



BerkeleyLaw
UNIVERSITY OF CALIFORNIA

Chief Justice Earl Warren
Institute on Law and
Social Policy

UNTOLD STORIES OF CALIFORNIA CRIME VICTIMS:

Research and Recommendations
on Repeat Victimization and
Rebuilding Lives

April 2014



ABOUT THE AUTHOR

Heather Warnken, Esq., LL.M., Legal Policy Associate, The Chief Justice Earl Warren Institute on Law and Social Policy, University of California, Berkeley School of Law.

The Chief Justice Earl Warren Institute on Law & Social Policy is a research and policy center with the mission of bridging the gap between academia and practice. As part of Berkeley Law, the Warren Institute leverages the intellectual capital of a world-class public university to produce high-quality data, action-oriented research, and evidence-based policy recommendations on challenging state and national issues in a variety of fields, including criminal justice.

ACKNOWLEDGEMENTS

This report was commissioned by **Californians for Safety and Justice**, a project of the **Tides Center** that is working to replace justice system waste with common sense solutions that create safe neighborhoods and save public dollars. Through policy advocacy, public education, partnerships and support for local best practices, Californians for Safety and Justice promotes effective criminal justice strategies to stop the cycle of crime, reduce over-reliance on incarceration and build healthy communities. A key program of Californians for Safety and Justice is its statewide network, Crime Survivors for Safety and Justice (read more on page 23). This project grew out of a 2013 report by Californians for Safety and Justice that shared the first-ever statewide survey data from survivors of crime in California.¹

This report would also not have been possible without the expertise and cooperation of researcher, author and focus group facilitator/interviewer **Monique W. Morris, Ed.D.**

The author is also deeply grateful for the many others who made this project possible: additional research support from Warren Institute Research Associate **Morgan Lewis, Nicole Golden-Bouchard** (University of California, Berkeley School of Law J.D. Candidate, 2016) and **Johann Koehler** (Doctoral Student, Jurisprudence & Social Policy, University of California, Berkeley School of Law); the partner organizations that assisted in regional recruitment; the generous focus group hosts; and the brave men and women who shared their experiences. It was an honor to bear witness to their stories and strength.

TABLE OF CONTENTS

- Introduction and Executive Summary.....4**

- What We Do and Don't Know About Repeat Victimization6**
 - Existing Research on Victims in California.....6
 - Current Victims Services Policy in California7
 - Existing Research on the Effectiveness of Victims Services8
 - Gaps in Knowledge.....8

- Methodology.....10**

- Key Findings11**
 - Many repeat victims do not access trauma recovery services.....11

 - Repeat victims who utilized services often accessed them much later, and often for reasons other than their direct experience with violent victimization.....13

 - Crime reporting is a barrier to accessing services for many repeat victims, often driven by a perceived empathy divide and a lack of trust in law enforcement.....13

 - Participants often distinguished relationships with other first responders as more positive than relationships with law enforcement.....17

 - Collateral consequences of repeat victimization grow without effective services and stability.....17

- Recommendations.....19**
 - Increase support for a diversity of service options, including more located within communities and at venues unaffiliated with formal justice system processes.....19

 - Build trust with law enforcement through training and other methods to address the perceived empathy divide.....24

 - Allow for multi-disciplinary, trauma-informed first response teams24

 - Promote access to job support, transitional housing and other longer-term resources necessary for stabilization and mitigation of risk.25

- Conclusion.....25**

- Citations26**

INTRODUCTION AND EXECUTIVE SUMMARY

The current dialogue about public safety is often framed around the systemic and societal responses to those who commit crime. Topics of incarceration and recidivism dominate the public policy and media discourse.

The goals of public safety, however, are equally dependent upon the response to those victimized — and revictimized — by crime and violence.

A growing body of research indicates that the strongest predictor of many forms of victimization is having previously been a victim of crime.² As we strive to find ways to improve public safety, it is imperative that we also put the experience of this vulnerable population at the center of our inquiry. Their experience must inform our investments, training and prioritization as we develop new approaches to keep communities safe.

common victims must be front and center to drive more sustainable, cost-effective approaches to *prevention*.

A diverse body of research increasingly suggests that a more focused consideration of crime victims and their histories with violence and trauma can, ideally, lead to prevention of new victimization. This growing body of knowledge also suggests that trauma-informed services and interventions have the tremendous power to assist people traumatized by violence from engaging in violence or crime themselves later in life.

A 2013 study that screened juvenile justice-involved youth in New Hampshire and Ohio found that 94% of youth sampled had experienced trauma, and nearly half suffered from PTSD, depression, substance abuse or multiple mental health issues.⁴

Studies dating back to the late 1980s found that 33-44% of victims presenting at trauma centers have been victims before, often in the recent past (one study noting that 61.7% of those interviewed were victimized within four years of their most recent episode with violence).⁵

It's time we start connecting the dots. How can California crime victims, particularly those most vulnerable to repeat victimization and its impacts, effectively heal and rebuild their lives?


Central to the answer — and response — will be access to quality services focused on the specific needs of crime survivors. Without such interventions, the risk of repeat victimization grows.

This report attempts to explore these topics and contribute to the gaps in knowledge needed to answer it — both through a review of what we do and, importantly, do not know about repeat victimization in California communities through the eyes and voices of repeat victims themselves.

A growing body of research indicates that the strongest predictor of many forms of victimization is having previously been a victim of crime.

In 2014, we are still lacking an adequate understanding of these experiences, particularly of those crime victims most vulnerable to repeat victimization and its reverberating social and financial consequences. As California debates how best to invest in public safety strategies — particularly its challenges with incarceration and recidivism — the perspectives and needs of the most

More and more research is building on the groundbreaking Adverse Childhood Experiences Study (ACES) of 17,000 adults, carried out by the Centers for Disease Control and Kaiser Permanente — one of the largest investigations ever to make the link between childhood trauma and adult problems, including violence.³



How can California crime victims, particularly those most vulnerable to repeat victimization and its impacts, effectively heal and rebuild their lives?

Key findings of this report include:

- Many repeat victims do not access trauma recovery services.
- Repeat victims who utilized services often accessed them much later, and often for reasons other than their direct experience with violent victimization.
- Crime reporting is a barrier to accessing services for many repeat victims, often driven by a perceived empathy divide and a lack of trust in law enforcement.
- Participants often distinguished relationships with other first responders as more positive than relationships with law enforcement.
- Collateral consequences of repeat victimization grow without effective services and stability.

As a response to these findings, recommendations for policymakers include the following (for more, see page 19):

- Increase state support for a diversity of service options, including more options in communities and at venues unaffiliated with formal justice system processes.
- Build trust with law enforcement through training and other methods to address the perceived empathy divide.
- Allow for multi-disciplinary, trauma-informed first response teams.
- Promote access to job support, transitional housing and other longer-term resources necessary for stabilization and mitigation of risk.

WHAT WE DO AND DON'T KNOW ABOUT REPEAT VICTIMIZATION

It is difficult to fully grasp the scope of victimization in California or the effectiveness of services provided for survivors in and outside of the criminal justice system. This is especially true of the devastating abundance of *repeat* victimization.

Though there is a wealth of data on victims of reported crime nationally, as well as various services and programs intending to meet their needs, there remains a dearth of clear information on how to interrupt cycles of violence and the persistent vulnerability that keeps such an overwhelming percentage at high risk of experiencing more crime.

