

THE NEEDS OF DELAWARE
VIOLENT CRIME
VICTIMS/SURVIVORS IN THEIR
OWN WORDS

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Chapter 1. Introduction

The purpose of this research was to understand the needs of victims/survivors of violence in Delaware. It is Phase II of an earlier project that conducted the perceived needs and gaps in services from victims' service providers. The current research was intended to hear the voices of victims/survivors directly by conducting one-on-one in-depth interviews with a sample from all three counties in the state of Delaware (New Castle, Kent, and Sussex). Funded by the Delaware Criminal Justice Council (CJC), the major goal of this assessment was to ensure that the CJC was responsive to the needs of service providers and crime victims in Delaware and to inform funding allocations for the FY2022. The specific questions addressed in this phase of the research were: 1) how victimization impacts people's lives; 2) what types of services people are receiving and their perceptions about whether and how those services are meeting their needs; 3) what types of needs are not being met and, 4) how victims' needs can be better addressed. After the methodological details of this project are provided, the findings will be presented within specific victimization types including loved ones of homicide victims, attempted homicide, rape, intimate partner violence, robbery, human trafficking, other assaults, and stalking.

In this report we use the term 'victim/survivor' instead of using either term exclusively to underscore both realities of victimization as well as the agency required to survive all victimizations. While some of the recommendations are specific to a particular type of victimization, a common theme ran across all victimization types and that is the differential treatment and criminal justice response to those perceived as 'ideal victims' compared to those who are not perceived as 'ideal victims'. Nils Christie (1986) was the first scholar to outline the

existence of an ideal victim, who is “a person or category of individuals, who – when hit by crime – most readily are given the complete and legitimate status of being a victim” (1986, p. 18). Others have expanded this to note that, “people who are perceived as responsible in any way for their own victimization are not readily designated or treated as victims... If we think that a person must take some of the blame for what happened to him or her, we do not feel quite as sympathetic toward that person as we might otherwise” (Dunn, p. 2). In the interviews with victims/survivors for this research, it became apparent that some were judged to be blameless and received the full attention of police, the courts, and victims’ services, while those judged as somehow blameworthy did not receive such treatment. These characterizations did not only happen with victimizations like intimate partner violence (IPV) and rape where society has traditionally labeled victims as ideal or blameworthy, but across all crime types including attempted homicide and robbery. We use the voices of victims/survivors themselves to illuminate the themes that emerged for four umbrella categories encountered by respondents: law enforcement, medical personnel, the courts, and victims’ services. Recommendations gleaned from the interviews are noted in bullet form after each section.

Chapter 2. Methodology

The first step in the research was to get guidance and feedback from victims/survivors’ service providers in Delaware. At the beginning of the project, a Zoom meeting with approximately 20 practitioners was held to obtain their insights on several issues including recruitment strategies, ensuring trauma informed interview techniques were employed, ensuring referrals could be made for respondents who needed services after an interview, and

feedback on the interview guide. After deliberations with service providers, it was deemed important to reach violent crime victims who had both reported and not reported their victimizations to police.

To ensure a wide variety of victims/survivors of violence was represented within the sample, English and Spanish speaking recruitment flyers (see Appendix A) were distributed to a large number of victims/survivors' service agencies as well as posting them widely at libraries, grocery stores, establishments frequented by the Latine population, gas stations, and other places where bulletin boards were available. Wide canvassing efforts were made by the research team in all 3 counties in Delaware (New Castle, Kent, and Sussex) several times throughout the project until February 28, 2022.

The COVID pandemic hindered recruitment efforts via service providers as personnel in many agencies worked remotely for the first 1 ½ years of our study. The pandemic also affected recruitment efforts in the community as many public spaces also remained closed during this time. Flyers requested potential respondents to call a de-identified phone line or email a general University of Delaware research account; both were monitored daily, and the research team followed up queries for screening to ensure individuals met the research criteria.

Although the first interview was conducted via Zoom in October of 2020, queries only trickled in until COVID vaccinations became widely available in the early summer of 2021.

Eligibility for Interviews: To be eligible for this study, respondents had to be aged 18 years or older. They must also have experienced a crime of violence or have been a loved one of a murder victim. To ensure that experiences and perceptions of victims/survivors were based on recent exposure to the criminal justice system and victims' service organizations, the original

reference period for our study was that the victimization must have occurred in the past 2 years. However, several victims' advocates communicated that many of their clients were still traumatized during that time frame and suggested that we extend the reference period to 5 years to decrease the risk of respondents being triggered by the interview. The screening instrument used for eligibility along with definitions of the specific types of victimizations are provided in Appendix B.

Sample Characteristics

In total, 90 individuals were screened for in-depth interviews, 77 were deemed eligible, 15 of these did not show up for their interviews on at least 2 occasions, and 62 completed the interviews. Table 1 provides the description of the sample including age, gender, race/ethnicity, county, and type of victimization. As can be seen, the age of respondents ranged from 19 to 70, with an average age of 40.4. The majority of the sample was female, but 12 percent were males and 3 percent were nonbinary. The majority of the sample was NonLatine White, followed by NonLatine Black, approximately 8 percent for both Latine and East Asian respondents, and 3 percent of those who claimed a mixed race/ethnicity. While respondents were solicited using both English and Spanish language flyers, only one interview was conducted in Spanish. However, 2 other respondents' first language was Spanish, but they completed the interview in English. Although the majority of respondents resided in New Castle County, the percentage distribution of respondents by county is not that different from population percentages. For example, Kent County represents about 19 percent of Delaware's population and 21 percent of the respondents resided in this county. Sussex county was the least represented with only 8

percent of the sample residing there. Over one-third of respondents were victims of intimate partner violence (38%).

Table 1. Sample Characteristics of Victims/Survivors	
	Sample Statistics ^a
Number of Potential Victims Screened	90
Number of Eligible & Scheduled	77
No Shows (Often Twice or more)	15
Total Interviewed	62
Average Age (Standard Deviation)	40.4 (13.1)
Age Range	19-70
Female	85%
Male	12%
Nonbinary	3%
Race/Ethnicity	
White NonLatine	55%
Black NonLatine	26%
Latine	8%
East Asian	8%
Other or Mixed	3%
County	
New Castle	63%
Kent	21%
Sussex	8%
Multiple Counties	8%
Type of Victimization^b	
Attempted Murder	3%
Family Member of Murder Victim	13%
Robbery	3 %
Rape/Sexual Assault	15%

Intimate Partner Violence	37%
Other Assault	11%
Human Sex Trafficking	13%
Stalking	5%
^a Percentages may not sum to 100% because of rounding. ^b When respondents experienced multiple victimizations, the most severe as defined by the Federal Bureau of Investigation, was coded.	

Instrument Development

To reiterate, the goal of this project was to obtain information about the lived experiences and perceptions of violent crime victims. Thus, a survey would not have been the best methodology to use, even if there were several open-ended questions on the survey for respondents to provide more detail compared to fixed-choice questions. The method best suited to our research was in-depth interviews utilizing open-ended questions, wherein answers could be probed, and clarifications could be made if needed (Bachman & Schutt, 2020).

To develop the survey instrument, researchers conducted a review of existing needs assessment instruments, using several empirical data bases (e.g., Sociological Abstracts, PsychInfo, Social Work Abstracts), along with reports from victim agencies in other state governments and the U.S. Justice Department’s Office for Victims of Crime. The final instrument had to be amended for use with loved ones of homicide victims and for sex trafficking victims/survivors. Copies of all instruments are provided in Appendix C.

The interview style for this study is semi-structured through the use of an interview guide (see Appendix B) to ensure collection of data relevant to the research questions (Kvale,

1996). The guide includes open-ended and probing questions under four main headings related to the research questions: experiences and perceptions of law enforcement, experiences and perceptions of medical personnel, experiences and perceptions of the courts, and experiences and perceptions of victims' service providers. The interviews were conducted in a modern style that allowed for a more conversational and less formal interaction than interview styles that have been popular in the past (Gubrium & Holstein, 2003). The adoption of this interviewing style served to empower the participants to feel comfortable providing reliable information, and also to allow new themes to emerge that were unanticipated or not included in the interview guide.

In-depth interviews followed the informed consent process as approved by the University of Delaware's Institutional Review Board (See Signed Voluntary Consent Forms and IRB approval letter, Appendix D).¹ The interviews lasted an average of 1 hour with a range of 40 minutes to 1.75 hours. They were all conducted via zoom and were recorded with the respondent's consent.² All interviews were then transcribed into Microsoft Word and then imported in the qualitative analysis software NVivo. All interviews were conducted by the PI and one graduate student who was trained in trauma informed interviewing. One person was interviewed in Spanish by a research scientist who was also trained in trauma informed interviewing.

¹ This project has been approved by the University of Delaware Human Subjects Review Board.

² 1 respondent could not get the zoom app to work on a phone, so the interviewer took notes while the interview was being conducted.

Data Analysis

One of the strengths of qualitative research is that it generates large amounts of rich, in-depth, and detailed knowledge about social phenomena from a small number of cases. This benefit, however, simultaneously makes data management and analysis challenging given the amount of effort and time required, as well as the sheer amount of data produced. For example, the average interview resulted in 20 single-spaced pages of transcript. To aid in the data analysis process, data collection and analysis of interview transcripts were intertwined and concurrent. This concurrency aided in developing themes grounded in the interview data, which allowed us to probe themes that were both frequent and rare in subsequent interviews (Corbin & Strauss, 2014). The interviews, then, were primarily open-ended and resembled conversations rather than formal questions and answers.

Coding involved both deductive and inductive coding. A code is an abstract representation of a concept (Strauss & Corbin, 1997) such as “fear of retribution,” “perceptions of unfair treatment,” and so on. Codes in our scheme ranged from purely descriptive (e.g., narratives describing the experience with police) to more interpretive concepts such as reflections of trauma. The coding team included both people who conducted the interviews, the PI and graduate student. The coding process began with a list of initial deductive categories that victims/survivors could possibly encounter including experiences and perceptions of law enforcement, medical personnel, the courts, and victims’ services.

Before coding began, training sessions ensured that definitions of each category were understood along with the coding guidelines. Next, both researchers coded the same transcripts and discussed their coding strategies. In these team meetings, the decision to add

new categories was adjudicated and coding discrepancies were illuminated. This team dynamic, we believe, allowed the emotional expression of the researchers to enhance the conceptual decision-making process (Sanders & Cuneo, 2010).

