

The detectives were in agreement that more needs to be done in an effort to improve the perception of how surviving families are treated by the police. However, they strongly proposed the caveat that, “families don’t have knowledge of how a police investigation is conducted. Therefore, they feel as though they are being treated badly, when in fact, a detective is just doing their job. Also, until found otherwise, all family members are suspects. Therefore, sometimes they will not get a lot of information about the status of the case.”

In response to my question concerning the procedure for notifying families, the interviewees responded, “a lot depends on the size of the homicide department and the number of homicides occurring in the city. Homicide departments are suffering because of retirements, and it takes a long time to train a good homicide detective. The ideal scenario is to send a uniformed officer or detective to the house, but realistically, it ain’t goin’ to happen.” Thirty nine (60.9%) of the participants reported that the police did not

notify them, while 25 (39.1%) reported that the police either called them on the telephone or made a visit to the home.

My final question to the detectives focused on the state statute that requires the police, upon initial contact, to inform surviving families about the crime victim compensation program. The revised code states, “the law enforcement agency investigating the crime and the local prosecutor are both responsible for providing you with this booklet [crime victims rights booklet] upon their first contact with you. This is to ensure that you are aware of your rights as a crime victim” (ORC 2930.04). One of the detectives reminded the researcher of his previous commentary regarding the political philosophies of the leadership and the shortage of seasoned police officers. In this study, the data revealed that 54 (84.4%) of the respondents reported that the police did not refer them to services nor make them aware of their rights. Only 10 (15.6%) respondents reported that the police referred them to supportive services. Overall, 48 (75%) of the surviving families who participated in the study were dissatisfied with the essential services provided by the police, while only 16 (25%) reported being satisfied with the essential services provided by the police.

Results of Interview with Assistant Prosecutor

Only 60 of the study participants reported having any interaction with an assistant prosecutor. The four families who did not interact with a prosecutor are those cases where no perpetrator had been apprehended. Initially, the interviewer wanted to establish some background on how homicide cases are assigned, and create a portrait of those individuals who are given the task of protecting the rights of surviving families. My first question was “How are homicide cases assigned?” The assistant prosecutor responded,

“no one is assigned until the case goes to trial. On a pretrial, anyone who is free handles the case with the defense attorney. Homicides and rapes go to the Major Trial Division. Homicide cases are assigned on a rotating basis not experience, and prosecutors take a case from beginning to end.” There is a strong possibility that this method of assigning cases could be the cause of some of the dissatisfaction reported by participants.

The next question involved the topic of when a prosecutor makes contact with a surviving family. The interviewee’s response was, “you should do it within a week, but sometimes you might be in trial on another case when you get it, and you just can’t do it. We should probably do a better job of talking to the families than we do. But, a lot of times there isn’t a lot to say. There isn’t anything significant going on until we make the decision to go to trial or plea bargain.” The data revealed that only 7 (11.5%) of the participants reported having discussed their cases with an assistant prosecutor more than four times. Forty-six of the 60 participants reported being dissatisfied with the number of times they were able to discuss their cases with the assigned prosecutor.

The subject of plea bargaining was approached and the prosecutor said, “that is a big issue. Ordinarily, the decision rests with the prosecutor and the supervisor. You want to get everybody on board for the plea including the family so you won’t have people calling you up and screaming and hollering, however, sometimes people do not have realistic expectations. Not every case has enough evidence to risk going to trial.” Forst (1993) seems to agree with the interviewee, but for different reasons. He wrote, “under the Anglo-American system of law the prosecutor is the legal advocate on behalf of the state, not the victim. The prosecutor is under no special obligation to take care of victims, including the provision of information about what is being done in their cases”

(p. 294). Elias (1986) advanced a step further and posited, “victims rarely participate in plea bargaining because the negotiations typically do not rely on their involvement” (p. 152).

Inversely, Knudten et al. (1976) propounded, “the more involved the victim gets in assisting in the administration of justice the less likely he is to be dissatisfied . . . ” (p. 119). Erez and Kelly (1997) agree with the above and cited that “victim satisfaction tends to increase when victims are informed about what is considered in determining sentences and know that their views are one of these considerations. Studies show that the more victims understand the process, the more satisfied they are with it” (p. 240). Victims’ satisfaction with the plea bargaining process can be somewhat of a misnomer, since in most cases, surviving families do not want to plea bargain. The results of this study indicated that 32 (54.8%) of the participants reported that the subject of a plea bargain was not introduced to them. However, 28 (45.2%) were told that a plea would be entered on their behalf, and their opinion was not solicited. Overall, 46 (76.7%) of the surviving families who participated in the study were dissatisfied with the essential services provided by the assistant prosecutor, while only 14 (23.3%) reported being satisfied with the essential services provided by the assistant prosecutor.

Results of Interview with Medical Director

The interviewee is the medical director of an emergency department which is a designated Level II trauma center. As such, a trauma team is available 24 hours a day and prepared upon the arrival of the trauma patient. The only difference between a Level I and Level II trauma center is the research component. The research component is unavailable at Level II trauma centers. The hospital is located in Cluster 2 of the research

study. It is situated in a neighborhood that is 75% African American, and the majority of the residents are female with a high school education and an annual family income of less than \$5,000 per year. The interviewee is also responsible for the management of the hospital's suburban emergency department. He spoke very candidly with the researcher about the current state of affairs of emergency medicine in urban hospitals.

Only 51 (81.2%) of the participants experienced a visit to the emergency room. Thirteen (18.8%) of the participants had family members who were transported directly to the morgue as a result of being pronounced dead on the scene. After further examination, it was discovered that four of the survey participants resided in the hospital zip code area. However, only one reported having gone to an emergency room. In a study conducted by Cordell, et al. (1992) it was found that "zip code analysis of home addresses showed that nearly 60% of the patients treated in the ED as outpatients resided in the hospital zip code area or in the contiguous zip code areas" (p. 9). Although the present study did not support this concept, it does validate the importance of a relationship between an urban hospital and those individuals likely to use the trauma center.