Existing Research on Victims in California

The foremost source of data on criminal victimization is the National Crime Victimization Survey (NCVS) — administered by the U.S. Department of Justice, Bureau of Justice Statistics — the largest and most comprehensive research instrument relating to victimization in the country. The NCVS wades into a much broader realm than the other national source of victimization data, the Uniform Crime Report (UCR) administered by the Federal Bureau of Investigation (which is limited to information on only reported crime). However, unlike the UCR, NCVS does not break data down on state or local levels, and it is acknowledged to be an imperfect tool.⁶

To begin filling this gap in knowledge, Californians for Safety and Justice

in 2013 commissioned David Binder Research to conduct the first-ever survey of California crime victims.⁷ Out of 2,600 Californians contacted (matching the regions and demographics of California, per the 2010 U.S. Census), 500 self-identified as crime victims. Of those, the survey found that:

- One in five acknowledged having been a victim of crime in the last five years; half acknowledged being a victim of violent crime.
- ***Two out of three of these crime victims acknowledge having been victims of multiple crimes in the past five years.***
- African Americans and Latinos are more likely to have been victims of three or more crimes in the past five years.
- Victims of violent crime were more likely to be low income, young (especially under 30), and Latino or African American.
- Two in three crime victims report experiencing anxiety, stress and difficulty with sleeping, relationships or work. Half of these felt that it takes more than six months to recover from these experiences.
- Four of the five services available to crime victims tested — including assistance with accessing victims'

Our current understanding of repeat victimization in California is subject to these limitations:

- The majority of available statistics offer information on reported crime.
- The main source of information on non-reported crime, the National Crime Victimization Survey, does not break down data on the state and local level. Prior to the statewide poll commissioned by Californians for Safety and Justice in 2013, we lacked state-level data on California crime victimization not reported to authorities.

compensation and navigating the criminal justice process — were unknown to the majority of victims. Of those who had used the services, nearly half found them difficult to access.

This quantitative contribution, while significant, was limited in its offering to policy makers looking for specific pathways to improve the statewide response to crime victims, as noted in the report and its call for additional research.⁸

A mixture of both quantitative and qualitative techniques are more ideally positioned to provide the necessarily textured impression of the experience of victims of trauma and violence in ways that a singular survey cannot.⁹

It is through the victims’ stories that we begin to understand the impact and effectiveness of our policy approach on the ground as it interacts with the realities of victims’ lived experiences.

Current Victims Services Policy in California

In 1982, in conjunction with federal efforts convening a Task Force to address the needs of victims receiving inadequate treatment in the criminal justice system,¹⁰ California established itself as a national leader in victims’ rights and services reform, including the passage of the Victims’ Bill of Rights.

As a key component of these protections, in 1983, Victim/Witness Assistance Centers (VWACs) arose in an effort by the California Legislature

to reduce the trauma and insensitive treatment that victims, survivors and witnesses experienced in the justice system following their experiences with crime.¹¹

Today, state and federally funded VWACs operate in all 58 counties (with an additional program

specifically serving the City of Los Angeles), playing a vital role in the California criminal and juvenile justice systems. They are the key organizations tasked by the state to carry out the mandated list of services for crime survivors recognized by the Penal Code.

Since the passage of Marsy’s Law (the California Victims’ Bill of Rights Act of 2008), VWACs play a central role in advocating for the 17 rights of all crime victims now enumerated in the California Constitution.¹² The Legislature intended VWACs to be the state-based provider of “comprehensive services to victims and witnesses of all types of crime” and to have “programs that do not restrict services to victims and witnesses of a particular type of crime” nor “to victims of crime in which there is a suspect in the case.”¹³

In many different ways, VWACs have made an incredible impact on

the survivors they serve, as noted in the first-ever statewide study on the role of these centers, funded by the California Office of Emergency Services and published by the Warren Institute in 2012. Thousands of victims are fortunate enough to connect with advocates based in these 59 programs, which provide access to resource and

It is through the victims’ stories that we begin to understand the impact and effectiveness of our policy approach on the ground as it interacts with the realities of victims’ lived experiences.

referral counseling, court support, assistance with applications to the Victim Compensation Program, help navigating the justice system and other invaluable services that rarely existed prior to their inception.¹⁴

However, when aligning the quantitative and qualitative information available about the resources, capacity and other constraints of these programs — even in reaching known victims¹⁵ — it is clear that a substantial portion of victims of violent crime never get to a VWAC front door.

A similar conclusion is true regarding the California Victim Compensation Program, given that the majority of all compensation applications received are formally represented by a VWAC advocate.¹⁶ Comparative data on just crimes that are reported indicate that many victims who would be eligible for the program do not access it.

There persists a lack of coherent information for the advisement of policymakers in addressing the costly and detrimental reality of repeat victimization.

Existing Research on the Effectiveness of Victims Services in California

The proliferation of victims' services nationally has been accompanied by a thread of research that a substantial percentage of survivors never access services, particularly state-based options. This research has been focused on two separate lines of inquiry: whether victims use services; and whether those services effectively satisfy the needs of participants.

These studies are consistent in their findings: **a majority of repeat victims remain without assistance, care or compensation.**¹⁷

The 2012 study conducted by the Warren Institute on the role of VWACs in responding to violence against women in California found that:

- VWACs have had and can have a major, positive impact on the victims they serve;
- VWACs struggle, at times, reaching or serving certain types of survivors (specifically those that are less likely to report crime and/or face other barriers to accessing services based in the justice system);
- VWACs regularly lack the resources, capacity, support and recognition necessary to meet the requirement

of serving all victims (a charge bestowed upon them by California law) and commensurate with the essential role they play within the justice system;¹⁸ and

- VWACs operate under a common legal mandate as specified by the Penal Code and interpreted by a universal manual issued by the California Office of Emergency Services, yet a lack of base-level funding to meet the incredible task at hand drives disparities in success and capacity program-to-program. Many VWACs are spread thin, with advocates carrying caseloads of over 100 victims at a time. They therefore turn to (sometimes substantially) supplemental funds provided locally by their Boards of Supervisors, District Attorney's Office or philanthropic contributions — funds not always available in every jurisdiction. Often the areas experiencing the greatest rates of violent crime and repeat victimization are the same ones operating on the most minimal resources.¹⁹

Notwithstanding the transformative contribution of integrating system-based victim services at the state and national level over the past

three decades (for those victims able to access them), the fact remains that healing and recovery for many survivors remains nonexistent or dependent on volunteer-based and grassroots efforts that are subject to severe resource limitations of their own.

Gaps in Knowledge

Despite the patchwork of existing research on crime victims and available services, there persists a lack of coherent information for the advisement of policymakers in addressing the costly and detrimental reality of repeat victimization.