Along with the deductive codes, all emergent themes were also coded. This resulted in over 20 main categories (e.g. satisfaction with police, suggestions for policy) with over 90 subcategories used in the coding scheme (see Appendix E for list of all main themes and sub-themes). This coding strategy allowed a breadth of themes and subthemes to be created that were not necessarily mutually exclusive but that will be invaluable to future research using these data. Although fewer codes may have allowed us to provide more easily global “counts,” of particular themes, it would have prevented a holistic understanding of each respondent’s experiences and perceptions. As a result, these codes helped us organize the transcripts into meaningful segments, but ultimately, our conclusions are based on an integrative reading of the interviews in their entirety, looking for trends in both experiences and perceptions. Moreover, this analysis strategy is consistent with the philosophy of qualitative and constructivist/interpretivist research compared to the positivist philosophy (Bachman & Schutt, 2020). For the protection of our respondents, the results do not include names of respondents. However, to represent the voices of underserved populations, the results do occasionally include names of victims’ service providers and the gender and/or race/ethnicity of respondents.

Chapter 4. Findings for Victims/Survivors

Loved Ones of Homicide Victims

Loved one's of homicide victims suffer different aspects of grief compared to those grieving from a natural death because of three issues: 1) the death was violent and sudden; 2) the victim was intentionally killed; and 3) it was therefore a violation against the victim's loved ones as well (Bucholz, 2002). Thus, losing a loved one to homicide compounds the grieving process in many ways. Because of the unique legal conditions under which their grief must take place, loved ones of homicide victims are often called co-victims because they also suffer from the act of violence (Alvarez & Bachman, 2003).

There were eight loved ones of homicide victims interviewed for this research: one sister, two fathers, and five mothers. All of the participants in this section had varied experiences with law enforcement, medical personnel, and victims' services.

Law Enforcement

The loved ones of homicide victims all had varying experiences with law enforcement based on their specific situations. In general, most of the loved ones mentioned that they had negative interactions with the police, which started from the very beginning with the "death notification" and carried through to the lack of communication that they had with the detectives assigned to their loved ones' cases. Most of the loved ones were notified of their loved one's death in very unempathetic ways. For example, one family learned that their loved one had been shot after it was posted on a fire department's Facebook page, even before they had been informed about the incident. Another family was told to go to the hospital, where they waited in a small "closet-like" room for over an hour. They were not told anything other than

that their loved one had been taken to the hospital for a gunshot wound. A nurse came into the room, clearly assuming they had been informed that their loved had died, and stated, “I’m so sorry about your loss.” This was entirely unexpected as the family assumed the victim was in surgery. One sister of a homicide victim explained what unfolded at the hospital after they were told that their family member had died from gunshot wounds in a very insensitive manner. The only people who could see the body were the parents and that was only for identification purposes. She stated:

“...my parents could go see his body, because they had to identify him in the body bag, but they couldn't touch him because there was evidence on him. They said that we couldn't see him... Certainly, a death notification should be done differently. There should be training on how to tell loved ones something like that with more empathy and compassion.”

In sum, hearing that a loved one has been murdered is perhaps the most traumatic news anyone can hear, but when that knowledge is delivered in a haphazard manner by individuals who have not been trained to understand trauma, it unnecessarily increases the level of emotional pain and trauma even further.

For most of the loved ones interviewed, this lack of trauma-informed communication or lack of any communication at all, persisted throughout the investigative stages of the case. For example, one mother explained that she had semi-regular contact with the detective early on in the case, but this contact declined after a few months and then stopped altogether. She explained that she was the one who had to contact the detective about her son’s homicide case to see if any progress has been made:

"I have to call him and say, hey have you talked to this person or that person? Or have you picked up the file? Have you looked at it? There's no- there's zero follow up right now and it's been # years, and if there is, I have to do it."

Two loved ones noted that the family should have been interviewed by detectives because many family members believed they could provide important information about their loved one's case. Virtually no loved ones were interviewed. This communicated to them that the police didn't care about them, and even worse, did not care about identifying their loved one's killer.

An offender was identified and convicted of homicide in only one of the cases in the sample of loved ones we interviewed. Many of the loved ones with "cold cases" were concerned about whether the police were actively investigating or doing everything possible to solve the case. In these cold cases, the loved ones explained that they rarely heard from the police and were met with little information over the years. Another mother explained that she did not believe that the police were still thoroughly involved in solving her son's homicide case:

"As far as I'm concerned, they're talking more about the current cases- a few old cases, but not my case and I don't think- I don't know what to think, I'll be honest with you- I don't know what to think anymore, you know, because sometimes it's like [my] call goes ignored and they apologize for not getting back to you."

Other negative experiences with the police included the perception that police were not listening to the family and information that they had, that the police could not or would not share all of the information on the case with the family, and that the police were insensitive at the crime scene.

Experiences with law enforcement were different for those loved ones of two homicide victims who may have stereotypically been deemed more “ideal.” That is, they were not assumed to have contributed to their own deaths by engaging in risky or illegal activity at the time of their murders. Although the death notification process was similarly traumatic in these cases, their interactions with law enforcement officials thereafter were more positive. In both of these cases, the loved ones were grateful that the detective involved in the investigation was accessible and communicative. In fact, one of the mothers described that she is actively involved with Delaware police officers to solve her son’s case. She explained that:

“As long as I’m able to communicate with them and they’re communicating with me it’s a win- win...I’m going to say that they’ve really helped me. I’ve actually partnered with them on a lot of different things for the community.”

In the other case with positive interactions with law enforcement, the father’s daughter was murdered outside of Delaware, but he interacted with a Delaware state trooper during the notification of his daughter’s death. The father described the kind response that he received from law enforcement in Delaware:

“...the state trooper...came in and sat with us and...he said I’m here for the duration. He says I’m here till five in the morning, when I get off my shift, if you need me here all night long. And he actually had his little pad and he wrote down, you know, some phone numbers for victim services here in Delaware and his name...that type of thing.”

It is important to note that only 1 out of 8 of the loved ones experienced such an empathetic and trauma informed death notification.

- *All medical and law enforcement personnel should receive death notification training. Notifications should be made as soon as possible and not posted on organization social media sites before family members are notified by a trained professional.*
- *Victims/survivors should receive follow-up reports by law enforcement and/or victims' advocates that communicate progress on the cases, even if no progress has been made.*

Medical Personnel

Medical personnel were also part of the early experiences that loved ones of homicide victims had. A few of the loved ones of homicide victims went to the hospital after they learned of their loved one's tragic situation. In addition to the case noted above, others noted that hospital personnel seemed to be at a loss of what to say, so they simply ignored them. While emergency room personnel are always dealing with medical traumas that are often life-threatening, several loved ones noted that emergency room doctors needed more training in empathy and trauma related to acts of violence.

Outside of the hospital, the personal doctors of loved ones were often more helpful. For example, one mother explained that her doctor prescribed her medication to deal with the emotional pain of her son's funeral:

"...I'm going to tell you who really helped...my doctor at the time, when I lost [my son], to get through the funeral, he offered me a prescription of something- of medication."

- *There should be trauma-informed training provided for medical personnel to communicate with victims/survivors more empathetically.*

Courts

As noted, in our sample, all cases except one are considered to be cold cases by the state of Delaware. The one homicide case that was adjudicated resulted in a guilty plea and while the family was thankful that the perpetrator was now in prison, it surprised them that it did very little to assuage their trauma and pain.

Victims' Services

The loved ones of homicide victims had very different experiences with victims' services, and this also appears to be related to those who are perceived as "ideal" victims compared to those who were not perceived as such. In the state of Delaware, victims of any crime who were "involved in any illegal activity at the time of the crime" or who "caused or contributed to his or her injury," are not eligible to receive funds from Delaware's Victims' Compensation Assistance Program (Delaware Department of Justice, 2020). This seems reasonable for crime victims who survive a victimization, but essentially makes the loved ones of homicide victims responsible for their family member's behavior. As such, it is essentially labeling the loved ones as offenders, too. Thus, if a homicide victim was buying marijuana at the time he was shot and killed, they family not only faces the pain and trauma of losing a loved one but is also ineligible for the victims' assistance services. They must bear the financial burden of a funeral and must find therapeutic or other service needs on their own.

Even when it was only suspected by police that a homicide victim may have been involved in illegal activity, family members perceived that they were also treated like offenders simply by association. This neglect and stigmatization not only exacerbated the trauma and

pain but was perceived as a double victimization. It is important to note that this treatment cut across both race/ethnicity lines as well as socio-economic lines of the victims.

Unfortunately, it is not the homicide victim who has to pay for their funeral, but the family left behind. An average cost of funeral that involves burial is approximately \$20,000, which is a significant expense. One loved one explained:

“The families not only lose a loved one and may be treated like they are offenders, too, but what if they can’t afford to bury or cremate their loved one? That isn’t fair that they don’t qualify for basic services. They are treated like offenders themselves, so it is trauma on top of trauma, on top of even more trauma.”

Other loved ones were not aware that there were any services available to them. One mother explained that she was thankful for an house alarm being paid for, but other services were scarce or difficult to find:

“It wasn’t like whatever you need we’re here- it wasn't like that, you know? They said that there were services, but you had to find those services on your own. So yes, I was appreciative of them paying for my alarm, but that's about it.”

Two families did qualify for financial assistance and found the services they received helpful. Both had access to financial coverage for a funeral, and victim advocates provided some emotional support in addition to financial resources. One father explained that a victim advocate in Delaware still consistently reaches out to him to let him know that she is there to support him and suggest resources:

“...I received a letter on July 1st from her. She said it's been approximately one year since the Delaware Victim Center initially had contact with you and I remain very much

concerned about your well-being. I'm taking this opportunity to remind you of the services of the victims' center that remain available to you."

- *Expand financial assistance eligibility for the loved ones of homicide victims as they are not the offenders, but the victims.*

Attempted Homicide

Only two people we interviewed were attempted homicide victims/survivors. One was the girlfriend of a man the police believed to be involved in gang activity and the other victim was nearly strangled to death and had no culpability for her attack. The first had just pulled up to a deli with her two daughters sitting in child car-seats in the backseat and her boyfriend sitting in the front passenger seat. When they pulled up to a stop, several shots were fired into her car, with one going through her skull and several others going through the back seat, but fortunately not hitting either of her daughters. Her boyfriend was not hit. An ambulance was called, and she and her daughters were taken to the emergency room. Fortunately, the bullet went through her skull but did not cause damage to her brain. Their cases were handled very differently by both law enforcement, the courts, and victims' services.

Law Enforcement

The gunshot survivor perceived her case never to have been taken seriously by the police. In fact, she said she said they made her feel responsible for her own attempted murder simply because she was associated with someone the police assumed to be involved in the drug trade. After the police came to interview her at the hospital, she did not hear from them again. At the time of the interview, she had been waiting weeks to hear from the police about any progress on her case. She had no idea who shot her and had simultaneously endangered her children.

She was extremely angry and wondered why the police would not even care that two bullets had gone through her daughter's child seat, nearly missing her. She described her thoughts on the police officers' actions on her case:

"...I haven't really received too much feedback from that. They don't know who it is. I feel like a lot more could've been done... I don't think they care at all about me."