Initially, I asked the interviewee to discuss the topic of who and when someone provides the family with an update on the condition of their family member. He responded, "we provide chaplain services 24 hours a day and social workers are in the hospital from 7:00 a.m. until 11:00 p.m., and then they are on call from 11:00 p.m. until 7:00 a.m. Invariably, these incidents happen when the ER is extremely busy and stressful, not just because you have one death, but because there are four or five other patients in the

ER who are either in danger of dying or critically sick. It's a very, very difficult process, but obviously the family of a deceased takes priority."

In the Parrish et al. study (1987), it was found that "the most frequent subjective complaint received was the lack of updated information provided to the family during the crucial waiting period" (p. 794). In 1996, Cross et al. cited, "staff members should provide brief, accurate information about the condition of the patient. Second, the staff member should explain the lifesaving procedures currently being done. Third, the family should be allowed to express their fears and to ventilate about the initial impact of the unexpected incident" (p. 549). In this study, the explanation of their family members' condition did not present itself as an issue to surviving families. Thirty-seven (73.9%) of the participants reported that someone did explain the condition of their family member. Additionally, all of them reported being satisfied with the process. The 14 (26.1%) participants who reported that no one explained the condition of their family member reported being dissatisfied.

Secondly, we addressed the sensitive issue of informing the waiting family that their family member has died. I asked the medical director if there were any written standard operating procedures for dealing with families at the point they officially become a surviving family and their family member becomes a homicide victim. He responded, "no, but there are general guidelines. It's something that you do a few times and you get in touch with your own feelings and try and find out how I can do this better because you cannot teach compassion."

A plethora of research literature exists on the informing interview. However, there is not a great deal of consensus on a right or wrong way to inform a grieving family

about an unexpected and sudden death. Even though the interviewee propounded the idea that compassion cannot be taught, Davis (1989) wrote, “one of the efforts underway to improve interaction between surviving families and emergency room staff is an educational program that uses role-playing to model humanistic behavior . . . it is a way for residents to develop their interpersonal skills and increase their options in expressing compassion” (p. 505).

The final question posed to the interviewee was “do you have a list of supportive services that you refer people to?” His response was as follows, “yes, it doesn’t work. I can’t walk in a room and say I’m sorry your loved one is dead and here is a bunch of places you can call tomorrow. It gets very emotional. You sit with people and tell them that there are people they need to contact. How else can we help you? Can we call your minister or call your family members? But, I can’t give them a list of social agencies, that doesn’t work. Somewhere down the line that list may be useful to them.”

Thirty-one (61%) of the participants reported that they were not referred to any type of supportive services by emergency room staff. Twenty (39%) of the respondents were referred to some type of supportive services. Overall, those participants who experienced an emergency room visit were satisfied with the services provided to them. Thirty-seven (70.6%) of the participants reported being satisfied with the services provided to them in the emergency room. Only 14 (29.4%) reported being dissatisfied with the services provided to them.

Results of the Examination of Crime Victim Compensation Program Material

As previously noted, essential services provided by the crime victim compensation program were examined by using available printed material. The

researcher made several attempts to interview a former Crime Victim Services employee who is located in the city where the research was being conducted. State officials refused to allow him to participate in the study. The material included information from the U. S. Department of Justice Victims of Crime web site, the Court of Claims Crime Victim Compensation 1997 Annual Report, and the Attorney General's Office of Victim Services Crime Victims' Rights Booklet. Of course, these secondary sources of information could not adequately substantiate or refute the responses provided by the survey respondents. At best, the examination of the printed material provided superficial scrutiny of a program that many participants did not know about and with which others were dissatisfied.

It is appropriate to begin this examination with a definition of crime victim compensation. According to the U. S. Department of Justice, "crime victim compensation is a direct payment to, or on behalf of, a crime victim for crime-related expenses such as unpaid medical bills, mental health counseling, funeral costs, and lost wages" (p. 2). Thus, a crime victim compensation program is the central agency that administers the fund. In the United States, each of the programs is administered by an agency in state government. The Midwestern state in which the research was conducted is somewhat of an anomaly in the sense that the program is governed by two state agencies. The Court of Claims is the administrator of the Crime Victim Compensation Program. The Attorney General's Office is responsible for investigating all applications and for filing a finding of fact and recommendation with the Court of Claims (ORC 2743.59). The funds for the crime victim compensation program originate from court cost deposits from fines provided by criminal defendants. The breakdown is as follows:

\$30 per felony, \$9 per misdemeanor, \$50 for license-reinstatement in drunk driving cases, and an annual Victim Of Crime Assistance (VOCA) grant from the justice department.

An analysis of the crime victims' rights booklet supplied by the Attorney General's Office revealed several reasons why surviving families may have reported such high levels of dissatisfaction. According to ORC 2930.04, "the law enforcement agency investigating the crime and the local prosecutor are both responsible for providing you with the crime victims' rights booklet upon their first contact with you" (p. 8). Forty-one (64.1%) of the respondents reported not being told about the program by the police who contacted them. Hofrichter and Vaughn (1980), wrote in support of the findings, "a number of observers have maintained that the police are not informing victims of their rights or providing the application forms for assistance as they are required to do by law" (p. 34). The authors further stated, "police support and cooperation is difficult to achieve without an effective monitoring system" (p. 36).

After further analysis, it was found that while victims are encouraged, through the use of radio announcements, television advertisements, and brochures to apply for compensation, they are not encouraged to read the fine print. ORC 2743.51 states "victims of violent crime must apply for compensation and must meet certain eligibility requirements." It is conceivable that victims believe that an application for compensation is automatically going to result in an award. However, according to ORC 2743.72, "if the money awarded is for expenses already reimbursed by the compensation program, you will have to pay the program back."

During the researcher's years as an employee in state government, it was discovered that there were two main reasons surviving families were dissatisfied with the program. First, they did not know that a crime had to be reported to a law enforcement agency within 72 hours. Second, according to statute, "anyone engaged in or convicted of felonious criminal activity 10 years before, during, or after the crime for which they seek compensation cannot benefit from Ohio's Crime Victim Compensation Program" (p. 37). As previously noted, in 1991, McCormack set forth the argument that "perhaps the most disconcerting aspect of existing victim compensation programs is that many of the social conditions that contribute to individual vulnerability to commit unlawful acts against others also tend to prevent victims from gaining an award from a compensation program (p. 274).