To date, the majority of available information has been oversimplified based on crime type and demographic information. This analysis of individual forms of victimization, often lacking a co-investigation of other exposures these same victims may have faced and without an overlay of other predictive factors (e.g., age, race and socioeconomic conditions),²⁰ has limited our knowledge. Specifically:

- Most research on repeat victims focuses primarily on survivors of sexual assault, domestic violence and child sexual abuse, which rings true for all populations regardless of age, race or gender.²¹



- There is extremely limited research on revictimization of males. What research exists often centers primarily on child sexual assault survivors or male victims of intimate partner violence.²² In addition, few studies have examined effectiveness of services offered to men in dealing with, or preventing, revictimization.
- More information is needed regarding the immediate challenges faced in the aftermath of revictimization through a repeat victim's perspective, including housing, substance abuse, law enforcement interactions, employment and other factors relating to the psychological and emotional wellbeing of the individual attempting to recover.²³
- There is a lack of coherent understanding about crime reporting practices. For example, scholars have long recognized that the historic treatment of offenders and victims as entirely separate populations is unsupported by the evidence.²⁴ Rather, not only do many offenders and victims share multiple attributes, often they are the same people.²⁵ This victim-offender overlap — present in research yet rarely discussed by policymakers or the media — has important implications for reporting practices, though these conclusions remain unclear.

- Also lost in discourse about crime is that fact that victims often know their perpetrator, which is strongly linked to the victim's likelihood to report.²⁶

Largely due to an emerging concept known as polyvictimization, we are beginning to understand the extent to which victimization statistics oversimplify the picture of victims based on a particular crime type, gender or other demographic category. Polyvictimization, defined as having been exposed to multiple types of victimization (e.g., sexual abuse, physical abuse, or exposure to community or family violence), expands the view of victimization beyond an isolated event to one that creates risk factors that persist over time.²⁷

Much of this initial body of knowledge on polyvictimization notes that violent victimization — when colliding with the risk factors of living in a distressed and chaotic family, living in a violent neighborhood, and having preexisting psychological trauma — leaves individuals substantially more vulnerable for different types of subsequent re-victimization.²⁸

Polyvictimized youth occupy a disproportionate share of the most serious kinds of violent victimizations and are more likely

to manifest symptoms of psychological distress and other complications, such as substance abuse and future juvenile and criminal justice system involvement.²⁹

As noted in the ACES study, young people in detention are three times as likely to have been exposed to multiple types of violence and traumatic events. For youth who are entering the juvenile justice system, data indicates the rate of experiencing at least one traumatic event is 75–93%, and a recent study on youth in detention in Chicago noted that over 50% had experienced more than six traumatic events prior to their confinement.³⁰

Yet despite this more sophisticated understanding of the gradient relationship between victimization and future risk, we still lack a coherent picture on the types of investment needed to interrupt cycles of repeat victimization and to mitigate risk. Investment in effective services that take into account the ongoing implications of repeat victimization as they interact with the realities and barriers repeat victims face brings us to the project at hand.

The findings paint a picture of the experiences of individuals repeatedly victimized by crime.

METHODOLOGY

The goal of this research was to help fill gaps in knowledge on repeat crime victims in California.

This included a review of existing state and national literature as explained above (and expanded upon in a literature review: <http://www.law.berkeley.edu/16953.htm>), and, most importantly, an effort to elevate the voices of Californians living these experiences every day.

We hoped to add examples and texture to our existing information — and to the state-level snapshot taken in the 2013 survey of California crime victims. Warren Institute Legal Policy Associate Heather Warnken, working with facilitator Monique W. Morris, convened five in-person focus groups (6-8 participants each) in three California counties: Los Angeles, San Joaquin and Sacramento. We also conducted several phone interviews with additional individuals identified as repeat victims of violent crime. All interviews used a trauma-informed protocol designed to elicit information on the following:

- What makes people vulnerable to repeat crime victimization?
- What is needed to avoid or interrupt cycles of victimization?
- How can state agencies and advocates promote the rebuilding of lives affected by repeat crime victimization?
- How can policies be structured to make more of an impact to assist repeat victims experiencing violence and trauma?

The locations and participants of all qualitative research focused on elevating the following underrepresented perspectives: 1) predominantly low income, 2) repeat victims of color, 3) repeat youth victims, and 4) repeat victims in urban areas with high rates of violent crime (Stockton, Los Angeles, and Sacramento).³¹

The findings discussed below, while limited by their basis in a small sample of victims, help to paint a picture of the experiences of individuals repeatedly victimized by crime. The focus groups and interviews assist in telling a more detailed and complex story than quantitative data alone in order to increase the understanding of policymakers on how to address these challenges on a more efficient path to public safety.



FINDINGS

Since the public discourse on crime does not adequately reflect the realities of repeat victimization in California communities, policymakers need an enhanced understanding of this population if they are to protect those most vulnerable to violence and trauma. The following themes emerged as told through the lens of participants' personal stories and stories shared from their communities:

1 Many repeat victims do not access trauma recovery services.

Lack of Consistent Access to Counseling, Support Groups, and Other Mental Health Services

Several participants noted a deficiency in access to critical trauma recovery services, in particular therapy and mental health resources, described as vital to restoring their emotional wellbeing. Many participants, particularly females, expressed a desire for counseling and consistently noted the severe emotional distress resulting from traumatic and violent events, especially when layered on previous, unaddressed traumas.

For me, it's like the nightmares. If they're not nightmares I sit and think about [what happened] every single day, every night before I go to sleep. I try everything, I tried to get high, drunk, just to forget about it, but it's there all the time... The pain is there.

— FEMALE, SACRAMENTO

Often this need persisted and intensified over time, as expressed by this participant:

[Sexual abuse] happened to me too, since... I was one until like...13 years old... If it wasn't for counseling and [Child Protective Services] stepping in...I wouldn't have known what to do

with myself. I would have been lost as well. But things still affect me now. I think I still need a little more help for it. More counseling. Things actually affect me more now at this age than it ever did in my life.

— FEMALE, STOCKTON

For those that did access some form of counseling or therapy it was consistently noted as the most impactful resource in addressing anxiety, depression and other emotional effects that may result from trauma.

[T]he counseling services that I finally did receive [made the biggest difference]... And they were very cognizant and aware that healing was not a step-by-step process that was over quickly; it's usually a lifetime battle and all uphill.

— FEMALE, STOCKTON

In addition to a call for more affordable and accessible individual counseling services, a number of participants also noted a desire for access to support groups.

Everyone is grieving. If we didn't lose a loved one, we know someone who has lost a loved one. If it wasn't us seeing them actually getting murdered in front of our faces, or our children seeing them, you know, getting abused or murdered... Are you able to even talk about it? Or are you living in fear every day, scared to go to school, scared to go to work, even if you're an adult?

— FEMALE, LOS ANGELES

[My aunt and my mom talk] to moms who have been through it and who want the opportunity to just be with people who experienced it... I think the meetings really help a lot because after my cousin passed away, [my aunt] was losing her hair... I don't want to say she stopped paying attention to her other kids, but you know, she...just shut down. She didn't eat. She didn't talk to anybody...after my cousin passed away... Little by little, it tore us apart because everyone was just putting on a brighter face for each other... But her talking to other moms...it helped.

— FEMALE, STOCKTON

Minimal Access to Justice System-Based Services

We did not ask direct questions about particular programs, such as whether participants had accessed their county-based victims services program. Instead, we allowed them to answer open-ended questions about what was helpful for rebuilding lives and what barriers they may have faced. Very few participants noted accessing services based in a VWAC or affiliated with the criminal justice system.

For reasons relating to reporting and lack of trust in law enforcement (described in the crime reporting section later in this report), many participants noted emotional and community barriers from being able to successfully pursue system-based interventions. Many services that were cited as accessible to participants or making a positive impact were based in nonprofit or grassroots organizations located in neighborhoods, schools and/or founded within the participant's community.