The other victim/survivor of attempted homicide that we interviewed detailed her positive experiences with the police. When the police arrived on the scene, she was emotionally hysterical and the male responding officers were very calm and made her feel comfortable. They actually called her father, who lived in another state, while she was being admitted to the hospital. She mentioned that the police that responded to her attempted homicide were kind, made her feel comfortable, and actually called her father for her while she was being admitted to the hospital. She gave details about the way police treated her upon coming to the scene:

"...he was actually very kind. He stayed his distance, you know, but also tried to calm me down. And, you know, he seemed very nice - I was very comfortable with him."

- *Police officers should treat all victims like ideal victims regardless of the contextual circumstances of their victimization.*

Medical Personnel

Both individuals that experienced an attempted homicide went to the hospital for their injuries. Neither of the women had mentioned negative interactions with medical personnel at the hospital. Further, one of the women mentioned that a forensic nurse stepped in to take pictures of her injuries since the police officer thought she would be more comfortable with another woman taking the pictures. The gunshot victim received the most help from her private

OBGYN, not the emergency room personnel. Her OBGYN helped her access victims' services and resources that were available. She mentioned that medical personnel were to credit for her finding services, rather than the police: "It was like really my doctor's office, the nurses and staff there- they put me in contact with a lot of different services."

- *All medical personnel should be able to direct victim/survivors to services and other resources.*

Victims' Services

While both victims/survivors of attempted each had positive interactions with victims' services, the gunshot victim's initial contact with a victims' advocate was like a second victimization and caused extreme trauma. Because her daughters had been in the car when she was shot, the division of family services became involved in her case. She was shocked that she would be perceived as intentionally placing her daughters in harms-way when she was the one who was shot. She described how this occurred and how the information impacted her:

"Well, the first lady they tried to put me with- she had me very distraught. She was talking about how DFS might be involved because of my kids. What are you talking about? You're not going to take me through the system for something that I didn't do."

Although her first encounter with a victim advocate was troubling for her, she spoke to a different advocate after this who helped her secure coverage for her medical bills related to the incident, a security deposit for moving to a new place where she would feel safe, and security cameras for her new residence.

The other victim/survivor of attempted homicide also had very positive interactions with victims' services. She explained that the victim advocate at the police station watched her

children while she was in the hospital, helped with filing for a Protection from Abuse (PFA) order, and assisted with filing for victims' compensation for her hospital bills.

"...the victims advocate over at the police station was watching my kids ...they had gotten my kids pizza so the kids were able to eat. And so that was, you know, a huge weight off my chest. But also... the victim's advocate there...has been huge in this process....She had already filed for the VCAP to cover my hospital bills...she has been wonderful"

Courts

No offender has been identified in the gunshot case. In the second case, the perpetrator was in jail waiting for his court appointments. The interactions the victim/survivor has had with court personnel have been somewhat troubling as she has been told that the case will not be tried as an attempted homicide, but as a lesser felony. She was also extremely worried that he would get out on bail and come back for revenge. She stated:

"If the police had come a few minutes later, I don't think I'd be here, I would be dead. [He tried to kill me.] The court doesn't see it...I am very grateful that they set the bail for \$50,000...but I'm still very worried about what's going to happen."

Rape and Sexual Assault

Like all state statutes today, rape laws in Delaware are gender neutral. That is, both males and females can be both victims and offenders of rape.³ According to the National Crime Victimization Survey (NCVS), the majority of victims are female, and the majority of offenders

³ Legally, there are four degrees of rape in Delaware. For a definition of all rape and sexual contact statutes, see <https://apps.rainn.org/policy/policy-crime-definitions.cfm?state=Delaware&group=3>

are male.⁴ For example, the Center for Disease Control and Prevention’s National Intimate Partner Violence and Sexual Assault Survey (NISVS) estimates that roughly 18% of women and 1% of men will be raped in their lifetimes.⁵ The majority of rape victims/survivors are raped by people they know and less than 1 in 4 victimizations will be reported to the police (Bureau of Justice Statistics, 2022). Similar to these national statistics, the majority of rape victims/survivors in our sample were female but two were male and the majority of rape victimizations were perpetrated by known offenders. Although the majority of respondents reached out for help from some form of victims’ services organization, only two of the respondents reported their victimization to the police. To protect the confidentiality of our respondents, the characteristics of these cases (e.g., gender, race/ethnicity, the victim/offender relationship, etc.) that were reported to police will not be provided. This section will cover law enforcement, medical personnel, courts, and victims’ services respectively. The last section will highlight a few issues related to male victims only.

Law Enforcement

The two victims/survivors who reported their victimizations to police experienced completely different responses. This was not related to any demographic characteristics but appears to be related to stereotypical perceptions by the police of who is an “ideal victim.” Importantly, both victims went to the hospital and had rape kits completed. One respondent reported to the police at that time, and although officers came to the hospital to get a statement, the victim/survivor did not get any other communications from them thereafter.

⁴ For more information about the NCVS, see <https://bjs.ojp.gov/data-collection/ncvs>.

⁵ To view all results of the NISVS, see <https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html>.

There was no follow-up, and no referrals were ever made to victim services. This respondent perceived that she was not taken seriously because she was under the influence of alcohol at the time she was raped.

The second incident that was reported to the police was first reported to a sexual assault service provider. The morning after the victimization, a victims' advocate met her at the emergency room to be with her during her rape kit examination. The victim/survivor was so traumatized that she is convinced she would not have made it through the medical process without the advocate by her side. She recalled how horrible it was to go up to the emergency room check-in desk and have to state her reason for being there. Then it took over an hour of sitting in the waiting room to be seen. She didn't know if she wanted to report the incident to the police and believes it was extremely important that nobody pressured her to do so. She decided to report a few days later. Her advocate also accompanied her to the police station, where she experienced very empathetic treatment by the male officer who interviewed her. She recalled being assured several times that this was not her fault.

It is important to note that these cases were handled by two different Delaware police agencies. One respondent noted that they never even considered reporting to the police because "I have heard many bad stories about what happens. I would not risk going to the police and not being believed."

- [Victims/survivors should be treated with respect and dignity and not suffer a second victimization by law enforcement officials when a report is made.](#)

Medical Personnel

Only three rape victims/survivors sought medical treatment and two had rape kits completed. However, another respondent went to the emergency room after her victimization and was told that the hospital's sexual assault nurse examiner (SANE) was not available at that time. They suggested that she go to Christiana Hospital in Newark. She didn't have cab fare to take the trip and public transportation was not easily available, so she didn't go. This clearly represents a gap in medical services.

- *Victims/survivors should have access to a SANE at all times and places of emergency room services.*

Victims' Services

Virtually all of the rape victims/survivors interviewed obtained help from some form of victims' service entity. One respondent attempted to contact help from a website but found it too confusing to navigate. The others were very satisfied with the help they received. This included long-term therapy for most of the respondents who sought help. One respondent stated, "I would not have made through anything without my advocate. I think one of the most important things she did was just being there and letting me make my own decisions when I was ready."

- *Advocates should be available to help rape victims/survivors through the entire process but ensure that the victim/survivor has agency in all the decision-making at each step in the process.*

Courts

Only one victim/survivor's case made it to criminal court. Although the defendant was found guilty, the court process was less than ideal. First, it took over one year for the case to finally make it to court and during that time, the prosecutor for the case had changed three times. This meant the victim/survivor had to verbally recount her case three times, which she found emotionally traumatic and unnecessary. At the sentencing hearing, the judge noted before he handed down the punishment that the defendant had already lost a great deal because of his offense and significantly reduced the sentence that was expected. Thus, despite the conviction, the victim/survivor perceived that justice was not fully served.

- *Judges should have trauma-informed training to better understand the needs of rape victims/survivors and the prosecutor's office should make every attempt to retain one prosecutor on a case to reduce the need for a victim/survivor to recount her trauma multiple times.*

Male Victims

While only 2 male rape victims/survivors were interviewed, they did seek help from victims' services and had important insights to offer. Both felt their victimizations were treated seriously by victims' service providers but believed they would not have been treated fairly by the police. Like all victims, they thought it was important that their decision not to report was respected. While they all felt they were treated fairly by service providers, each noted that it would be nice to have had a male on staff who would better understand their trauma. One commented on the progress that was needed to ensure people understand the trauma associated with being a male rape victim/survivor:

“I think again, it all comes from the conversations around it, because if we don't talk about an issue, people aren't aware of the issue, and I think if more people understood how commonly these events happen and all the different levels of severity they happen at and just the full depth of how much of an issue this is and if we were all a bit more honest about that and had more space to have those conversations, it would feel more natural and there would be comfort in actually [dealing with it]...there just needs to be more awareness of it [male rape victims].”

- *Trauma informed service providers are needed for male victims/survivors of rape, and ideally, male advocates should be available if requested.*

Robbery

Robbery occurs when someone steals something from another person using force or the threat of force. This is why robbery is considered a violent crime and not a property crime like burglary or personal theft. Although robbers can be known to their victims, it is one of the violent crimes that is most often perpetrated by strangers. Robbery is more likely to be an urban phenomenon and robbery rates by county support this as the rates per 100,000 are highest in New Castle County (1.2) compared to either Kent (.4) or Sussex counties (.3).

Both victims we interviewed were robbed by strangers at gunpoint, but only one reported to the police. He was a Spanish-speaking immigrant who had recently obtained his working papers and was robbed while he was working. This section is only going to cover the entities he used including law enforcement and victims' services. The offenders in this case were never identified by law enforcement.

Law Enforcement

Although there is only one robbery victim who reported to the police, because he was a Spanish-speaking immigrant, his interview offers important insights into both the negative and positive aspects that limited English proficient (LEP) crime victims may experience. He called the police immediately after he was robbed at gunpoint, and he believed the 911 operator asked extensive questions about his identity that took about half an hour before she told him she would send the police. The police took another 15 minutes to get there. There was an officer who spoke some Spanish, but the victim had to communicate mostly in English. This was difficult for him because he was so traumatized. He stated:

“If you don’t speak English, what are you supposed to do? I would think that after a year they may have implemented someone who speaks Spanish answering 911, so that people can correctly give all their information and the police can help you in a situation... so the first problem would be the language barrier, because most of them only speak English. You know immigrants, especially those of us who speak Spanish, we don’t have enough information on how the system works, how you defend yourself, what your rights are.”

It is important to note here that there are several census tracts in New Castle County where over 20% of the population speaks Spanish, and one where 47% of the population speaks Spanish. In Sussex County, there is a census tract where over 50% of the population speaks Spanish. In Kent County, there is 1 census tract where almost 11% of the population speaks French Creole, and in New Castle County, there is a census tract where over 11% of the population speaks Chinese. Moreover, all of these census tracts have very high rates of people

living below the poverty line (Kilmer, 2021). It is important to note that Phase I of this research found that several service providers noted the needs of both French Creole and Chinese interpreters.