During a review of the Court of Claims Crime Victim Compensation 1997 Annual Report, an interesting picture began to emerge. The county in which the research took place accounts for the largest number (1,179) of claimants in the state. Also, this county is responsible for the largest share of court cost deposits (\$2,424,100.20) throughout the state's 88 counties. In 1997, a total of 5,426 claims were filed throughout the state, with 3,090 awards granted and 2,422 denied. The report cited a significant decrease over the past three years in reparations to claimants. In fiscal year 1994, crime victims were paid \$13,820,999.53, while in 1997 they received a mere \$8,780,571.86. Such a dramatic decrease in reparations paid to crime victims may suggest some credence to the Young theory. In 1997 the researcher wrote, "a dramatic increase in the Crime Victims Fund will be accompanied by political demands that the fund be capped and excess monies be used for balancing the budget or funding alternative governmental programs. As states

have faced budgetary crises, some have chosen to “raid” victim funding or abolish funding altogether to meet other governmental mandates” (p. 205). Thirty (36.9%) of the respondents made the decision to apply for assistance. Only fourteen (21.9%) of the participants reported actually receiving an award. Only one participant reported receiving a referral from the program. Overall, people were dissatisfied (69.8%) with the services received from the crime victim compensation program.

Summary of the Qualitative Results

The results of the qualitative results revealed a high degree of non-compliance from governmental agencies designated to provide services to surviving families of homicide victims. Both the police department and the crime victim compensation program refused to cooperate in the research. All of the interviewees indicated knowledge of how political philosophies affect the provision of services provided to surviving families. Lack of resources for the provision of quality services to families was a concern shared by all of the participating services providers. Finally, all of the participants echoed the need for improvement in the delivery of essential services to surviving families of homicide victims.

CHAPTER FIVE

Discussion

This final chapter consists of a discussion based on the results of the study, and is divided into five sections. Section one is a discussion of the research findings while section two addresses the limitations of the study. Section three is an essay on policy implications based on prior research and the researcher's experience in state government. The fourth section will set forth suggestions for future research, and section five will incorporate the researcher's final thoughts.

Discussion of the Research

Satisfaction means something different to everyone. As explained by Davis (1971), "something is judged good or bad relative to some standard of good or bad. Change the standard of comparison and the evaluation of the phenomenon is also likely to change" (p. 321). Therefore, if the writer is correct, a judgment as to the quality of services being provided by essential services providers is dependent upon some standard of comparison. Additionally, surviving families' satisfaction or dissatisfaction with services provided after the unexpected violent murder of a family member is probably contingent upon both their expectations and definitions of satisfaction. According to the Oxford Dictionary, there are a myriad of ways in which to define satisfaction and dissatisfaction. Satisfaction is the state or feeling of being satisfied or experiencing contentment or fulfillment. It also means to feel confident that something is both

dependable and true. Finally, it means to fulfill one's expectations and needs while solving or dispelling an issue.

Inversely, dissatisfaction is the state or attitude of not being satisfied or a particular cause or feeling of displeasure or disappointment. Thus, based simply on the numerous generic definitions of these words, one might begin to understand the complexity of these nebulous concepts known as satisfaction and dissatisfaction. Parrish et al. (1987) addressed this multidimensional concept and said, "feelings of satisfaction or dissatisfaction may have changed since the acute event, that is, the person who thought they received adequate care at the time of death may now, retrospectively, be displeased" (p. 794). Therefore, it would appear that where surviving families are on the grief spectrum at the time they are interacting with essential services is an important factor in determining whether they are satisfied or dissatisfied.

In 1991 Brandl and Horvath found "there was generally no relationship between age, income, gender, or educational background and satisfaction" (p. 293). Also, they cited "victims expressed satisfaction with the police and that feedback on the status of the case was associated with higher satisfaction levels . . . police officers who appeared to be interested in what victims said, took the time to listen to them, and seemed to take them seriously promoted feelings of satisfaction in the victims" (p. 295). Hagan and Peterson (1995) reminded us that, "the influences of socioeconomics on police contacts is contextual in nature, and stems from an ecological bias with regard to police control, as opposed to a simple individual-level bias against the poor. The implication is that this is a kind of community-based discrimination that is felt by [all] individuals, even though it is not revealed in individual-level analyses" (p. 28).

The research literature seemed to indicate that if prosecutors are interested in increasing satisfaction with their services they must involve surviving families in the criminal justice process at all stages. Erez and Kelly (1997) wrote, “victims’ participation reminds prosecutors that behind the “state” is a real person with an interest. Victim participation may also lead to increased victim satisfaction and cooperation with the criminal justice system, thereby enhancing the system’s efficiency” (p. 236). In this research it was found that only 11.5% of the participants reported discussing their cases with a prosecutor more than four times. On the other hand, 45.2% reported that a prosecutor had discussed the issue of plea bargaining with them. All of the participants were dissatisfied and felt that the prosecutor was attempting to plea bargain their cases and accused them of trying to clear the court docket. In 1986 Elias propounded, “prosecutors tell us that they rarely consult victims for plea bargaining. In one study, 59% of the prosecutors claimed they rarely sought victim input . . . for those relatively few who do consult victims, only 31% gave their views much weight” (p. 152). Overall, in this research, 76.7% of the participants reported being dissatisfied with the services provided by the prosecutor. In Elias’ above-mentioned research, over 50% of the victims were dissatisfied the outcome of their cases.