I saw an ability for them to really be able to be a comfort to the women in the room, to really get at some of the psychological needs that people had. And it was...about...having a safe space to talk about the experiences that we were having, without feeling judged, without feeling like it was going to lead to further criminalization.

— FEMALE, LOS ANGELES

Tensions About the Physical Location of Services

Participants consistently expressed a need for recovery services nearby, and to identify with and trust the service

providers and locations. Along those lines, many participants mentioned not feeling safe in their actual physical communities. There was a tension between the desire to have service options geographically accessible but also to feel safe and secure.

If I go somewhere and it's in a nice neighborhood, there's a lot of nice upper-class people or middle-class people who just ain't from where I'm from, I feel out of place.

— MALE, STOCKTON

Several noted that often there was an absence of places they could turn for help within their communities where they could comfortably and safely access services.

The space where the help is [has] gang violence... I have to go into this area to get help, and...is it safe to even go there?

— MALE, LOS ANGELES

Yet at the same time participants often noted the challenges of accessing and successfully navigating services that were not geographically accessible.

[F]or a lot of survivors, it takes a car and gas money, or it takes a bus ride and money to get to the appointment. Sometimes it takes childcare to get there by yourself, and that's four or five expenses right there before you even get to the appointment... It's more important to eat than it is to get counseling.

— FEMALE, SACRAMENTO

This was cited in accessing various types of services, including shelters, which if not geographically accessible made victims feel shut off from the rest of their lives. If the program did not also have transportation available, this was noted as resulting in various unintended consequences such as the victim and/or his or her children dropping out of school.

Desire for Culturally Competent and Age-Appropriate Services

Many participants voiced a desire for access to services more appropriately tailored to their individual needs and orientations. For instance, participants explained that their religious affiliation might make them more or less comfortable accessing services in a church, or working directly with a provider who may not understand their particular belief system.

A few of the youth participants noted feeling like they reached a point previously, or may still be in this space, where they had “aged out” of options available to children or young adults, but they were not yet readily identifying with certain service options intended for adults.

It's cool for young kids here in this community and then older people, but us people in the middle - there's nothing for us to do.

— FEMALE, SACRAMENTO

I know a lot of YMCAs are where people go to be safe after school, but sometimes they cut you off after a certain age range. That becomes a problem.

— MALE, LOS ANGELES

2

Repeat victims who utilized services often accessed them much later, and often for reasons other than their direct experience with violent victimization.

Of repeat victims participating in the research, those who did access trauma recovery services often did not do so in close proximity to their initial or ongoing experiences with violence, but rather far later. Multiple participants who connected with counseling or other support services did so many years later, some saying 10 years or more, and often as the result of a peripheral event that they attributed to their lack of ability to cope.

This phenomenon was most commonly associated with substance abuse. One young woman who witnessed the murder of her brother 10 years prior, described receiving services many years after the initial events, and only as a result of “self medicating” and ultimately finding herself in intensive recovery services that also had a counseling component.

I turned to drugs. I turned to following my brothers who were seeking revenge... It's made me an ugly person, too, because I don't trust nobody... It tore the family apart.

— FEMALE, STOCKTON

Another participant who had been sexually abused for six years in early childhood (but chose not to report until she was a teenager, motivated by protection of her younger sister), noted a similar delay:

One thing that I can say honestly that helped me out was counseling... I was holding it all in for so long... I feel like if I wouldn't have gotten help, I don't know where I would be... I would be

doing drugs and I would be drinking almost everyday. I was just trying to forget that pain that I had.

— FEMALE, STOCKTON

There were similar stories and descriptions of “self-medicating,” where instead of people dealing with substance abuse they ended up homeless, involved in crime or incarcerated.

One young woman described her brother's parallel experience being impacted by the same events. In the absence of the counseling she felt he needed to overcome trauma, he “just stayed doing drugs.” She expressed her belief that if he was able to access counseling, he would not have ended up in prison because of his drug use.

3

Crime reporting is a barrier to accessing services for many repeat victims.

Establishing reporting of crime as a gatekeeper to accessing trauma recovery services emerged as an unrealistic and ineffective way to assist certain repeat victims of violence. Even for services that do not require reporting of crime, there is a strong perception of

reporting as a gatekeeper to access, particularly for system-based or state-supported services.

In addition to logistical barriers to reporting (e.g., *I feel like people are afraid to call because they're afraid for the bills* — Male, Los Angeles), far weightier factors (e.g., the perception

of stereotyping and an empathy divide with law enforcement) deter participants from reporting crime.

Additionally, the length of response time from police or a fear of retaliation presented challenges that, in turn, promoted a lack of access to services,

particularly services available through or affiliated with the justice system. A noted exception was in cases of extreme medical emergency, and “when kids are in danger,” however, these experiences were often recounted as also having an unfruitful response.

Perceived Empathy Divide and Lack of Trust in Law Enforcement

Throughout the groups, there was a persistent lack of trust in law enforcement and a perceived empathy divide that made participants unlikely to report crime. This often led to a description of being retraumatized through their interactions with law enforcement and attempts to report. Many participants expressed a perception that it was only in the most extreme situations involving great bodily injury (requiring an ambulance or “to pick up a body”) that they felt they could or would call the police.

I definitely haven't [reported]. The only time I really have is when my neighbor fell down the stairs, and that was to get an ambulance... I just don't trust them to help me in that moment. I'd rather seek other help from my people I trust.

— MALE, LOS ANGELES

Because the faith in the policing system is not there, because you have more negative consequences than positive, that's why people invest in weapons. They'll take the risk of – even

though it is self-protection – of going to jail, because there's no hope and no faith in the system.

— MALE, LOS ANGELES

And if somebody who get robbed by a drug dealer or something, they probably are just too thankful that they got their life still that they ain't even worried about calling the police. I mean, I'll take that. I'm still breathing.

— MALE, STOCKTON

That's the scariest part to me – the fact that there is people with guns, like with weapons, in my neighborhood, that probably don't even live there, [the police,] that if they harm me, there's absolutely no accountability... They're going to get away with it, and they can taunt me, and then they can go back to their home, which is in another neighborhood, and be safe, yet that's not what's happening in my neighborhood.

— MALE, LOS ANGELES

Participants noted emotional barriers resulting from early encounters and a persistent perception of being stereotyped by law enforcement.

Recovery for me is...not a linear process. You can go back three steps just as easily as you can go forward one... You can imagine if a bunch of officers are being judgmental... I think the stigma that we put on survivors really hinders their ability to seek services and heal.

— FEMALE, SACRAMENTO

Instead of them trying to help, they automatically assume things. They shouldn't do that... Just because some people [who] are similar probably do

that...doesn't mean that everybody does that.

— FEMALE, STOCKTON

This was particularly true of participants who simultaneously noted a sense that prior juvenile or criminal justice system involvement prevented law enforcement from being able to see them as a victim of violence.

Some people feel worthless, and like, oh, it just happened to me. It's been happening to me. This is what I deserve. So who cares about it, and why should I have a voice and speak up?

— FEMALE, STOCKTON

I was 13, I was in this group home and I was crying... This cop [said], “Stop crying.” I was going through all this stuff – she told me if I didn't stop crying she was going to Taser me for crying. But what can I do?

— FEMALE, SACRAMENTO

In addition to victims with a history of criminal conviction, some participants noted a similar phenomenon of feeling as though they could not be taken seriously by law enforcement, or even some other service providers if he or she struggled with challenges related to substance abuse.