- *Both 911 and law enforcement need to have Spanish language interpreters available in all Delaware counties. French Creole interpreters are also needed in Kent County and Chinese interpreters should be available in New Castle County.*

This victim was later contacted by a victims' service provider who offered him assistance through the victims' compensation program. He was very hesitant to return her call because he did not trust anyone at that point, but after reaching out to people in his community, he was guided to get assistance from a nonprofit serving the Latine community, which he found extremely helpful. Advocates at the organization helped him navigate the services available from the state (discussed next).

Victims' Services

Both robbery victims sought help from a victims' service agency. The first was told that because their victimization was not reported to the police, he was not eligible for any services. He was very traumatized by the victimization and was hoping to receive some therapeutic help. Needless to say, he was very disappointed.

The victimization that was reported to the police received very different treatment from service providers. As noted above, he was contacted by an advocate that offered him victim compensation. Although he was uncomfortable responding initially to the call, an advocate at the LACC helped him fill out all the forms required by the state to receive services. In addition to the financial help he received, he was given medical and psychological help. He was not

satisfied with the therapy he received and believed the counselor was not trained to deal with the trauma he was experiencing. He stated, *“They didn’t seem to understand. I couldn’t just take a deep breath and move on... I never thought I would be robbed at gunpoint in this country...I still can’t go out alone at night.”*

Consistent with many other victims/survivors we interviewed, this respondent believed that one of the most important things that was missing was a follow up by someone from law enforcement. He stated:

“In my case, they never told me whether they found the criminals. I wanted to keep providing information to law enforcement, but I never heard from them again. They never called me to ask if I had any other information, if I could identify the criminals, that they caught some suspects. So, I was left with an emptiness, I never got the feeling of justice prevailing, the state didn’t do what they needed in order to capture the criminals.”

And finally, he suggested that much more outreach work needs to be done in the Latine community. *“There should be cards given out at churches and grocery stores with a phone number people can call if they have questions. It shouldn’t be a place they have to go to....just a number where they can get answers. For people who think they have been a victim of crime.”*

- *Trauma informed service providers are needed for all violent crime victims.*
- *Every effort should be made to follow up with victims even if the case is not making progress at the investigative or adjudicative levels. Simply checking in with victims to let them know they have not been forgotten is extremely important.*

- *Outreach in communities that have limited English proficiency (LEP) is needed to inform victims/survivors of available services including communities with a high percentage of Spanish, French Creole, and Chinese language speakers.*

Intimate Partner Violence

The term intimate generally refers to spouses, ex-spouses, boyfriend/girlfriends, and exes. The Centers for Disease Control and Prevention define Intimate Partner Violence (IPV) as “the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon, and use of restraints or one’s body size or strength against another person.”

Because less than half of IPV victims report their victimizations to police, surveys are the best method to estimate the prevalence of IPV. From the National Crime Victimization (NCVS) survey, we know that approximately 78,000 males and over 519,000 females are violently attacked by their intimate partners annually. Unfortunately, because conducting a survey that is representative of a state population is very expensive, very few states have actually done this including Delaware.

We do know that IPV affects individuals across all race/ethnic, socioeconomic, and geographical context. For example, while New Castle County had much higher robbery rates than either Kent or Sussex Counties, the overall assault rates do not vary significantly across counties. While Delaware does not publish rates of IPV, the overall assault rate per 100,000 population in New Castle County in 2020 was 13.9. The assault rate for 2020 was 18.6 and 17.3

in Kent Counties respectively. Thus, rural location does not serve to decrease rates of assault generally, or IPV specifically.

Law Enforcement

The survivors of Intimate Partner Violence (IPV) that we interviewed had mixed experiences with law enforcement. Overwhelmingly, however, survivors described negative experiences with police officers in response to their request for help. These differences in response appear to have nothing to do with demographics like race/ethnicity, but with perceptions by law enforcement of an “ideal victim.” Often, survivors mentioned that they felt the police did not take their experience with IPV seriously, that there could have been more action taken (e.g. arrest), and that the police responded to the victim in a judgmental manner (e.g. blamed the victim for their own abuse). One woman explained that she felt the police officers that responded to her call were judging her and blaming her for the abuse that she had suffered:

“I wasn't looking for like sympathy from them or anything but at least a little compassion. That is their job...but they made me feel like you made a big mess and now we have to come clean it up... My ex-boyfriend- he's a lot younger than me- and they kind of judged me. They were like ‘why are you even dealing with this guy?’ and I felt like that's not even their business- their business is to handle this-not to question why I'm with somebody.”

Along with blaming the victim for the abuse they suffered, in a few cases, police officers arrested the victim along with or instead of their abusive partner. One woman was arrested for domestic violence when she was protecting herself from further harm from a partner that had

previously gone to prison for strangling her. She described her disappointment with being treated as an offender when engaging in self-defense, “The police are the ones that are supposed to protect and serve. They aren’t protecting and serving me- they're protecting, you know, the abuser.” All of the victims that were arrested while experiencing abuse were especially mistrustful of the police and less likely to call them in the future when compared to other survivors with more positive experiences with the police.

In a particularly notable incident where the victim/survivor was arrested, the incident was called into 911 by bystanders. The offender was dragging the victim/survivor across a mall parking lot by her hair. She had other injuries and was literally missing spots of hair that had been pulled out by the dragging. When the police arrived, they separated the parties but when they found out that the victim/survivor had previously dropped charges on the same offender, they arrested her for ‘making a false report.’

There were a few survivors who shared positive accounts with police officers. These were cases where the victims/survivors were likely perceived as “ideal victims”, rather than the “non-ideal” victims that the police likely perceived as partially to blame for the violence they experienced. In these cases, the survivors were thankful for a quick police response, a compassionate police response, the police taking action and arresting the perpetrator, and the police recommending services or transporting them directly to services (e.g. shelter). While these responses were less frequent than the negative experiences, they seemed to be impactful and beneficial to the survivors. One woman that seemed to be an “ideal” victim of IPV was attacked by her ex-partner after he broke into her home at night, where she was not perceived to be even partially responsible for the assault. She explained that the police treated her kindly

and escorted her to the hospital: “They were really nice. They asked questions, they asked what happened, and I told them what happened...They talked to me, they took me into the ambulance, and I went to the hospital.”

For survivors that chose not to involve law enforcement when they experienced IPV, some barriers to contacting police included the concern that the police would not believe them or would not take action and fear of retaliation from their abuser.

- *Police officers should be trained to understand the complexity of IPV and should respond with a trauma-informed approach.*
- *Victims/survivors of IPV should be responded to with a trauma-informed approach*

Medical Personnel

Some of the survivors of IPV that we interviewed discussed the medical care that they received for their injuries. The few that mentioned medical services remarked that they either received or wished they received trauma-informed and compassionate care from the medical staff. One negative aspect that a victim/survivor mentioned was that medical costs were too high to seek treatment for her IPV related injury since compensation would come after she paid out of pocket for her treatment. She expressed her frustration about waiting so long to see a specialist for her foot injury: “I still have to see a doctor. I was supposed to have seen a doctor two weeks ago, but they never told me you have to pay out of pocket. So I get there for them to say I needed almost \$200 to see the doctor and I didn't have it.” Financial resources were certainly a barrier for her to receive the treatment that she needed for her IPV-related injury.

In one example of a positive encounter at the hospital, a doctor referred one patient to a number of victim services resources when they had not been provided resources by the

police. The victim/survivor of IPV explained that: "...when I went to the hospital, they took me in a room and an ER doctor gave me a bunch of numbers on this card." While they chose not to reach out to any of these services, they were happy to have the resources provided to them.

- *Victims/survivors should have access to medical care that is affordable or fully covered by programs*
- *Medical personnel should have recommendations for resources for victim/survivors of IPV available*

Courts

Some of the victims made it to the court phase with their cases at the time of their interview, while others did not. Of the individuals that made it to court, their negative experiences were centered on the court process. For example, victims mentioned difficulty with the amount of time it took for their case to get to a judge, felt that the court process was confusing, and perceived the court staff to be uncaring. For cases that had already been adjudicated, the vast majority of victims/survivors believed their abuser had not received a harsh enough punishment. Several of these women were fearful of the time when they would be released from jail/prison. The COVID-19 pandemic clearly complicated the adjudication process even further. Some victims explained that the court process was even more difficult over platforms like Zoom. One victim/survivor of IPV mentioned that the process of divorcing her husband in family court was very long: "It was like it took forever for the marriage to be dissolved...so if they can help speed up things, at least it alleviates that burden from you- like for you to go on with your life- for people like me to go on with my life."

While there were some concerns with the court process, there were also discussions of positive experiences. For example, most of the victims were granted a Protection From Abuse Order (PFA) in their case, which limits the contact that a perpetrator can have with someone they have victimized. For some of the victims, this increased their feelings of safety or made them feel validated by the criminal justice system. Particularly, some individuals also appreciated when they were in situations where they were provided with pro bono legal assistance, for example, when they were seeking a divorce from their abusive partner. Free legal services were also utilized by one of the victims that perceived to be wrongly arrested for IPV, which she mentioned were incredibly helpful. One victim/survivor mentioned that she really appreciated the judge that she had for her case. While her abusive ex-partner was trying to claim that she was truly the abusive one, the judge was not interested in allowing him to continue with that argument. She described an interaction she witnessed between her abuser and the judge in court: “He was trying to actually tell the judge ‘she’s the abuser in this relationship and I’m not’ and [the judge] was like ‘she’s not on trial- you are.’”

- *The court process should be explained in full to victim/survivors before they are involved in it*
- *Free legal services and guidance from resources like victim advocates is very helpful for victim/survivors of IPV*

Victims’ Services

The majority of survivors of IPV reached out to at least one source of victim’s services in Delaware. Overwhelmingly, survivors were grateful for the support and resources that they received. The most helpful resources were financial assistance (e.g. VCAP), shelters and

temporary housing, counseling and support for the victims and their children, resources like clothes and groceries, and transportation. One mother that was struggling to get custody of her children after experiencing IPV expressed how helpful victims' services were for her as a resource:

"...they helped me a lot. They set me up with an attorney to help me with the custody battle....They're always like, you know, trying to understand and try to back me up because otherwise I would have been lost because I could not have dealt with it."

For the most part, IPV survivors had positive experiences with services, however, there were some concerns and negative experiences. A minority of the survivors mentioned that it took a long period of time to get assistance, that the victim service providers were understaffed and overburdened with cases, that financial assistance was important but not enough, and that their temporary motel accommodations were unsafe. A few noted that the shelters provided for them were over-crowded and besides a roof over their heads, they were given no other support. At least 2 female victims/survivors noted that the shelter they were taken to did not have a bedroom available, so they had to sleep on a sofa in a hallway. Further, they were not given anything to eat or drink, but were given directions to a grocery store where they could buy anything they needed. Another mother gave a detailed account of motel accommodations that were not suitable for her and her children:

"Nothing was offered to me except for...this hotel room... that was rat invested. I was like, listen, you all keep your money, because I need a place for my kids that's going to be clean and safe... they needed to understand that I want to keep me and my children healthy too."