Overall, surviving families consistently reported being satisfied (70.6%) with the services provided to them in a hospital emergency room. The results also indicated that families are satisfied (73.9%) with the explanation provided on the update of their family member’s condition while being attended to. Jones and Buttery (1981) found that “the anger survivors may feel as a result of a poorly handled arrival and waiting process may continue to be expressed for many months after the process has been completed. This

anger may well interfere with the resolution of grief" (p. 15). This particular research was conducted in 1981. It may be possible that during the past 18 years hospital emergency rooms have made improvements in their interactions with surviving families. Also, they reported satisfaction (52.9%) with the information provided to them after the death, which usually includes an explanation of what was done to save the lives of their family members. It may be important to note that the hospital emergency room is the only essential services provider in the study that is not a governmental entity. Perhaps it can be theorized that a private organization is more likely to provide satisfactory services to surviving families of homicide victims than government agencies. Only 51 of the respondents had family members taken to the emergency room while 13 were pronounced dead on the scene and transported directly to the county morgue. Parrish et.al (1987) stated that "even the efforts of the most sensitive and well-trained staff may be misinterpreted by the family. Moreover, satisfaction does not necessarily correlate with good care. The unknowing and uneducated family may have been very satisfied with the worst support process, simply because they were unaware of the proper care they should have received" (p. 792). The medical director felt that it was important to let people know that emergency department staff is always affected by death. He said, "the mood of the emergency department reflects the tragedy and the family's grief and they feel the loss." Soreff (1979) echoed this sentiment and wrote, "the mood of the ED reflects the tragedy and the family's grief" (p. 322).

A large percentage (69.8%) of the participants reported being dissatisfied with the services provided by the crime victim compensation program. It should be noted that only 43 of the participants responded to the question relating to degree of satisfaction

with the compensation program. Twenty-one of the participants either did not know about the program or chose not to apply. Hofrichter and Vaughn (1980) posited, “program officials’ fear an increase in caseload. Most states’ programs operate under a financial Catch 22. As long as their visibility is low, they reach few potential claimants. The low level of claimants results in a relatively low-budgeted program, since few awards are made. If the visibility of the victim compensation program benefits were to be increased, the caseload would also increase, thereby raising the costs of the program” (p. 38). In the state in which the research was conducted, the number of claims awarded decreased by 2,426 in the past three years. State officials were unavailable for this study and the annual report does not elaborate on the reasons why claimants are denied.

Part of this researcher’s tenure with state government was spent in the Crime Victims Section of the Attorney General’s Office. One assigned task was to inform surviving families that they had been found ineligible for compensation following the violent death of a family member. Usually, they were denied for one of three reasons. One, a toxicology report would indicate that the deceased had used drugs. Two, the police report would indicate the deceased had contributed to his or her death. Three, a criminal record check on the deceased uncovered a criminal history during the past ten years. According to ORC 2743.60, “anyone engaged in or convicted of felonious criminal activity 10 years before, during, or after the crime for which they seek compensation cannot benefit from the crime victim compensation program” (p. 36). Upon further investigation, it was discovered that the person responsible for deciding when a toxicology report was warranted always ordered them on African Americans and Latinos.

In this study, 100% of the Latinos reported dissatisfaction, 68.0% of the African Americans reported dissatisfaction while 58.3% of the Caucasians reported being dissatisfied. Reich et al. (1987) stated, “in the future, researchers need to assess the frequency with which claims are denied under the various legal restrictions and the range of facts that these restrictions are judged to encompass. When compensation is denied or provided, researchers need to determine the impact that the decision has on the victim’s recovery and life, and the satisfaction that the victim feels with this process” (p. 333).

The researcher encountered a paucity of information on the effects of neighborhood and degree of satisfaction with the quality of essential services. Messner and Tardiff (1986) wrote, “neighborhoods are more appropriate units of analysis for studying inequality and homicide than are larger political and statistical units because neighborhoods are more likely to constitute meaningful frames of reference for social comparisons. The principle hypothesis is that a high degree of economic inequality in a neighborhood will give rise to high levels of relative deprivation and high rates of homicide” (p. 297).

For the purpose of this study, neighborhoods were identified by zip codes and divided into two clusters. Cluster 1 was primarily Caucasian (77%) and Cluster 2 was primarily African American (75%). The results indicated that those participants who resided in Cluster 2 were more satisfied (26.3%) with services provided by the police than those participants who resided in Cluster 1 (23.1%). Those individuals who resided in Cluster 1 were more satisfied with the hospital emergency room (81.8%) than their counterparts in Cluster 2 (62.1%). There was little disparity between neighborhoods as it related to satisfaction with the prosecutor. Overall, Cluster 1 residents reported 23.1%

satisfaction while Cluster 2 residents reported satisfaction at 23.5%. However, there was some neighborhood differences in degree of satisfaction with the crime victim compensation program. Residents in Cluster 1 reported a satisfaction level at 25.0% while residents in Cluster 2 reported a satisfaction level at 34.8%.

Limitations of the Study

Sampling Methodology

First, the research would have had more generalizability if a random sample of surviving families of homicide victims had been available. The literature contained several examples of how difficult it is to recruit surviving families of homicide victims (Jones & Buttery, 1981; Louis Harris et al., 1984; Rynearson & McCreery, 1993; Babbie, 1975; Parrish & Holdren, 1987). Second, additional time was needed to properly recruit subjects. In order to be effective, the recruitment process should have taken place in the research city several months prior to actual data collection. A longer recruitment process would have provided the researcher adequate time to establish a relationship with potential participants. Third, data collection was conducted in one county and one city. Therefore, the findings may not be representative of surviving families living in other geographical areas. Fourth, a special recruitment effort was required to increase the number of Caucasians and Latinos who participated in the study. Fifth, the researcher was unable to receive cooperation from the police department, which disallowed the availability of active homicide detectives who have knowledge of what is currently taking place in the neighborhoods. Finally, the crime victim compensation program should not have been included in the study. This fourth component seemed to make the project cumbersome, and did not add significantly to the results.

Measuring Instrument Methodology

First, the measuring instrument was newly-created, and did not have previous reliability and validity data. One explanation for the results obtained is that the measuring instrument may not have been sensitive enough to obtain the information requested. Second, a qualitative interview should have been conducted with the participants along with completion of the survey. A qualitative interview would have provided the necessary background information required to acquire a more accurate understanding of why participants were satisfied or dissatisfied with the quality of essential services provided to them. Third, question 21 asked: "At anytime during the criminal justice process did anyone inform you of your right to prepare an impact statement?" This question should have been eliminated from the survey since it did not fit into any of the designated categories. Fourth, questions 14 and 15 were too closely related and caused some confusion for both the researcher and participants. Question 14 asked: "Did a doctor or nurse explain the condition of your family member while he or she was being attended to in the emergency room?" Question 15 asked: "Did a chaplain or social worker provide information or comfort to the family while you were in the waiting area?"