Part of it is my fault because I was strung out on drugs so I wasn't taken seriously; they're just looking at me like I'm a junkie, so they don't really listen to you. That was my way of coping through it... So it was just like a continual thing. Just like continually rotating in hell.

— FEMALE, SACRAMENTO

Many participants recounted various experiences of not feeling heard or believed by law enforcement, and a resulting lack of confidence that they will be taken seriously. For multiple participants throughout the groups, this resulted in an affirmation “never to call law enforcement again.”

They don't make you feel safe. They make you feel like, well, I shouldn't have ever called you guys... What's the point of calling the police if you're going to make me feel like, even more unstable, or worse about myself, you know?

— FEMALE, STOCKTON

This result was especially prevalent when a participant had an encounter in which they were explicitly accused of being “the perpetrator.”

In my own experience, I called 911 before, and I was in for one of the most traumatizing events of my life... I dialed the number for help, and, of course, when they arrived...they considered me the perpetrator. I'm like, what was I thinking?

— FEMALE, LOS ANGELES

Additional stories captured experiences at crime scenes or in attempts to report where the participant's family member or other loved one was the victim of murder or other serious violence. Several participants noted specific instances of feeling that their interactions with law enforcement came with explicit and implicit messages that the individual's trauma or victimization

did not matter, or that he or she was incapable of being a victim. This included being told directly by law enforcement that a particular violent incident should be expected, or hearing an accusation or assumption that the victim, even a deceased victim, was gang-affiliated even if he or she was not.

My cousin passed away. Like, we had nothing really tragic happen to our family like that, and then for [the police officer] to tell us, “Well, he's probably a gang member...” They were saying, like, he probably walked into a rival gang, that's why he got shot... And then they don't do nothing about it after that.

— FEMALE, STOCKTON

A few years ago, my son's dad passed away. They found him drowned in the canal... They called the police... The police were like, “He must have just fell in there with those saggy-ass pants.”... You know, that he must have brought this on himself, that he was probably drinking... You know, case closed, basically.

— FEMALE, STOCKTON

Participants noted a similar feeling of “being judged” or “stereotyped” based simply on their geographic location, and these experiences causing a resolve not to report crime in the future.

[G]ang members would come to our house, and I remember they, like, pulled out a gun on my brother, and they also...broke all the windows from our house and they would come in our house and just, like, steal whatever they could get. And...we would call the cops... They came probably two to three

hours later... They said, “Well, you're asking for it, because you're in a rival gang [area]. Like, if you want this to stop, then you've got to move... And so, after that, it made us not even want to call the cops anymore, because why, if they're not going to do anything?”

— FEMALE, STOCKTON

Length of Response Time

A number of participants also noted the length of response time from law enforcement contributed to a lack of desire to report crime.

They don't respond within 30 minutes to an hour, and the person's already dead.

— FEMALE, LOS ANGELES

My brother was killed this summer... [T]he ambulance was down the street, and it took them 30 minutes to come.

— FEMALE, LOS ANGELES

I've been shot at a couple times... There should be a point where people could go to where they could report a crime that instant... It takes the cops 40 minutes to respond or to get to that point, and that person could find that person by that time. It doesn't take long for a bullet to hit you... I just wish...there were safe points in communities where someone could go to when danger is happening.

— MALE, LOS ANGELES

If you call the cops, they take longer. Who knows what could happen to my mom or the kids?

— MALE, STOCKTON

I'm a victim of a shooting. If my cousin wasn't right there, I wouldn't have made it to the hospital... I realized that I never rely on them. Never. Ever.

— MALE, LOS ANGELES

Fear of Retaliation

Additionally, some participants noted a fear of retaliation as a barrier to reporting of crime. Participants with criminal histories (resulting from sexual exploitation in particular) expressed enhanced vulnerability with respect to reporting crime and accessing services, caused by fear of law enforcement and members of their communities who might label them as “snitches.” Some participants also recounted negative or traumatizing experiences where someone who reported a crime was under the impression that his or her name would remain confidential but ultimately did not.

You want to report, but that could get your family in danger... And if you snitch on a real gang leader...they can get you real bad... [The] police don't have your back unless you're like someone on the news or whatever, and they'll kind of give you witness protection. But that doesn't happen in the real world.

— FEMALE, SACRAMENTO

Some people, honestly...they're afraid... I'll never call the cops again... If you don't do something about it, it hurts you. Like, it hurts your heart. You can't sleep. There's even times when it gets you sick to your stomach.

— FEMALE, STOCKTON

I think it boils down to if you live in a bad neighborhood, like you said, you're not going to tell. If you live in a nice neighborhood you're more likely to.


— FEMALE, SACRAMENTO

You want to say something, but you don't want to die. You don't want to put yourself in danger. That's why people don't say anything.

— FEMALE, STOCKTON

The theme from many of these participant stories is they feel hindered or incapable of turning to the criminal justice system for response or protection, and that this had complex and lasting consequences with the impact of trauma in their lives. Several participants noted living in fear in their communities, with a persistent sense that there is little to nothing they can do about this vulnerability nor enough options or places to turn.

Participants mentioned that in the absence of access to services, they turned to family members, close friends, community members and community-based intervention workers if they could locate and access them.



Poverty, lack of jobs, and housing emerged as structural barriers to rebuilding lives after victimization.

4

Participants often distinguished relationships with other first responders as more positive than relationships with law enforcement.

Despite the fact that many participants in high-crime areas expressed a contentious relationship with police that impacted their faith in law enforcement as first responders, participants generally noted a more positive and trusting relationship with other first responders: EMTs, firefighters, crisis intervention workers and other medical personnel. Many identified a greater perception of empathy, concern for their experience of victimization and “mutual respect.”

They act different... They're not violent like the police officers.

— FEMALE, LOS ANGELES

They pay more attention and ask more questions – relevant questions. They're in the business of saving lives.

— FEMALE, LOS ANGELES

Like the EMT and fire department, they'll tell you, "You don't deserve this. You know, there's places here... that you could go to..." Like, even though you're a minor, you're a human being.

— FEMALE, STOCKTON

I interact with many other first responders other than the police, and, you know, they have more of an effect, a positive effect on families and situations like that, than officers... They are more empathetic and have that compassion that really makes the difference.

— FEMALE, LOS ANGELES

These last two findings comport with those of a brand new health survey conducted by the Blue Shield of California Foundation released in February 2014, noting that the overwhelming majority of respondents agree that domestic violence victims might be afraid of police involvement, and that mental health, medical providers and shelter workers are seen as the most trustworthy to help victims.³²

5

Collateral consequences of repeat victimization grow without effective services and stability.

Poverty, lack of jobs and housing emerged as structural barriers to rebuilding lives after victimization and exposure to violence. Many participants offered an analysis of the ways in which their trauma and/or lack of access to recovery services interacted with simultaneous challenges they faced, including

conditions of poverty within their families and communities, inability to get a job, lost wages and lack of access to safe and stable living conditions. Some participants connected their more immediate crisis-driven needs with the longer-term struggle of rebuilding their and, often, their children's lives.

Cycles of poverty or cycles of oppression or criminalization...puts people in desperate situations. And makes people frustrated, and basically pins communities, especially young men of color, against each other instead of coming together for positive change.

— MALE, LOS ANGELES

Some people rebuild their life by selling drugs.