- *More resources are needed to meet the needs of intimate partner violence including safe housing for both they and their children, transportation, and adequate financial support so they can meet their survival needs until they can establish themselves.*

Human Trafficking

While human trafficking involves all forms of force, fraud, or coercion to obtain any form of labor, this section focuses exclusively on human trafficking that involves forced sexual activity. Similar to many perpetrators of violence, human traffickers target victims who are susceptible for many reasons including such things as psychological or emotional vulnerability and a lack of economic resources. Since 2017, Delaware law enforcement officials have made more than 50 human trafficking-related arrests. This prompted Attorney General Jennings to create Delaware Department of Justice’s first dedicated Human Trafficking Unit (HTU).⁶ This unit consists of two full-time Deputy Attorneys General, and will be directed by the Family Division Director, who is currently Abigail Rodgers. Despite the HTU, the state reports that there was only 1 adult arrest for human trafficking in 2017, 0 in 2018, 1 in 2019, and 0 in 2020 (State of Delaware, 2021).

The majority of human sex trafficking victims were lured into trusting a boyfriend who then coerced or forced her engage in sex for money. One was trafficked by her biological parents beginning at a young age, and one by her husband. However, the process was similar across types and included a grooming phase, in which victims/survivors were led to believe they were loved, which was soon followed by demands that they engage in sex for money, and

⁶ Delaware Department of Justice Press Release, AG Jennings Unveils DOJ Human Trafficking Unit, Monday, January 31, 2022.

threats of punishment or actual violence if their duties were not fulfilled. These also included threats of retribution to the victim's families if they attempted to flee. In addition, all victims were introduced to drugs by their traffickers and virtually all became dependent on them. In sum, the traffickers in these cases used both psychological manipulation and physical violence to instill fear and dependency in their victims.

The majority of the trafficking victim/survivors had been arrested for prostitution at least once. Several also had contact with hospitals and clinics after beatings from their traffickers or occasionally from Johns that required medical care. While both law enforcement and medical personnel have the potential to help trafficking victim/survivors escape, no help was offered in these cases. Further, the fear all respondents had prevented them from trusting these sources to ask for help. Only after significant and nonjudgmental outreach by victims' service providers did our respondents finally trust that their safety would be ensured if they sought help.

It is extremely important to understand that when the respondents we talked to trusted service providers enough to reach out for help, they literally had nothing. Their traffickers controlled every aspect of their lives. They were homeless, without transportation, without a bank account, and a few didn't even have identity cards. This section will discuss the experiences and perceptions these victims/survivors had within the realms of law enforcement, medical personnel, and victims' service providers respectively.

Law Enforcement

None of the trafficked victims/survivors had positive interactions with the police. In fact, all noted that the vast majority of police officers held stereotypical perceptions of them despite

most jurisdictions having received training to identify and understand the special needs of trafficked individuals. In fact, the experiences they had with police were not just unhelpful, they were harmful. Several were frequently called derogatory names such as “hookers” or “tramps.” Moreover, two of the women reported that a few police officers would ask for sex in exchange for not being arrested. These actions not only decreased levels of trust for our respondents but also increased their overall levels of fear and trauma. One of the victims noted that she once pleaded with an officer to help her because she was being forced to be on the street, but he did nothing. Only one respondent reported that one officer treated her “somewhat like a human.”

- *Law enforcement personnel require more training to identify trafficked victims and to understand the trauma and fear they are living with.*

Medical Personnel

All of the trafficking victims/survivors we interviewed had experienced multiple beatings from both their traffickers and other people they were forced to have sex with. These occasionally resulted in very serious injuries that required medical attention. This was not provided because of the traffickers’ concerns for their wellbeing, but because they were a commodity and needed to be able to work. All respondents who received medical care reported that their traffickers made it clear that they had “eyes everywhere” and would find out if they attempted to flee or get other help while getting their injuries treated. Thus, despite the pro-forma questions most medical personnel are compelled to ask when someone comes in with injuries that appear to have been sustained as a result of an assault, respondents were too terrified to answer the questions truthfully. Importantly, none of them were given resources or

numbers to call should they want to seek help in the future. None reported receiving any trauma-informed treatment or empathy at all.

- *Medical personnel require more training to identify trafficked victims and to understand the trauma and fear they are living with.*

Victims' Services

Because the respondents we interviewed were all terrified of their traffickers, fleeing was only possible after a significant amount of trust was established with a victims' service provider. The exception to this was a victim/survivor whose biological parents were trafficking her. She was able to escape with the help of a friend who helped her secretly leave and move to another town. There, she changed her name to establish an entirely new identity to prevent her family from finding her. Only then did she feel safe enough to seek therapeutic help from her trauma from a victims' service provider. Because this agency was cited by 2 other trafficked victim/survivors for as 'saving their lives.'

The other respondents' first interaction with victims' service providers was through outreach programs that provided outreach packages including things like toiletries along with cards that contained the phone number of a trafficking hotline. These care packages were typically distributed at locations known to be frequented by sex workers. For the majority of these women, receiving these packages was the first time they perceived they were being helped by someone who really cared and was not judging them. This was extremely important for building trust and making them feel comfortable reaching out for help.

When asked to provide policy suggestions, several of the respondents noted that some individuals being trafficked were so closely monitored by their traffickers that being caught with

a card that read “human trafficking help line” would place them in significant danger. Several of the respondents also noted that their phones were also monitored, and an unknown number would trigger suspicion.

All respondents stated that having a safe place to stay and not being found was an essential first step. This location would ideally provide everything, including extensive trauma-informed counseling, basic life-skills training followed by educational and job-skills training. Several respondents also noted that advocates were also needed to help them navigate the bureaucratic processes of getting legal documents like a driver’s license, or a copy of their social security card, or help establishing new identities entirely.

At least 2 respondents noted that these services exist for victims of intimate partner violence and should be replicated for trafficking survivors. Without these services, the probability of success is very low, and the cycle may continue. As one respondent noted, “*When you don’t have a place to live, you don’t have anything to eat, you don’t have transportation to apply for food stamps or anything else, survival just kicks in. You will do anything to get something to eat.*”

- *The needs of trafficked victim/survivors are great. Not only are most homeless and without transportation or other resources, but they have also been forced to live in a state of dependency and terror. They require triaged care that begins with a secure and safe place to live followed by a triage of services that ensure their basic needs are met. This should be followed by long-term trauma informed therapy and educational programming for all necessary life skills.*

Other Assaults

The other assault victim/survivors we interviewed who were primarily assaulted by strangers, but 1 was assaulted by her son. Regardless of the offenders, all experienced somewhat different responses by both the criminal justice system and victims' services providers. The police were called in all instances. One victim had obvious injuries, one was still being verbally assaulted by her attacker when the police arrived, and the others had no physical injuries. The majority of victimizations were reported to the police, but no arrests were made in any case and no victims' services were provided to any of the victims. Thus, this section will focus exclusively on their experiences with law enforcement. As noted earlier, assault rates are generally equivalent in all three counties of Delaware.

Law Enforcement

All of the respondents we interviewed who were assaulted by strangers called 911 at the time to report their victimizations and none of them were satisfied with the police response. One of the victims had been stopped at a traffic light, and when the person in front of her did not move forward on the green light, she honked. At that point, the driver in the other car got out of the car and came back to the victim's car, at which point the victim got out. The other driver proceeded to hit and shove her repeatedly. The victim pulled out her phone and called 911. When the police arrived, they threatened to arrest both the victim and the offender. The victim was stunned because she perceived that it was clear to the police officers that she was the victim in the case. She felt that they didn't want to bother with an arrest when there were no serious physical injuries and that is why they threatened to arrest both parties. Because she didn't want to be arrested, she agreed to drop the charges, but the entire incident

left her traumatized. She is fearful of many situations now and although her insurance has covered therapy, she has residual anger and trauma related to law enforcement's response and contends justice was not served.

Another victim was placed in a chokehold by a stranger in a bar, which resulted in a split lip and bruises to his neck. When she attempted to throw the offender off, the offender fell to the ground and bloodied his own lip. All this was witnessed by bystanders. The police were called and although they came to the scene, no bystanders were interviewed, and no arrest was made. While the victim was being interviewed, the offender fled the scene. The police did not make any referrals to victims' services nor offer to take the victim to the hospital for medical treatment. No follow up or arrest was ever made. The victim left several messages for the detective who took the report, but no one has ever called back to provide an update.

All respondents assaulted by strangers perceived the police to be uncaring and did not seem to take their victimizations seriously. All were traumatized by the event and were each able to seek psychological help on their own. However, all were concerned that other assault victims would not have the agency nor the resources to do this. In sum, their experiences did little to increase their feelings of safety or trust in the very people who were supposed to protect them.

The woman assaulted by her teenaged son called the police after he started punching holes in the wall and was threatening to "knock her out" if she didn't give him the money he wanted. It is important to note that she had also experienced a long history of abuse by her husband before he died several years prior, and her son had witnessed some of this. Her son fled before the police arrived. She was not injured but there was obvious damage to the

house including hole punches in the wall and knocked over furniture. When the police arrived, they told her that her son had several write-ups for truancy from school, which she already knew. They made no attempt to find him, and they left without providing referrals for help from victims' services. She stated, *"I just feel helpless. My son is now living with my other daughter, but he often comes over and threatens me. It's like I'm walking on eggshells all the time. The whole family needs therapy but we have nowhere to get it."*

In sum, all the assault victims we interviewed were dissatisfied with the police responses they received. They all perceived they were treated like they were wasting the officer's time. These victimizations occurred in either New Castle or Kent Counties. The police responses in all cases did little to increase victims' feelings of safety or trust in the very people who were supposed to protect them.

- *Law enforcement officers need to take all assaults seriously as all victims' experience emotional trauma regardless of whether serious injuries result. Victims who report should also receive follow-up calls. This will serve two purposes: ensuring that victims feel the system cares about them and helping to instill more trust and confidence in the police generally.*

Stalking

The first stalking statute was not passed at the state level until California implemented the first anti-stalking legislation in 1990. The CDC defines stalking as, *"A pattern of harassing or threatening tactics used by a perpetrator that causes fear or safety concerns in the victim... a person is a stalking victim if they experience multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and felt very fearful or believed that they or someone*

close to them would be harmed or killed as a result of the perpetrator's behavior." These tactics are many and can include things like following, communication through phone or email, leaving items at victim's home or workplace, and other tactics. It is important to point out that this is simply not unwanted behavior on multiple occasions, but most states require a victim to be *very fearful* to intervene. The CDC's NISVS estimates that about 16% of women and 5% of men will experience stalking during their lifetimes. Published rates of stalking could not be located by county nor for the entire state of Delaware.

Three victim/survivors were interviewed for this research, and all were stalked by former intimate partners. One of them reported her victimization to police and one male victim/survivor sought help from a victims' services advocate. This section will focus on law enforcement, the courts, and victims' service providers.