Fifth, question 1 asked: "What is your relationship to the victim?" The categories for husband and wife were inadvertently excluded from the survey. Sixth, the order of the points of the scale used to measure degree of satisfaction should have been reversed. This would have allowed degree of satisfaction to be measured in descending order. Nevertheless, this was done in the data analyses stage. Seventh, a level of income was inadvertently excluded from the survey. In question 4, which asked: "What is your

annual family income?,” there was no level for \$25,000 to \$30,000. The researcher did not catch this error nor did any of the participants bring it to her attention. Finally, the date of the homicide should have been included in the survey. This information would have provided the researcher an opportunity to take a historical look at when participants were accessing services. There may have been differences in degrees of satisfaction depending on the decade in which services were provided.

Theoretical Perspective

The conceptual framework underlying this exploratory study is the human ecological model developed by Urie Bronfenbrenner. This study examined surviving families of homicide victims within the context of their family unit (microsystem), neighborhood (mesosystem), and the social and political services providers (exosystem) with whom they were forced to interact after the violent homicide of a family member. Even though families may not be directly aware of it, their lives are significantly affected by an unfamiliar macrosystem. The macrosystem is crucial to surviving families since “public policy determines the specific properties of exo-, meso-, and microsystems that occur at the level of everyday life . . .” (p. 9). This theoretical perspective provided the foundation from which the researcher investigated surviving families within their social and cultural context.

At the point a family unit became a surviving family of a homicide victim, an immediate ecological transition took place. This ecological transition involved role changes in the essential services with which family members interact. For example, a family member who has never done any public speaking may suddenly become the advocate for the surviving family. Also, this role of advocate is dependent upon the

individual's interpersonal relationships with other family members. A decision is made within the family that this person can be trusted to look after their best interests. The high degrees of dissatisfaction reported in this study would indicate that surviving families perceive they are not being provided quality essential services by those entities (exosystem) designated to serve them. Moreover, these non-compliant attitudes may reflect the attitudes of those policymakers, which comprise the macrosystem. In many instances, these policymakers make determinations which affect the quality of essential services provided to surviving families. Moreover, these individuals may have little or no knowledge of the issues being addressed in the community. Bronfenbrenner understood the importance of the macrosystem, and posited, "public policy has the power to affect the well-being and development of human beings by determining the conditions of their lives" (p. xiii).

Implications for Essential Services Providers

The results of this study have some important implications for essential services providers, policymakers, crime victim advocates, and surviving families. This research supports the argument that an in-depth evaluation of the identified essential services is needed. Mawby and Walklate (1994) argued, "there are at least four areas in which victims' [services] require strengthening. They are: the right to play an active part in the process of the criminal justice system; the right to information; the right to financial assistance; and the right to advice and support" (p. 191). A need exists for more police officers on the streets. Sewell (1994) wrote, "the sheer number of cases in an investigator's caseload may limit the scope and length of an investigation and preclude the time necessary for sustained follow-through" (p. 571).

The research also indicates that a much better job needs to be done of informing victims of their rights and the availability of services. Erez and Kelly (1997) believed, “victims’ rights become well-kept secrets that only a few victims know about or use. A victim’s participation depends on the luck of the draw. If a victim encounters criminal justice personnel who support victims’ rights and inform him or her what they are, there is a greater likelihood that the victim will actually participate” (p. 242).

As this current research suggests, surviving families were satisfied with the services provided to them in hospital emergency rooms. However, Jones and BATTERY (1981) noted that, “survivors would appreciate a more formalized conclusion. This conclusion would be designed to inform families of what they must do next (contact a funeral home, notify relatives, etc.), what would be done with the body until the funeral director arrived, and who could they contact in the ED for additional information should they desire it” (p. 15).

Even though there are many differences in the circumstances surrounding a homicidal event, extending and improving the essential services provided to surviving families of homicide victims must become a priority. This prioritization is an urgent matter relative to those services being offered by the prosecutor. A review of the interview with the assistant prosecutor revealed numerous instances where he qualified the services with “if we are doing our job, we should” He also commented, “I would be the last one to say that things are perfect. We need to do better, but they are still better than they were before.”

An examination of how surviving families’ needs are addressed by the crime victim compensation program is sorely needed. An evaluation of the provisions that

restrict the number of victims who are eligible for compensation should be done. As an advocate for surviving families, this researcher had a personal view of how devastated families were as a result of the news that they had been denied compensation. The news of denial delivered in a letter was extremely painful, and caused many families to regress in the grief process. First, they took it very personal, and felt as though their murdered family members were not valued by the larger society. Second, it caused a resentment of the system, and they became suspicious of all available services, and subsequently stopped trying to get help.

Future Research

The findings of this study suggest that there are several areas of surviving families and degree of satisfaction with essential services that need further investigation. Initially, the design of a longitudinal research study would be a step in the right direction. A rigorous longitudinal research study would provide important information to essential services providers that would assist in making a determination about where families are in the grief process, and what their needs are. Another area of study might focus on innovative ways to educate surviving families on the importance of their participation in research studies. Numerous instances were cited in the literature where researchers experienced notable difficulty recruiting surviving families.

The need for further studies on the effects of the delivery of quality essential services and neighborhoods is needed. The researcher in this study discovered a sparse corpus of literature relating to neighborhoods and their effects on the provision of essential services. Additionally, future research would uncover why the police are not informing crime victims about their rights, even though it is mandated by state law. If

this researcher could design and conduct the perfect research project it would result in a published book. This edited book would be a compilation of the stories of surviving families who have suffered and triumphed. The study would be fully funded and enable the researcher to travel to urban, suburban, and rural areas conducting qualitative interviews with surviving families. Some of the questions would be: “What happened to your loved one?” “How did you survive?” “When did you know you might be able to rebuild your life?” “Who are the people who helped you heal?” “What do researchers and policymakers need to do differently?” As this research suggests, researchers cannot attempt to conduct meaningful applied research with a population that they know absolutely nothing about. In this researcher’s experience, surviving families are seldom anything like they are portrayed in the media. Moreover, the research would be done with respect for this neglected group of crime victims.