— MALE, STOCKTON

Jobs in particular emerged as a theme critical to the goal of rebuilding lives, especially in the male groups.

I think it comes out of not having a lot of jobs. Poverty, it has to stem from that... Because when people get in a state of starvation or [desperation], a lot of irrational actions or hurtful things are done.

— MALE, LOS ANGELES

Instead of a program just for looks, they need to find a way to have a program to actually have real opportunities and guide these certain people's hopes and dreams.

— MALE, STOCKTON

Participants also noted the perception of the ways that funding cutbacks had impacted the infrastructure of support available in their communities.

They have closed down the majority of emergency hospitals in our neighborhood... When you go to a facility like a medical facility in my neighborhood, and then you go out to Santa Monica, and you go to a medical facility, you know the difference... You can see the difference of money and resources that are put into the institutions in those areas.

— FEMALE, LOS ANGELES

The Role of Gender in Identifying as a Victim or Responding to Victimization

Certain gender-specific themes began to emerge through some of the participant responses and group dynamics.

One which emerged from some female participants is that women were resolved to call upon the men in their community to respond in an emergency or if a violation occurred (as opposed to law enforcement). Males described feeling the pressure to be masculine in a conflict but still recognized there might be little they could do alone.

Multiple young male participants exhibited a discomfort with identifying publicly as a victim of violence without simultaneously identifying as someone who also had at some point inflicted harm, and others had difficulty identifying explicitly as a victim at all.

More research is needed to develop and explore these themes, especially those around specific service needs among genders, and the pervasive experiences of sexual violence among young women.

Almost all female participants noted at some point being sexually abused, raped, and/or commercially exploited as a minor.

RECOMMENDATIONS

Current research and policies fail to sufficiently account for the complex landscape of repeat victimization, indicating that we are missing opportunities to protect some of the most vulnerable people and communities. To be successful, policies and programs must account for these perspectives, since the experiences of repeat victims tell us a tremendous amount about patterns of crime and violence — and point to where we are failing to meet substantial public safety priorities.

The following recommendations are not simply extrapolated from a review of existing literature and current research findings, but represent specific recommendations made by the participants themselves about what actually has the ability to make a difference in rebuilding their lives. All involve investing in strategies that carry the greatest potential to yield cost-effective prevention, community-based services and support.

1 *Increase support for a diversity of service options, including more located within communities and at venues unaffiliated with formal justice system processes.*

As clear from the multitude of responses, what works for one repeat victim may not work for another, especially based on the complex logistical and emotional barriers described by participants. For that reason, policymakers need to invest in a diversity of options and points of access for critical trauma recovery services, based in and outside of the formal justice system.

As our previous work on the victims services field in California has noted, this is not a zero sum game. System-based and community-based services are complementary if carried out effectively, and currently system-based victims services are serving as a critical and effective point of access for many victims. In addition to facilitating counseling referrals at low or no cost, VWAC-provided services such as navigating the

justice system, notification, court support and assistance with applying for compensation are all invaluable services for those who access them; and many of those are more difficult for a non-justice system based provider to deliver.

However, the current findings emphasize a different point: the multitude of reasons why many repeat victims are not accessing justice-system based services in the first place. Given the implications of this applying to such a large percentage of victims of both reported and unreported crime, the recommendation that California invest in a diversity of service delivery models and points of access is imperative. This is particularly true for what appears to be the most universal need across all victims trying to rebuild their lives — healing.

I feel like a lot of times, you're [a] survivor of violence, and you kind of feel like your voice was taken away. And sometimes it might just take one person to give [you] permission to have it back, letting you know that they believe in you, or that something wasn't your fault. And kind of start survivors off on the path of healing, where they're empowered as opposed to where they feel like just one more system has turned them away.

— FEMALE, STOCKTON

Many participants noted the need to feel safe, comfortable and not judged or stereotyped by either law

Rebuilding Lives in the Community: Fathers & Families of San Joaquin

Jesse* grew up poor in Stockton, California. His father was in prison, and he had few role models.

He went to school without supplies and in hand-me-down clothes — nothing like the nice wardrobes he saw other kids wearing.

When he was in the 7th grade, he was jumped and beaten by a group of boys on the way home from school. The ordeal terrified him, and he looked to join a group of other boys who could offer him protection. This led, ultimately, to gang involvement and four years of cycling in and out of juvenile detention.

As part of his probation, Jesse was connected to Fathers & Families of San Joaquin (FFSJ). The organization, based in Stockton, works on the frontlines with at-risk youth and their families, building bonds within families and communities — all through a trauma-informed approach.

“Trauma is like pain that we hold inside from our past,” says Jesse. “Feeling guilty about your past and blaming yourself and bringing yourself down because of things you’ve done. I was never taught how to release pain, other than [with] violence.”

Key to FFSJ’s approach is providing socially relevant and culturally sensitive services — to anyone who needs them. In the hopes of effective community outreach and attracting anyone who could benefit, FFSJ welcomes all in search of these services without judgment or selective criteria. FFSJ has a demonstrated track record of being able to address trauma and intervene with programming that creates change in individuals and families.

Success stories like Jesse’s indicate that, ultimately, connecting with the right programming can reduce violence and victimization in communities. Jesse is now a high school graduate employed at FFSJ. He is looking to continue his education and healing journey while continuing to give back to others.

Visit <http://www.ffsj.org> to learn more about their model and programs.

***Jesse participated in an interview for this project and proudly agreed to be identified in this report.**

The San Francisco Trauma Recovery Center

The San Francisco Trauma Recovery Center is a successful model making an impact in California. The TRC’s door is always open, whether for a recent survivor of sexual assault, violence in the home, gun shot victim, someone who has lost a loved one to homicide, and those whose previous trauma has been re-triggered by a new event.

The Center started in 2001 as a nonprofit collaboration of the University of California, San Francisco and San Francisco General Hospital. The goal was to place a trauma center in a central location to communities in need — San Francisco’s Mission District — and provide an array of culturally competent services sensitive to the needs of each client.

Following a serious crime, survivors frequently express the additional trauma they experience in reliving traumatic events, and even in navigating systems designed to help them rebuild their lives. This can include interacting with law enforcement, lawyers, health professionals and accessing victim services and compensation. The Center addresses the critical need at the heart of recovery: tools for healing and dealing with trauma while moving forward.

In addition to one-on-one counseling, the Center provides — under one roof — a coordinated set of services that help to explain and/or assist with individual needs, grief, and the impact of trauma (from navigating the legal system to health access to support groups of one’s peers).

An analysis of the Center’s service results demonstrates that it can provide services at two-thirds the cost of traditional fee-for-service providers: and have better outcomes. More than 74% of people receiving services at the TRC show improved mental health, 56% experienced an increased likelihood of returning to work, and 69% are more likely to cooperate with law enforcement.

Based on these results, including the improvement of effective collaboration between crime survivors and the justice system, the governor and California Legislature agreed last year to use \$2 million in existing victims services funds to expand the TRC model into two facilities in Los Angeles County — opening more doors for trauma survivors. There are 56 counties that could benefit from its replication.

enforcement or service providers. In order to more quickly and effectively address the needs of a traumatized person, a service provider's location and atmosphere should be determined based on the needs and concerns of survivors.

The only thing I can see is policies being changed to accommodate everyone, with no discrimination of geographic location or economic or social standing.