Law Enforcement

The incident that was reported occurred in Sussex County. The victim/survivor had become so afraid of her stalker, who was a former boyfriend, that she could barely sleep at night and her adult children convinced her that she needed to get help from the police. With the help of her son, she compiled and documented all of the evidence and submitted it to a detective. He asked her if she would like to have the stalker arrested or whether she would like to start by just having a law enforcement official talk to him and give him a warning. She thought a warning would suffice, and while the stalking behavior decreased for a short time, it soon escalated. A victim's advocate from the police department called her about 3 weeks later to see how she was doing and provided her with a lot of information both about stalking generally and the next steps she could take. Because the stalking behavior had once again been

increasing, she decided it was time to have him arrested by the police. Her adult son was with her when she reported it the second time. While being interviewed, the detective told her that the suspect had a “pristine record” and asked her multiple times whether she was certain she wanted him to be arrested. Her son replied, “You have asked more than 3 times and she has answered yes every time.” Despite the detective’s reluctance to have the suspect arrested, he did tell them that there would be no problem getting a judge to provide an arrest warrant because they had so much evidence. The suspect was allowed to turn himself in to the police station and was released on his own reconnaissance thereafter. The victim said she felt like she was being revictimized and perceived the police were thinking, “I was like some poor little woman who, you know, has this nice guy who is in love with her....I felt like I was the bad one.”

- *Law enforcement officers need to take all stalking by intimate partners seriously and be educated on the emotional trauma experienced by these victims/survivors.*

Courts

Approximately 6 months after the stalking suspect was arrested in Sussex County, the victim received a call from the prosecutor’s office. She was told that the case had now come up for adjudication and was told the defendant’s lawyer was ready to plea bargain. The prosecutor asked her if she would be comfortable with a reduced charge if it came with a one year no-contact order. She went along with that and fortunately has not been contacted by the offender since. While she is happy that the courts took her opinion into account, she perceived that they, like the police, did not understand the extent of fear and trauma she experienced and continues to deal with because of the victimization. She installed cameras and alarms in her house and still lives in a state of alert, which has significantly compromised her quality of life.

- *Law enforcement officers need to take all stalking by intimate partners seriously and be educated on the emotional trauma experienced by these victims/survivors.*

Victims' Services

The victim noted in the preceding section was very happy with the services she received from the victim's advocate. She noted, "She was very informative, you know, telling all about the typical evolution of a stalking incident. She didn't pressure me to follow through with asking for an arrest, but she helped me understand what stalking was because obviously I had never experienced anything like this. It was not just me, even my adult children were afraid of him harming me."

A male victim being stalked by a former boyfriend also felt very fearful and experienced significant trauma. He was harassed and threatened on many occasions by a former boyfriend. This included threats of physical violence, and one time included being chased back to his car after he got off work and barely making it. The stalker then ran after his car throwing rocks. After this incident, he sought help from a IPV service provider and was given counseling. He was glad he was believed but perceived that the agency did not really understand the extent of his emotional trauma. When asked why he did not report to the police, he stated, "*Why would a queer person of color want to contact the police? Like it's just historically not even been a good source of help for people like me.*"

- *Victims/Service providers should be trained to understand the unique needs of male victims/survivors of stalking.*

Chapter 6. Discussion and Recommendations

In this research, violent crime victims provided a wealth of information regarding how they perceived the response to their victimization by law enforcement, medical professionals, the courts, and other victims' service providers. While some unmet needs were noted across all crimes, others were specific to the type of victimization experienced. Below we highlight the needs within each domain that appear to be universal and then reiterate those that were crime type specific. We end by highlighting the similarities and differences across the perceptions of victims' service providers in the earlier study compared to the violent crime victims interviewed for this phase of the research.

Common Themes Across All Victimization

- All victims/survivors should be treated with respect and dignity regardless of whether law enforcement perceive them to be responsible for their victimization in any way. A significant percentage of victims/survivors we interviewed across all crimes perceived they were not treated seriously because of the contextual characteristics of their victimization. After they made a 911 call or the police were notified by medical personnel, many victims perceived they were further victimized by police officers who did not take their victimization seriously.
- Trauma-informed training should be provided to all criminal justice and medical professionals to communicate with victims/survivors more empathetically. This should include training to understand the power dynamics at work when offenders are known to the victim(s) or are their intimate partners, in which case victims may be reluctant to divulge information because of fear of retaliation to themselves or their family members. This need was also noted by the victims' service practitioners surveyed in Phase I of this victims' needs assessment.
- Victims' service providers were generally perceived by the majority of victims as treating them with respect and fairness. Because these professionals are more likely to receive trauma-informed training, this is evidence that such training works and should be expanded more fully to law enforcement, court professionals, and medical personnel.
- Medical personnel are often the first to interact with victims of violence. As such, at least one trauma-informed advocate should be available at all times. While SANE nurses

trained to respond to victims of rape and sexual assault are one element of this front-line, all first responders should be trained to identify and serve the needs of all victims including loved ones of homicide victims, attempted homicide victims, victims of intimate partner violence, robbery victims, and human trafficking victims. All first responders including emergency room personnel should be able to recommend resources for victims/survivors, not just small posters noting numbers for various hotlines.

- While offenders are provided with free legal counsel, victims are largely left to navigate the adjudication process on their own. A victim's advocate and free legal counsel should be available to all violent crime victims to guide them through the court process. Moreover, they should be provided with information on the status of their case on a regular basis, even if no progress has been made. This communicates to victims that their victimization is important and that they have not been forgotten. Importantly, this will also increase trust and confidence in the criminal justice system.
- Victims whose cases reached the court system often received very little communication about the progression of their cases. Moreover, every effort should be made by the prosecutor's office to retain one prosecutor on a case to reduce need for a victim/survivor to recount their trauma multiple times.
- Law enforcement personnel need more training to understand the trauma of male victims of rape, intimate partner assault, and stalking. The majority of male victims of these crimes believed the extent of trauma and fear they had was not taken seriously and their unique needs were not understood.
- Outreach in communities is needed to increase the awareness that services are available for victims/survivors.
- Outreach in communities that have limited English proficiency (LEP) is needed to inform victims/survivors of available services, especially in communities with a high percentage of Spanish, French Creole, and Chinese language speakers. Interpreters should be available at all 911 centers, police jurisdictions, medical institutions, courts, and victims' service agencies. This need was also noted by the victims' service practitioners surveyed in Phase I of this victims' needs assessment.

Crime Specific Themes

- All medical and law enforcement personnel should receive death notification training. Virtually all people we interviewed were told about the murder of their loved ones in a very haphazard and unempathetic manner.

- Only one of the survivors of homicide victims reported that an arrest and conviction had been made. The other cases remain unsolved, and the majority of survivors have received no follow-up from the police about the progression of the case. They greatly desire to be informed with follow-ups, even if there is no progress. This lack of communication increases their grief and trauma by signaling that they and their loved ones are not even important enough for a phone call.
- Two of the eight family members of murder victims we interviewed were eligible to receive financial assistance from Delaware’s Victims’ Compensation Assistance Program (VCAP) to help cover funeral costs. The other six were not because their loved one had been involved in illegal activity at the time of their murder. These families were not only emotionally devastated by the violent and sudden death of their loved one, but also had to contend with the significant financial burden of a funeral. It is not the homicide victim who is being compensated, but their families. Delaware’s VCAP should amend their guidelines to exclude homicide victims’ families from the illegal activity provision.
- The needs of trafficked victims/survivors are great. Not only are most homeless and without transportation or other resources, but they have also been forced to live in a state of dependency and terror. Both criminal justice and medical personnel need more training to identify trafficked victims and understand the trauma and fear they are living with. These victims/survivors require triaged care that begins with a secure and safe place to live followed by services that ensure their basic needs are met. This should be followed by long-term trauma informed therapy and educational programming for all necessary life skills.
- Sexual Assault Nurse Examiners (SANE) should be available in all emergency rooms at all times. Victims in a state of trauma should never be told that they should go to another hospital because a SANE nurse was not on duty at that location.
- Significantly more resources are required to provide safe housing and meet the survival needs of victims/survivors of intimate partner violence and human trafficking. The vast majority of victims/survivors leave their previous places of residence with virtually nothing. Many are also attempting to ensure the safety and meet the needs of their children. They are often without transportation and the financial resources to meet their basic needs. Importantly, victims’ service providers noted this in Phase I of this victims’ needs assessment. They are understaffed with huge caseloads and few resources to meet their clients’ needs.

Chapter 7. Conclusions

The findings from this needs assessment are intended to provide the Delaware Criminal Justice Counsel with a strong foundation of knowledge from which to inform future services and funding priorities of violent crime victim services. The themes and recommendations generated from this research are designed to provide a better understanding of the challenges to and gaps in service delivery to violent crime victims in Delaware.

As noted above, there were unique findings from the victim interviews from Phase II of the needs assessment specific to the type of violence experienced. However, there were also some commonalities across the findings in the victims' service providers surveys in Phase I of this research and the interviews conducted for this Phase II. Both practitioners and victims/survivors believed that trauma-informed training should be provided to all criminal justice and medical professionals to communicate with victims/survivors more empathetically. This should include training to understand the power dynamics at work when offenders are known or intimate partners, in which case victims may be reluctant to divulge information because of fear of retaliation to themselves or their family members. Both groups also noted unmet survival needs of both victims of intimate partner violence and human trafficking along with the significant financial resources needed to close the gap in fulfilling these unmet needs. Importantly, practitioners offered a more emphatic and urgent backdrop to this area, with virtually all noting that they had very large caseloads with few resources to meet the needs of their clients. In addition, most perceived they received very little emotional support for managing the vicarious trauma they experience, which frequently leads to burnout and staff

turnover. Victims' service practitioners also identified the victims who perceived there were few services for them. These included male victims of intimate partner violence and stalking, human trafficking victims, and victims with limited English proficiency (LEP).

Delaware has a strong infrastructure for providing services to its citizens that have been victimized by crime. This needs assessment was one of many steps being undertaken in the state to improve victims' services. Like other fields including healthcare and correctional and substance use disorder treatment, the victims' services field is moving toward an evidence-based practice approach, wherein service dollars are focused on models with proven effectiveness delivered with fidelity. Delaware is strongly positioned in the current environment to move to an evidence-based system of victims' services. Such an approach would involve creating a system that adequately identifies and engages crime victims utilizing the best practices based on research, providing linkage to care through evidence-based practices, and ensuring that care delivery models are utilizing the best approaches based on evidence from the field. Such an evidence-based system of victims' services would not only make Delaware a leader in victims' service provision in the nation, it would also provide the best possible care to the greatest number of citizens harmed by crime in our state. The CDHS team would be happy to participate in a Victims Consortium and assist the state in implementing an evidence-based system of victims' services.