Final Considerations

As we enter the 21st century, society is faced with the challenging task of providing quality essential services to surviving families of homicide victims. A new paradigm must be constructed to effectively address the needs of surviving families. Moreover, an equal partnership must be developed between researchers, surviving families, victim advocates, the community, and the larger society. This partnership would be based on honest dialogue and equality between all partners. Social scientists must decide what is their role as it relates to future research with surviving families. We can ask the question, “are researchers prepared to make the necessary investment to help this neglected group of crime victims?” Mann (1995) wrote, “the etiology of crime in communities cannot be understood by a science that does not take into account the

thoughts and experiences of the people in the community” (p. 273). Cadenhead et al. (1994) set forth the idea that “victims need to be provided not only the reasons to want to heal, but with the means, resources, and social support to do so.”

APPENDICES

APPENDIX A

Survey Instructions

APPENDIX A

Survey Instructions

As you well know, losing a family member to a senseless violent crime is extremely painful. After the incident, there are many essential services providers that you must interact with on behalf of your deceased family member. The purpose of this survey is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information given to families, delivery of services provided to them, and the manner in which they are treated.

This survey is **CONFIDENTIAL—DO NOT put your name on it.** It consists of a total of 26 questions. It is anticipated that it should take approximately 15 minutes to complete.

Please sign one of the consent forms. Return the signed copy to the interviewer, and retain the other copy for your records. *Your participation in this project is voluntary.* You may refuse to answer certain questions or discontinue the survey at any time without penalty. *All information will be treated **CONFIDENTIALLY** and your identity will not be revealed in any report of the research findings.*

THANK YOU FOR YOUR COOPERATION

APPENDIX B

Respondent Survey

APPENDIX B**Respondent Survey****1. What is your relationship to the victim?**

- | | |
|-------------------------|---------------|
| 1 Mother | 5 Father |
| 2 Aunt | 6 Uncle |
| 3 Grandmother | 7 Grandfather |
| 4 Sister | 8 Brother |
| 9 Other (specify) _____ | |

2. What is your gender?

- 1 Female
- 2 Male

3. What is your race?

- 1 African American
- 2 Caucasian
- 3 Latino
- 4 Other (specify) _____

4. What is your annual family income?

- 1 Less than \$ 5,000
- 2 \$ 5,000 to \$10,000
- 3 \$10,000 to \$15,000
- 4 \$15,000 to \$20,000
- 5 \$20,000 to \$25,000
- 6 \$30,000 to \$35,000
- 7 Above \$35,000

5. What is your highest year of completed education? (Circle the correct year).

- 1 Grade School (1 2 3 4 5 6 7 8)
- 2 High School (9 10 11 12)
- 3 College (13 14 15 16)

APPENDIX B

6. What is your marital status?

- 1 Single
- 2 Married
- 3 Divorced
- 4 Widowed
- 5 Other (specify) _____

7. What is your age? _____

8. What is your zip code? _____

9. How did the police notify you about the murder of your family member?

- 1 Police made a visit to my home
- 2 Police called me on the telephone
- 3 Police did not notify me
- 4 Not applicable

10. How many times did you speak with a homicide detective about your case?

- 1 One time
- 2 Two times
- 3 Three times
- 4 Four times
- 5 More than four times
- 6 None
- 7 Not applicable

11. Did the police refer you to any kind of supportive services?

- 1 Yes
- 2 No
- 3 Not applicable

12. Overall, were you satisfied with the way the police handled your case?

- (1) Very satisfied (2) Satisfied (3) Dissatisfied (4) Very dissatisfied (5) Not applicable

APPENDIX B

13. Was your family member taken to a hospital emergency room after the incident?

- 1 Yes**
- 2 No**
- 3 Not applicable**

14. Did a doctor or nurse explain the condition of your family member while he or she was being attended to in the emergency room?

- 1 Yes**
- 2 No**
- 3 Not applicable**

15. Did a chaplain or social worker provide information or comfort to the family while you were in the waiting area?

- 1 Yes**
- 2 No**
- 3 Not applicable**

16. Did hospital emergency room staff refer you to any kind of supportive services?

- 1 Yes**
- 2 No**
- 3 Not applicable**

17. Overall, were you satisfied with the way emergency room staff treated the family?

(1) Very satisfied (2) Satisfied (3) Dissatisfied (4) Very dissatisfied (5) Not applicable

18. Did an assistant prosecutor discuss the options of plea bargaining with the family?

- 1 Yes**
- 2 No**
- 3 Not applicable**

APPENDIX B

19. How many times did you discuss your case with an assistant prosecutor?

- 1 One time
- 2 Two times
- 3 Three times
- 4 Four times
- 5 More than four times
- 6 None
- 7 Not applicable

20. Overall, were you satisfied with the way the assistant prosecutor handled your case?

- (1) Very satisfied (2) Satisfied (3) Dissatisfied (4) Very dissatisfied (5) Not applicable

21. At anytime during the criminal justice process did anyone inform you of your right to prepare an impact statement?

- 1 Yes
- 2 No
- 3 Not applicable

22. At anytime after the incident did anyone tell you about the State of Ohio Crime Victim Compensation Program?

- 1 Yes
- 2 No
- 3 Not applicable

23. Did you apply for assistance from the Crime Victim Compensation Program?

- 1 Yes
- 2 No
- 3 Did not know about the program
- 4 Not applicable

APPENDIX B

24. Did you receive financial assistance from the Crime Victim Compensation Program?

- 1 Yes**
- 2 No**
- 3 Did not know about the program**
- 4 Not applicable**

25. Did anyone from the Crime Victim Compensation Program refer you to any kind of supportive services?

- 1 Yes**
- 2 No**
- 3 Did not know about the program**
- 4 Not applicable**

26. Overall, were you satisfied with the way you were treated by the Crime Victim Compensation Program staff?

- (1) Very satisfied (2) Satisfied (3) Dissatisfied (4) Very dissatisfied (5) Not applicable**

APPENDIX C

Survey Respondent Consent Form

APPENDIX C

Survey Respondent Consent Form

As a graduate student at Michigan State University, I am conducting a survey titled: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation.** The purpose of this survey is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information provided to surviving families, the type of services delivered to them, and the way in which they are treated. Essential services providers have been identified as police, hospital emergency rooms, prosecutors, and the crime victim compensation program.