— FEMALE, LOS ANGELES

[H]aving a safe haven where they could go and talk to somebody, and a place that doesn't look like a system, you know what I mean?... Sometimes we feel that places like that are mostly there to just use whatever we go through against us, and then all of a sudden we're in a system like CPS or our parents are in trouble or all kinds of stuff, so it's just that we don't feel safe... So basically just having a place, a trauma center, where we could go to that doesn't look like a hospital or a clinic but looks like a place that's safe or centralized in the community, a place where we could come in any time if we need help. Or a one-stop shop service. Because sometimes when you do go look for services, they can be scattered everywhere all around the county.

— MALE, STOCKTON

There was also a call from multiple participants in multiple groups for politicians to visit communities and programs to see which ones are working, and hear from community members about the services in their area making the greatest impact.

I think honestly just sitting down with [policymakers] and walking them through the typical trauma and reporting process for survivor, maybe having survivors sit on a panel for them to explain exactly what I'm explaining now, what their experience was and what could have been different to make that better for them. This kind of a reminder that...[t]hese are the people we're writing laws to protect. So maybe putting a face to that[.]

— FEMALE, SACRAMENTO

[H]ave [politicians/policy makers] come out in the community and see what's happening. You know, the low income areas.

— FEMALE, LOS ANGELES

[W]hether it is calling their state representatives, going down to the capitol on days when they have open session and just speaking... I feel like a lot of organizations are just out of that discussion completely, because there's an assumption that we're not going to affect change. But...if enough of us are screaming, change has to happen. I feel like it's just more people being actively involved in that discussion, and in terms of survivors, just making services as accommodating as possible, making it as easy as you can to get into services...and making services more affordable.

— FEMALE, SACRAMENTO

Access to Counseling and Other Trauma-Recovery Services for Underserved Communities

Based on consistent and repeated recommendations for access to counseling services, investment in

trauma-recovery service options for crime survivors based simply on their need as a survivor of trauma is a crucial investment for rebuilding the lives of repeat victims. Expanding service options geared toward and marketed as serving survivors regardless of their socioeconomic status, justice system history, or reporting of violence, emerged as critical way to interrupt cycles of violent victimization.

There's so much emphasis placed on dieting and taking care of our physical bodies. We need to put way more emphasis on taking care of our mental and psychological health. And this will help prevent the violence and things like that, and make a safe community.

— FEMALE, LOS ANGELES

The below recommendation pertains not only to promoting access to increased points of entry for one-on-one counseling, but also for support group settings as well.

Finding out that you're not the only one and just talking about it is really, really helpful. And then you can share something with someone else, you know, about another resource... So that's been very good. I've been doing that, and it's carried me.

— FEMALE, LOS ANGELES

Knowing that I wasn't alone, just by listening to others' experiences — it built me, made me stronger. So to be able to help someone that was going through the same things that I was going through. Yeah. It really helped.

— FEMALE, LOS ANGELES

I'm really, really grateful to where I landed. I ended up in a shelter, a safe house... I needed that moment to just be able to breathe, take a step forward and keep taking steps forward.

— FEMALE, SACRAMENTO

Additional Options for Access to Support Including Over the Telephone and Internet

The commentary on the lack of services based in safe locations was in tension with the desire for services in close proximity and conducive to community access. Proximity versus safety concerns also suggests the need for a range of service options and points of access to meet a diversity of needs.

To successfully navigate the tension between safety of service location and geographic accessibility of services options, there should be more options to access crisis intervention over the phone or on the internet, as well as promotion and education in communities for the methods of telephone and electronic access that already exist. This is also relevant to creating awareness of alternative methods and options for reporting of crime that do not feel unsafe or intimidating, a desire expressed by a number of participants.

You should be able to call in and talk with someone and have a counseling session over the phone. And then they can do a follow-up where either they can call you back or come in person,

depending on what you prefer. Because when I go through a depression, I don't want nobody to see me. And I don't want to go out, no, none of that.

— FEMALE, LOS ANGELES

By using the Internet and making sure they have like 24-hour service, so you can contact and make sure you can contact that person... Then they'll call you back or email. That's helpful.

— FEMALE, LOS ANGELES

Building and Promoting Community Centers as a Service Location Perceived as Safe, Even within Unsafe Communities

Many participants, especially younger participants, noted the significance of community centers and the desire for more options that resembled community centers they knew of. These services also must have the resources for promotion and outreach throughout the community.

In my area...that's a perfect place, because before, there were a lot of gang members hanging out... Now, there's a community center there and all you see is little kids and families... They have after school programs, and an annual resource fair, so the whole community goes out there, they have a violence parade... [T]hat's lowered the crime rate in that area just by itself, because gang members don't feel comfortable right

there... You know, that was...a good place to put that community center.

— MALE, LOS ANGELES

LA County spends the most money on like, courts, probation, law enforcement... Taking some of that money and putting it toward youth jobs, intervention centers and youth centers — this is something that folks in our community have said over and over again.

— MALE, LOS ANGELES

Building and Promoting the Accessibility of Trauma Recovery Services in Schools

Young participants noted that not only was school a place where they spent a considerable amount of time during and after traumatic events, but also that it was a place they wanted to feel safe. Many called for more access to counseling located in schools.

They need to put counselors in the schools... Your school is basically like your second home.

— FEMALE, STOCKTON

I feel like more money into schools to pay for prevention and educate youth... so that they're not growing up to just re-perpetuate that cycle.

— FEMALE, SACRAMENTO

Integration and Support for Creative Expression, Movement Therapy and Other Healing Services

Multiple participants recommended the integration of alternative forms of trauma recovery services in addition to counseling and the most commonly discussed interventions, including movement therapy and opportunities for exercise.

And so I would like to see in our community more movement-based like healing services... Like we — we're — because of the conditions of our community, we're afraid to walk like a lot of the times, especially

together. I rarely see women walking together with the purpose of like getting their muscles and their energy flowing and moving...directing that energy towards healing.

— FEMALE, LOS ANGELES

In particular, both male and female participants noted a desire for more creative outlets, such as writing programs as an effective way to curb violence and victimization in their communities.

[W]riting. You know, any kind of artistic expression, which is also at a all-time low in our communities because you still have to have space.

The lights have to be on. There have to be materials available.

— FEMALE, LOS ANGELES

Me personally, I escape things through art and performing... I think it'd be great if people had outlets to do these things, whether it's a theater, local theater, stage or film, dance classes, performing arts schools. I think those are great ways, great safe havens, and just great ways to get away from stuff like that.

— MALE, LOS ANGELES

Crime Survivors for Safety and Justice

Basing policies on the actual experiences and needs of crime survivors is vital to improving public safety outcomes. This was the genesis behind Crime Survivors for Safety and Justice, a statewide network of nearly 6,000 California members in five regional chapters.

Started in 2012 by Californians for Safety and Justice (commissioner of this report), the network elevates its members' voices and those of communities experiencing crime, including what they need from the criminal justice system and policymakers in order to recover and avoid repeat victimization.

In 2013, the network was instrumental in helping State Senator Mark Leno secure funding for the expansion of trauma recovery centers — and is working in 2014 to continue this expansion. Members also work locally with service providers and policymakers to improve policies and conditions in their neighborhoods.

Learn more at SafeandJust.org/Survivors.

2

Build trust with law enforcement through training and other methods to address the perceived empathy divide.