Discussion is continuing on the potential to create and conduct a Victims Survey in the State of Delaware. The CDHS team is excited by this possibility. Such an endeavor would put Delaware at the head of innovation in the area of Victims' needs and services generally. This survey would provide more valid estimates of true prevalence of different types of victimization

across different subpopulations of the state. This is extremely important as we know that the majority of violent crimes are never reported to police (Bureau of Justice Statistics, 2021). By illuminating the “hidden victims of crime” with this survey, under and unserved victim populations could also be more reliably identified.

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Appendices

HOW CAN DELAWARE BETTER SERVE VICTIMS/SURVIVORS?



EARN \$50



Have you have experienced any of the following during the past 5 years:

- **been forced/coerced to engage in sexual activity that you didn't want to?**
 - **had something of value taken from you by force or threat of force,**
 - **been shot, stabbed, beaten up, hit with fists or an object, or any of these attempted?**
 - **been shoved, pushed, hair pulled, or assaulted in any other way?**
 - **any of these by a partner/boy/girlfriend or ex or by another family member**
- If so, you may be able to participate in a research project to help us learn about your satisfaction with any services you may have received as the result of this victimization OR what services would have been helpful if you had known about them. If eligible, we would like to interview you about your previous and most recent victimization experiences and how they have impacted you. If you did not receive any help from either private or governmental organizations, we want to understand what factors prevented you from seeking or obtaining help.**

The goal of this project is to better understand the needs and experiences of crime victims/survivors in Delaware and improve victim services and supports. The ZOOM interview will take about 30 minutes and participants will receive a \$50 gift card for their time as a thank you. If you are 18 years of age or older, we would like to hear from you. For more information, please call the Center for Drug and Health Studies at 443-252-4756 or email cdhs-research@udel.edu.

University of Delaware - Center for Drug and Health Studies

This program is supported by VOCA Assistance administrative funds, through the Delaware Criminal Justice Council by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime Award# 2018-V2-GX- 0048.



GÁNE \$50



¿Cómo Puede Delaware Servir Mejor a

¿Ha experimentado alguna de las siguientes situaciones durante los últimos cinco años?:

- ha sido forzado/coaccionado a participar en una actividad sexual en la que no quería participar?
- le han quitado algo de valor a la fuerza o con amenaza de fuerza?
- le han disparado, apuñalado, golpeado, golpeado con puños o con un objeto, o cualquiera de estos intentos?
- ha sido empujado, tirado al piso, agarrado del pelo, o agredido de alguna otra manera?
- le ha hecho cualquiera de estos un compañero, pareja, novio(a), ex, u otro miembro de la familia?

En caso afirmativo, usted puede calificar para participar en un proyecto de investigación para ayudarnos a conocer su satisfacción con cualquier servicio que haya recibido como resultado de esta victimización, o qué servicios hubieron sido útiles si los hubiera conocido. Si califica, nos gustaría entrevistarle sobre sus experiencias de victimización anteriores y más recientes, y cómo lo han impactado. Si no recibió ninguna ayuda de organizaciones privadas o gubernamentales, queremos entender que factores le impidieron buscar u obtener ayuda.

Víctimas/Sobrevivientes?

El objetivo de este proyecto es entender mejor las necesidades y experiencias de las víctimas/sobrevivientes de delitos en Delaware, y mejorar los servicios y apoyos para las víctimas. La entrevista durará aproximadamente 4 minutos y los participantes recibirán una tarjeta de regalo de \$50 como agradecimiento. Si tiene 18 años o más, nos gustaría saber de usted. Para obtener más información, llame al Centro de Estudios sobre Drogas y Salud al 443-252-4756 o envíe un correo electrónico a cdhs-research@udel.edu.

Universidad de Delaware – Centro de Estudios sobre Drogas y Salud

Este programa es apoyado por fondos administrativos de VOCA Assistance, a través del Consejo de Justicia Criminal de Delaware por el Departamento de Justicia de los EE.UU., Oficina de Programas de Justicia, Premio de la Oficina para Víctimas del Crimen # 2018-V2-GX- 0048.

Eligibility Screening Instrument

Date of Initial Contact		
Scheduled an Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, ID#		
Interview Date and Time		
Interviewer		

Eligibility Screening Questions

Thank you for your interest in sharing your thoughts on how Delaware can better serve victims/survivors. To determine your eligibility, we just have a few questions.

First, are you 18 years of age or older?

- 1) Yes (Ask next Question)
- 2) No (*Thank them for their interest but tell them they must be 18 years of age or older to participate*)

Can you tell me in your own words what experience you have had that compelled you to call about our project? [After description, select appropriate type of crime]

Describe in Words:		
Check Most Appropriate Category		
Loved one of Murder Victim		
Rape by Known Offender		
Rape by Unknown Offender		
Robbery by Known Offender		
Robbery by Unknown Offender		
Assault by Intimate		

Assault by other Family		
Assault by other Known		
Assault by Stranger		
Sexual Assault by Known Offender		
Sexual Assault by Unknown Offender		
Stalking by Known Offender		
Stalking by Unknown Offender		

When did this happen? (If more than once, ask about most recent incident)

- 1) Within the past 6 months
- 2) Within the past year
- 3) Within the past 5 years
- 4) Over 5 years ago

*If incident occurred within the past 5 years, they can be scheduled to participate in the study. If the incident did not occur within the past 5 years state, **“Thank you so very much for your interest. Unfortunately, you do not meet the criteria for this study. In the future, we may be able to expand who we can interview and, if so, we will be putting up additional flyers. If you would like a copy of our final report when it is publicly available, you can leave an email and we will send you a copy. Again, thank you for your interest and take care.”***

Interview Guide Format

Interview Narrative/Question: Sections labeled with purple text are directions/narrative/questions for the interviewee. Each of these sections should be read aloud to the interviewee.

An interviewee's answer might not mention some of the specific issues we would like them to address. In such cases, please follow up by probing.

General probes:

- Would you tell me more about that?
- Would you talk about that a bit further?
- Would you speak some more about that?
- Ah, I see. I'd like to hear more about that.
- Would you provide a bit more detail about that?
- Thank you for sharing that. I'm interested in hearing more about that.
- Uh-huh.
- Silence is fine - Pause and wait for the interviewee to fill the silence

Interview Introduction

[Introduce yourself as you normally would and briefly recap below – not word for word]

Thank you so much for participating in this research to share your thoughts and experiences with us. This interview is part of a project *to better understand the needs* and experiences of crime victims/survivors in Delaware and improve victim services and supports. There are no right or wrong answers because you are the expert in your own experiences, and we want to hear your thoughts in your own words.

You were selected to participate in this interview because we believe that it is important to hear from victims/survivors directly so that your voices and experiences can help Delaware provide better services and resources. Although the questions in this interview ask about your personal experiences, the information you give us is confidential; nothing said during this interview will ever be associated with you or anyone else by name. This provision does not prevent research staff from voluntary disclosures to authorities that you intend to immediately harm yourself or others. These incidents would be reported as required by state and federal law.

It is possible that this reflection and our conversation today could trigger unexpected emotions, or emotions you have not felt in a long time. We want you to know that we can pause, if you need to take a break, we can skip any questions that you would prefer not to answer, and we can stop the interview if the conversation isn't working for you.

Because taking notes during our conversation will not allow me to capture your words exactly, we would like to audio record the interview, so we do not miss any information. If you agree, we will begin the tape now. (Ask permission to begin taping and proceed with taping according to interview agreement)

Part 1 – Current Perceptions of Safety

Interview Narrative/Question: The first part of our interview today will focus on learning from you about what safety means to you and what can help support your safety. We are asking these questions because we are interested in helping people who have experienced a victimization feel safe in the ways that matter most to them.

1. In your own words, how would you describe feeling safe? [What does safety mean to you?]
2. How have your perceptions of safety changed?
3. What things could the police do to help you feel safer?

Part 2 – Utilization of Services for Most Recent Victimization

Interview Narrative/Question: Thank you for sharing your feelings about safety. Now we would like to ask you about any services you received for your most recent incident you reported in the screening [***Insert type of victimization from screening protocol***]. Can you please tell me more about the details of that incident(s)?

In what Delaware county did this incident take place?

1. Did the police/law enforcement find out about the incident in any way?
 - a. If yes, how did they find out?
 - i. [If victim reported], what was the main reason you reported?
 - ii. What did the police do about the report?
 1. What did they do at the scene?
 2. Did they make an arrest?
 3. Did they provide other resources that helped you in other ways or direct you to services that would help you in any way? By resources we mean anything that would meet any immediate needs you had, helped you feel safe, and/or helped you in any other way.
 4. In your opinion, were services provided in a way that was welcoming and made you feel comfortable?
 - b. If police were not notified, what was the main reason for not reporting?
2. Did you receive any other services or resources for this incident from other organizations?
 - a. If yes, how did you find out about these services/organizations? (e.g. police, family/peer, other organization)

- i. How soon after the incident did you seek services?
 - ii. Did you have any difficulty accessing these services?
 - iii. (If yes) What would have made it easier to access services?
 - iv. In your opinion, were services provided in a way that was welcoming and made you feel comfortable?
 - v. Did you have other needs that were not met?
 - vi. If you had other family members present, including children or adult children, were any services provided for them?
- b. If no, can you think of any services that could have helped you after this incident? (Anything else?)

Part 3 – Designing Services to Meet Victims’ Needs

Interview Narrative/Question: Thank you for sharing that, it is very helpful. The next questions are going to focus on your opinions about how best to help people who have experienced a similar incident.

3. If you were designing resources for people who have experienced something like this, what services would help the most? What would those resources look like? By resources we mean anything that would meet any immediate needs they may have, help them feel safe, and/or help them recover.

Specific Probes: What would those resources be or look like?

4. Often people are not aware of the services available to victims and survivors of violence. What ways could information about these services be communicated so people in your community would know about them, even if they did not want to report an incident to the police? Any other ways?
5. What steps could be taken to make people feel more comfortable accessing these services? Any other ways?
6. What else would you recommend on how Delaware can better serve and help people who have experienced a victimization? Anything else?

Part 4 – Past Victimizations

Interview Narrative/Question: Thank you for sharing all of that, it is very helpful. We know that past experiences affect our trust in seeking help for current experiences, so we would like to ask you about experiences you may have had while growing up and

after you turned 18 years of age. Again, this information will be entirely confidential and will only be used for statistical purposes and never tied back to you personally.