The survey consists of 26 questions and should take approximately 15 minutes to complete. *Your participation in this project is voluntary.* You may refuse to answer certain questions or discontinue the survey at any time without penalty. *All information will be treated CONFIDENTIALLY and your identity will not be revealed in any report of the research findings.*

If you have any questions or concerns regarding your participation in the study, you may call me at Michigan State University at 517-353-6617.

Signature

Date

APPENDIX D

Letter of Explanation to Surviving Families

APPENDIX D

Letter of Explanation to Surviving Families

Dear Friend,

As you well know, losing a family member as a result of a violent crime is extremely painful. Usually, there are very few people, if any, who understand the depth of your loss. However, after the incident has occurred, there are many essential services providers that you must interact with on behalf of your murdered family member. During my years in Cleveland as an advocate for surviving families, numerous people said to me "the systems victimized me too."

I am now a graduate student at Michigan State University. I am working on a survey for and with *surviving families of homicide victims*. The title of this project is: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation**. The purpose of this survey is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information given to surviving families, the delivery of services provided to them, and the way they are treated.

Very little is known about surviving families of homicide victims and their experiences with essential services providers. For the purpose of this study, essential services providers have been identified as the police, prosecutors, hospital emergency rooms, and the crime victim compensation program. We cannot make the necessary changes in systems that may or may not work for you unless we have feedback from families who have suffered the violent death of a family member. The most important reason for this survey is to help us better understand your experiences with systems designed to serve you. In addition to speaking on behalf of your family member, taking a few minutes to complete the survey will contribute to the improvement of services provided to surviving families.

I would very much appreciate your participation in this study. I will be in Cleveland from Sunday, February 1 through Saturday, February 7, 1998, gathering information from surviving families who have lost a family member to violence. I am asking that one person from each family complete a survey, which should take about 15 minutes. *The surveys are confidential.*

APPENDIX D

If you would like to complete a survey or need additional information please call me at 517-353-6617 or 517-272-9870 (collect). If I am unavailable, please leave your name and telephone number and I will return your call as soon as possible. Please share this information with other surviving families with whom you might be acquainted. Thank you very much for your cooperation. Please do not hesitate to call me if you want to further discuss the survey and the importance of your participation.

Sincerely,

**Henia D. Johnson
Graduate Student**

APPENDIX E

Essential Services Providers Consent Form

APPENDIX E

Essential Services Providers Consent Form

As a graduate student at Michigan State University, I am conducting a survey titled: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation.** The purpose of this survey is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information provided to surviving families, the type of services delivered to them, and the way in which they are treated. Essential services providers have been identified as police, hospital emergency rooms, prosecutors, and the crime victim compensation program.

The interview will take approximately 1 hour to complete. ***Your participation in this project is voluntary.*** You may refuse to answer certain questions or discontinue the interview at any time without penalty. ***All information will be treated CONFIDENTIALLY and your identity will not be revealed in any report of research findings.***

If you have questions or concerns regarding your participation in the study, you may call me at Michigan State University at 517-353-6617.

Signature

Date

APPENDIX F

Letter of Request for Interview to Essential Services Providers

APPENDIX F

Letter of Request for Interview to Essential Services Providers

This letter is a request for your voluntary participation in an interview that will assist me in the research, which is part of the requirements for my thesis project at Michigan State University. The title of this field project is: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation.** The purpose of this study is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information given to surviving families, the delivery of services provided to them, and the way they are treated.

As you probably know, numerous families in Cuyahoga County have been affected as a result of losing a family member to a violent homicide. Because of your expertise and history interacting with surviving families in an (fill in the type of setting/capacity) your insight is very valuable to this research project. As such, I am hoping that you will grant me an interview.

I will be in Cleveland from Sunday, February 1 through Saturday, February 7, 1998, and would like to interview you some time during the week at your convenience. The interview will last approximately 45 minutes to one hour, and with your permission, will be audio taped. Also, at the time of the interview, I will bring a consent form relating to the issue of confidentiality and a prepared list of questions. If for some reason you are unable to meet with me, I would appreciate you assigning this task to someone on your staff who has experience interacting with surviving families of homicide victims.

I will telephone your office later this week to schedule an interview. In the meantime, I can be reached at 517-353-6617 or 517-272-9870 if you would like to schedule the interview or need further information.

Sincerely,

Henia D. Johnson
Graduate Student

APPENDIX G

Letter of Request to Community Centers for Use of Space

APPENDIX G

Letter of Request to Community Centers
for Use of Space

I am a graduate student at Michigan State University working on a survey for and with surviving families of homicide victims. The title of this field project is: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation.** The purpose of this study is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information given to surviving families, the delivery of services provided to them, and the way they are treated.

In the past ten years there have been 1,835 homicides in Cuyahoga County. Many of the surviving families are in the catchment area of the (name of facility). The center is well known and respected in the Cleveland community. As such, it would serve as an ideal location as a survey site for one day during the week of February 1 through February 7, 1998. My needs are minimal and would not interfere with the daily operation of the center. I will only require a private room and permission to post a sign on the main door(s) directing participants to the designated area.

I will telephone your office later this week to further discuss this request. Thank you for the consideration. In the meantime, I can be reached at 517-353-6617 or 517-272-9870 if you need additional information.

Sincerely,

Henia D. Johnson
Graduate Student

APPENDIX H

**Letter of Information to Community Groups,
Support Groups, Clergy, and Elected Officials**

APPENDIX H

Letter of Information to Community Groups,
Support Groups, Clergy, and Elected Officials

I am a graduate student at Michigan State University working on a survey for and with surviving families of homicide victims. The title of this field project is: **The Relationship Between Socioeconomics and the Degree of Satisfaction with the Quality of Essential Services Provided to Surviving Families of Homicide Victims: A Quantitative and Qualitative Investigation.** The purpose of this study is to determine if socioeconomics (education, income, race, and gender) play a significant role in the kind of information given to surviving families, the delivery of services provided to them, and the way they are treated.

In the past ten years there have 1,835 homicides in Cuyahoga County. Consequently, the Cleveland community has been severely affected as a result of these senseless and violent deaths. As a (insert type of work), your participation in this project is essential to its success. *Please share this announcement with surviving families with whom you are acquainted, as well as with others so they too can pass along the information.*

If you have any ideas on how we can strengthen this project or know individuals who should be contacted, please call me at 517-353-6617 or 517-272-9870. If I am unavailable please leave a message and I will return your call as soon as possible. I will be in Cleveland from Saturday, February 1 through Sunday, February 7, 1998.

Thank you very much for your consideration.

Sincerely,

Henia D. Johnson
Graduate Student

APPENDIX I

Interview Questions for Emergency Room Physician

APPENDIX I

Interview Questions for Emergency Room Physician

- **What is your total experience working in emergency room medicine?**
- **What is your position and how long have you worked at this ED?**
- **Do you screen ER patients for violence?**
- **What is the procedure after a patient dies in the ER from a violent death?**
- **Are the police called to the ER after a violent death? If yes, why?**
- **Do you have a chaplain on 24-hour call at the ER?**
- **Do you have social workers on 24-hour call at the ER?**
- **Are families called by ER staff to come to the hospital because there has been an accident, or are they told someone has died?**
- **Who approaches the family with the news of the death and what is said?**
- **Are family members allowed to view the decedent in the ER?**
- **At what point is the coroner's office called?**
- **Whose job is it to make arrangements with the coroner's office?**
- **Does an organ donation coordinator confront all families of homicide victims?**
- **Are there standard operating procedures for interacting with surviving families?**
- **Do you refer SFs to any type of supportive services at the time of the incident?**
- **What kinds of fatal wounds are you currently seeing in the ER?**
- **Have you noticed an increase in murdered children?**

APPENDIX I

- **Can you recall the years during which the violent deaths were the highest?**
- **Are you mandated by law to report non-fatal violent wounds?**
- **In your opinion, have violent deaths reached epidemic proportions?**
- **Is there a class in medical school on how to deal with grieving families?**
- **What percentage of the homicides are the result of gang violence?**
- **Is the hospital where you work a designated trauma center? If yes, what does that mean in lay person language?**
- **What is your response to those researchers who say that hospitals play a pivotal role in the prevention of violent deaths?**
- **What improvements can hospitals make in the way they deal with surviving families?**
- **What can people who use the ER in time of crisis do to make your job easier?**
- **What is the racial breakdown of homicide victims seen in the ER here?**
- **What do you think can be done to decrease the number of violent deaths?**
- **Do you think SFs are receiving quality services?**
- **Do you think SFs are satisfied with the services received in the ER?**

APPENDIX J

Interview Questions for Homicide Detectives

APPENDIX J

Interview Questions for Homicide Detectives

- **How long have you been a law enforcement officer?**
- **Describe your various positions as a law enforcement officer?**
- **How long were you a homicide detective?**
- **How many detectives currently in the homicide unit?**
- **How many detectives were in the homicide unit when you were active?**
- **What is the procedure for notifying families of the murder of a family member?**
- **Is this the standard operating procedure or the unwritten procedure?**
- **What do you say to a family when you notify them in person?**
- **Do you ever notify a family by telephone that a homicide has occurred?**
- **When does a homicide investigation actually begin?**
- **Do homicide detectives stay in touch with SFs re: the progress of the case?**
- **How does a detective determine that a homicide is the result of gang violence?**
- **Does the police academy offer a class on how to interact with surviving families of homicide victims?**
- **Does the police department refer SFs to supportive services of any kind?**
- **What are some of the trends in homicides that you have noticed over the past five years i.e. age of victim, race, method of death?**
- **What is the major difference about this job now and when you started?**
- **What is department procedure when a policeman kills a civilian?**

APPENDIX J

- **If there was a service available that addressed the needs of SFs would you refer families to it?**
- **Are police officers suppose to tell families about the state crime victim compensation program upon initial contact with crime victim?**
- **Why do you think police are not telling victims about the CVCP even it is mandated by statute to do so?**
- **Do you have any thoughts on how we are going to stop the bloodshed?**
- **Do you think SFs are receiving quality services from the police?**
- **Do you think SFs are satisfied with the services received from the police?**
- **Is there anything you would like to add before we conclude?**

APPENDIX K

Interview Questions for Assistant Prosecutor

APPENDIX K**Interview Questions for Assistant Prosecutor**

- How long have you been an assistant prosecutor?
- How long have you been an assistant prosecutor in this county?
- How many homicide cases have you prosecuted?
- What is the procedure for assigning prosecutors a homicide case?
- What does a prosecutor do after being assigned a homicide case?
- Do you schedule a meeting with the SF?
- Do you ask a SF if they want to plea bargain or do you tell them you are going to plea bargain the charge?
- What is the purpose of plea bargaining?
- Does a prosecutor make an effort to keep the SF informed of where the case is in the prosecutorial process?
- How many homicide cases does a prosecutor usually have at one time?
- How many assistant prosecutors in the office prosecute homicide cases?
- Do you think SFs should get an outside attorney to accompany them through the trial even though they are the victims?
- Do you inform SFs about their right to prepare an impact statement? If not, who has that responsibility?
- Do you inform SFs about their right to have their name placed on the parole notification list with the Department of Corrections?
- Do you refer SFs to any type of supportive services?

APPENDIX K

- **Overall, do you believe that surviving families are satisfied with the way their cases are handled by this office?**
- **Do you believe surviving families are receiving quality services?**
- **What are some ways the prosecutor's office could improve upon the quality of service provided to surviving families?**
- **How do you think we are going to stop the violence?**

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