<p>When you were growing up, did a parent or guardian ever hit you, punch you, or act violently toward you in any other way?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>How about any other family members? If yes, how often did this happen?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>How about any other person? If yes, how often did this happen?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>We know talking about forced or coerced sex is often difficult to talk about and we want to remind you that this will be kept strictly confidential.</p> <p>When you were growing up, did a parent or guardian ever make you engage in sexual activity that you did not want to engage in?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>How about any other family members?</p>	<input type="checkbox"/> No

<p>If yes, how often did this happen? <i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>How about any other person? If yes, how often did this happen? <i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>[If any yes] For any of these incidents, did you seek help from anyone?</p> <p>If yes, was it helpful? If no, what were the reasons you did not seek help?</p>	
<p>Thinking back to that time, how would you have liked to be helped?</p>	
<p>Other than the most recent incidents that we discussed above, since you have been an adult (18 or older) has an intimate partner (e.g. spouse/boy/girlfriend/ex) ever hit you, punched you, or acted violently toward you in any other way? <i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
<p>How about any other person you have known? If yes, how often did this happen? <i>If yes, do you mind sharing how frequently this occurred?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Only Once <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently

<p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	
<p>How about someone you did not know?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Only Once</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Frequently</p>
<p>Since you have been an adult (18 or older) has an intimate partner (e.g. spouse/boy/girlfriend/ex) ever made you engage in sexual activity that you did not want to engage in?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Only Once</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Frequently</p>
<p>How about any other person you have known?</p> <p>If yes, how often did this happen?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Only Once</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Frequently</p>
<p>How about any stranger?</p> <p>If yes, how often did this happen?</p> <p><i>If yes, do you mind sharing how frequently this occurred?</i></p> <p><i>If yes to any, do you think that this experience has impacted your life or feelings of safety?</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Only Once</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Frequently</p>
<p>[If any yes] For any of these incidents, did you seek help from anyone?</p> <p>If yes, was it helpful?</p>	

If no, what were the reasons you did not seek help?	
Thinking back to that time, what things would have been helpful to you?	
Anything else?	
If you experience [<i>fill in most recent adult victimization</i>] in the future, will you report it to the police? If yes, why? If no, why not?	

Part 5 – Participant Demographics

Interview Narrative/Question: Thank you for sharing all of that, it has been very helpful. We next want to ask about your identities and living circumstances because we want to be sure that we are hearing from a diverse range of people. Again, this information will be entirely confidential and will only be used for statistical purposes and never tied back to you personally.

In what Delaware county do you currently live?	<input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex
What is your military status?	<input type="checkbox"/> Never Served <input type="checkbox"/> Served <input type="checkbox"/> Currently Serving in Reserves <input type="checkbox"/> Currently Serving
How would you describe your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other, specify
How would you describe your race/ethnicity?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Latine <input type="checkbox"/> Other, specify _____
What is your current living situation?	<input type="checkbox"/> I am currently homeless <input type="checkbox"/> I have a place to stay but it is not stable <input type="checkbox"/> I am living with friend(s)/roommate(s)

	<input type="checkbox"/> I am living with mother/father/extended family <input type="checkbox"/> I am living with my own partner/spouse <input type="checkbox"/> I am living with my own partner/spouse and child(ren) <input type="checkbox"/> I am living alone with my child(ren) <input type="checkbox"/> I am living alone
Have you ever been under correctional supervision, e.g. jail, prison, or probation?	<input type="checkbox"/> Jail or Prison <input type="checkbox"/> Probation only <input type="checkbox"/> None
Have you ever thought you had a substance misuse problem, that is, using alcohol or other drugs even when it caused problems in your life?	<input type="checkbox"/> In the past <input type="checkbox"/> Currently <input type="checkbox"/> Never
And finally, what year were you born?	

Interview Narrative/Question: *Thank you for sharing all of this. Again, your thoughts and opinions can help inform policies and services to improve services to victims and survivors. **Is there anything else you would like us to know or understand?***
[Provide resources for services and self-care strategies].

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Title of Project: "Victims' Needs Assessment - Qualitative Interview Guide "

Principal Investigator: Ronet Bachman, Professor

KEY INFORMATION

Important aspects of the study you should know about first:

Purpose: The purpose of the study is to better understand the needs and experiences of crime victims/survivors in Delaware and improve victim services and supports. There are no right or wrong answers because you are the expert in your own experiences, and we want to hear your thoughts in your own words.

Procedures: If you choose to participate, you will be asked about any services or help you received from public or private organizations after your most recent victimization and, if so, your satisfaction with this help along with what other services/help you could have also used. If you did not receive any services or help, we want to know what other services may have helped if you had known about them or sought them out. We will also ask about previous victimizations that may have occurred, including victimizations prior to age 18. We want to know whether you received any services and what services might have been useful. You can refuse to answer these questions if they make you uncomfortable. Interviews may take place in-person or remotely via Zoom or phone.

Duration: This will take about 45 minutes to complete.

Risks: The main risk or discomfort from this research is possible distress when answering questions about your past victimization. If this occurs, you may choose not to answer those questions. This consent form does not prevent research staff from voluntary disclosures to authorities that you intend to immediately harm yourself or others. These incidents would be reported as required by state and federal law.

Benefits: The main benefit to you from this research is helping provide better victims' services and resources in Delaware.

Alternatives: There are no known alternatives available to you other than not taking part in this study.

Costs and Compensation: If you decide to participate there will be no additional cost to you. If you participate, you will receive a \$50 gift card that you can use at Wawa or Walmart.

Participation: Taking part or not in this research study is your decision. You can decide to participate and then change your mind at any point.

Please carefully read the entire document. You can ask any questions you may have before deciding if you want to participate.

You are being invited to participate in a research study. This study is part of a project that aims to better understand the needs and experiences of crime victims/survivors in Delaware and improve victim services and supports. There are no right or wrong answers because you are the expert in your own experiences, and we want to hear your thoughts in your own words.

This consent form tells you about the study and what the study is for. It also tells you what you will be asked to do if you are willing to take part, and any risks and benefits of being in the study. I will read you the information below. Please ask any questions you may have as we go along before you decide whether or not you agree to continue to participate.

WHAT IS THE PURPOSE OF THIS STUDY?

You are one of about 100 people we are asking to interview about their victimization experience in the state of Delaware. Specifically, we are talking to people who have been victimized in the state of Delaware in the last two years that may or may not have used victim services. The aim of the current study is to learn about your needs as a crime victim/survivor and how to improve victim support services in Delaware. This interview will take about 45 minutes. If you are willing, we would also like to be able to contact you in the future to do a follow-up interview (consent for this is optional and on the last page of this packet). You will also be compensated for any future interviews you complete, should you choose to participate.

WHAT WILL YOU BE ASKED TO DO?

You will be asked questions about what needs you have/had as a crime victim/survivor, whether you chose to utilize support services, and recommendations on how to improve victim support services in Delaware. In addition to any victimization in the past two years, we will ask about lifetime victimization, including victimization prior to age 18. Again, we are interested in whether services were provided and what services might have been useful at that time. You can refuse to answer any questions. We would also like to know some demographic information to be certain that we have a diverse sample of participants. Your answers are completely confidential. Your responses will not be stored with your name and you will not be identified in any report or presentation. The interview today should take about 45 minutes to complete. Interviews may take place in-person or remotely via Zoom or phone.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

The research team does not expect that your participation in this study will expose you to any risks different from those you would encounter in daily life. Still, some of the questions are about your personal experiences and past victimization. It is possible that this reflection and our conversation today could trigger psychological distress, unexpected emotions, or emotions you have not felt in a long time. We want you to know that we can pause, if you need to take a break, we can skip any questions that you would prefer not to answer, and we can stop the interview if the conversation isn't working for you.

And if you have any concerns that arise from this interview, please tell me and I can help direct you to those who can help you. Later, if you have concerns, you may call the University of Delaware researchers at 302-831-6107.

This consent form does not prevent research staff from voluntary disclosures to authorities that you intend to immediately harm yourself or others. These incidents would be reported as required by state and federal law.

WHAT ARE THE POTENTIAL BENEFITS?

You will not benefit directly from taking part in this research. However, the knowledge gained from this study will help us in our effort to improve victim support services in Delaware.

HOW WILL CONFIDENTIALITY BE MAINTAINED? WHO MAY KNOW THAT YOU PARTICIPATED IN THIS RESEARCH?

Your personal information will be kept strictly confidential. The information that we will ask you about will be the minimum needed to meet the goals of this research study and will be used only for this project. If you decide not to allow this use of your information, you may not continue to take part in the research interviews, since the researcher needs this information to meet the study goals. We can and will keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

What we can do is make sure that your data are completely de-identified when used for research purposes so that your responses cannot be linked back to you in any way. We do that by using a code number for you in the data with your answers which is kept separate from any information identifying you. Any narratives we use from this interview will never be directly tied to you. Any hard copy documents such as consent forms or payment receipts that have participants' names included on them will be kept in a locked filing cabinet in a separate room from where a computer with the data files will be housed. Names will be collected for the purpose of participation in follow-up surveys if you consent to being contacted in the future. Identifying information will be stripped from data files during analysis and kept on encrypted drives such that analytic files are completely de-identified.

The research team will make every effort to keep all research records that identify you confidential. The findings of this research may be presented or published. If this happens, no information that gives your name or other details that could identify you will be shared.

As noted, the confidentiality of your records will be protected to the extent permitted by law. Your research records may be viewed by the University of Delaware Institutional Review Board, which is a committee formally designated to approve, monitor, and review biomedical and behavioral research involving humans. Records relating to this research will be kept for at least three years after the research study has been completed.

WILL THERE BE ANY COSTS TO YOU FOR PARTICIPATING IN THIS RESEARCH?

There are no costs associated with participating in the study.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATION?

We know your time is valuable. To thank you for speaking with us today and for doing the interview, we will give you a \$50 gift card that you can use at Wawa or Walmart. You will be mailed the gift card after you participate.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this research study is entirely voluntary. You do not have to participate in this research. This will have no impact on the receipt of any services that you receive now or that you may need in the future. If you choose to take part, you have the right to stop at any time. If you decide not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled. Your decision to stop participation or not to participate now or in the future will not influence current or future relationships with the University of Delaware or any Delaware services. Again, if you decide you want to stop answering questions at any time you can do so. And you can skip any question you do not wish to answer.

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

If you have any questions about this study, please contact the Study Principal Investigator, Ronet Bachman at 302-831-2581.

If you have any questions or concerns about your rights as a research participant, you may contact the University of Delaware Institutional Review Board at hsrb-research@udel.edu or (302) 831-2137.

If any of the questions asked in this survey cause you significant emotional distress, please let me know. If you have any concerns later, please call us. You may also call either of the people listed above to be directed to free support services or you can access the help numbers on the Delaware Resource Card we will provide you.

Your Consent to this interview means that: 1) you are at least 18 years old; 2) you have read and understand the information given in this form; 3) you have asked any questions you have about the research and the questions have been answered to your satisfaction; and 4) you accept the terms in the form and volunteer to participate in the study. You will be given a copy of this form to keep.

_____ Printed Name of Participant	_____ Signature or Verbal assent of Participant noted	_____ Date
_____ Printed Name Interviewer	_____ Signature	_____ Date

OPTIONAL CONSENT TO BE CONTACTED FOR FUTURE STUDIES:

Do we have your permission to contact you regarding participation in interviews in the future? Please answer with either yes or no.

_____ YES _____ NO