Based on participant recommendations, reduced judgment and subjective decision-making on the part of law enforcement would go a long way. Many noted that targeted trainings on these issues and the ways in which trauma histories can impact victims of violence would be beneficial for law enforcement working in their communities.

I just feel like sometimes the system can really re-victimize someone, with being judgmental... I just feel like there's a lot of room in the system to improve that, kind of reverse that trauma.

— FEMALE, SACRAMENTO

Listen to the youth and don't judge. Don't stereotype them... Don't judge a book by its cover.

— FEMALE, STOCKTON

In training, they should tell them just because somebody looks like this

particular way doesn't mean they're like that... Whatever you do, don't stereotype. Don't assume the worst. Keep an open mind.

— FEMALE, STOCKTON

First thing is learning how to communicate better with us when we're going through trauma. We've just been shot and the first thing you ask is are you a documented gang member or are you on probation or all this other stuff... It's just so disrespectful sometimes when you've just been shot and you have to answer the majority of these questions... instead of asking: are you okay[?]

— MALE, STOCKTON

[It would help to just take] that time to remember that the people you are dealing with are also really frustrated and they've also been through something really traumatic, they could probably use a slight amount of niceness from you. So maybe just reminding people about humanity.

— FEMALE, SACRAMENTO

I've been a part of a task force... where you have city people, you have officers, sheriffs, and the community. And we're coming together for one common goal, to, you know, break up all of the violence. So with something like that, and we're a part of it, and we see it, and make relationships... So just forging the relationship, the good relationship, and that trust[.]

— FEMALE, LOS ANGELES

3

Allow for multi-disciplinary, trauma-informed first response teams.

Related to building trust with law enforcement and capitalizing on the more trusting and positive relationship that many victims noted with other types of first responders and service providers, multiple participants suggested that first response include trauma-informed service providers working together

with law enforcement. These multidisciplinary teams exist in certain counties and in certain case types, in particular for sexual assault. However, they are not widely used or known to repeat victims who often do not reach out for justice-system based services under our current structure.

Along with the police, they should bring social workers... Have the right people there to start the process of healing... Giving the family the counseling that they need right away.. The first responder shouldn't just be the police department, EMTs.

— FEMALE, STOCKTON

They need to have a team of professionals who work with mental health... They should be...on the scene at every crime.

— FEMALE, LOS ANGELES

I feel like having a victim advocate there with them, to kind of just remind the survivor that it's not their fault and that the officers are just doing their job...simply saying, "We believe you," can make a huge difference for survivor, and I feel like that needs to

be a consistent message throughout, instead of you have to prove yourself.

— FEMALE, SACRAMENTO

If they have a team of mental health folks that collaborate with them, it would be most beneficial if those mental health professionals either come from or have significant ties to the communities that they're serving, so that they understand the uniqueness of the people that they are interfacing with.

— FEMALE, LOS ANGELES

I look at intervention workers. Peace builders. Folks that understand the hood and understand the community that can help ease tensions instead of having these folks with guns and batons coming in from other neighborhoods.

— MALE, LOS ANGELES

4 Promote access to job support, transitional housing and other longer-term resources necessary for stabilization and mitigation of risk.

Through the eyes of participants, critical to long-term success and the interruption of cycles of victimization is access to the longer-term support necessary for rebuilding their lives.

Opportunity for anyone who wants to break that cycle. You work hard and...then, at the end, there's an

opportunity to have a real good job, career and all that. I'll do everything I can, everything in my power to stick to their program.

— MALE, STOCKTON

They're constantly fighting over a very small sum of money in order to provide the services for our

community. So I would just say for nonprofits to keep pushing for policies that allocate more money to our neighborhoods... They're put into a situation where they're unfunded or defunded and fighting over crumbs.

— FEMALE, LOS ANGELES

CONCLUSION

It is clear that there are ways for policymakers to broaden the lens and tools for meeting the needs of those victimized and revictimized by crime. While the focus groups and interviews represent a small sample of individuals who have been repeat victims, they provide valuable insights into the experience of victims more broadly, and the barriers that such a large percentage face in rebuilding their lives.

The findings demonstrate the need for more research to further inform policymakers, the justice system and service providers on how to effectively promote healing and dignity for crime survivors. This includes more

targeted research exploring the specific needs and challenges faced by vulnerable populations (e.g., homeless, disabled, undocumented, veterans and LGBTQ-identifying victims).³³

These findings also demonstrate clear ways to more effectively promote safe and healthy communities — and the missed opportunities in our current public safety approach for cost-effective prevention in achieving this goal.

Lastly, these survivor-driven recommendations indicate there are ways for us to do better.

CITATIONS

¹“California Crime Victims’ Voices: Findings from the First-Ever Survey of California Crime Victims and Survivors,” Californians for Safety and Justice, (2013) available at: http://libcloud.s3.amazonaws.com/211/72/d/228/2/VictimsReport_07_16_13.pdf.

²Weisel, Deborah Lamm, “Analyzing Repeat Victimization,” Center for Problem Oriented Policing (2005) available at: http://www.popcenter.org/tools/repeat_victimization/print/.

³Information on and publications from the Adverse Childhood experience Study can be found at <http://www.cdc.gov/ace/index.htm>.

⁴Rosenberg, Harriet J et al., “Trauma Exposure, Psychiatric Disorders, and Resiliency in Juvenile-Justice-Involved Youth,” *Psychological Trauma: Theory, Research, Practice, and Policy*, (Jul 1, 2013) available at: <http://psycnet.apa.org/psycinfo/2013-23499-001/>.

⁵Buss, Terry F and Rashid Abdu, “Repeat Victims of Violence in an Urban Trauma Center,” *Violence and Victims*, 10(3) (1995): 183-194.

⁶Baumer, Eric P. and Lauritsen, J., “Reporting Crime to the Police, 1973-2005: A Multivariate Analysis of Long-Term Trends in the NCS and NCVS,” *Criminology*, Vol. 48 (2010): 131-185; Cantor, D. and Lynch, “Self-Report Surveys as Measures of Crime and Criminal Victimization,” In D. Duffee (Ed.), *Measurement and Analysis of Crime and Justice*, Washington, DC: National Institute of Justice (2000): 85-138; Planty, Michael and Truman, Jennifer L., “Criminal Victimization, 2011,” Bureau of Justice Statistics Bulletin. Washington D.C.: Bureau of Justice Statistics (2012), available at: <http://www.bjs.gov/content/pub/pdf/cv11.pdf>. Scholars disagree about whether victimization surveys should capture the subjective experiences of victimization, or whether they should instead enumerate the instances that a particular criminal code was violated (Fattah 1997; Wallace 1998). As Fattah notes, this distinction is especially noteworthy in the example of rape, where the legal definition of a crime and the subjective experience of the offense may depart substantially. A second limitation of these surveys is that comparisons over time and between surveys typically fail to account for differences in data collection practices. The NCVS, for example, underwent significant re-design in the early 1990s, implementing new procedures which yielded a significantly lower base rate of law enforcement notification for most crimes (because unreported incidents are now more likely to come to the attention of NCVS interviewers than its predecessor the National Crime Survey). This renders comparisons between data waves difficult or requiring complex adjustments (Baumer & Lauritsen 2010). It is also clear that even within individual-level respondent analyses, reporting practices vary across crime types, raising questions about the validity of the victimization data, as results may be an artifact of respondents’ willingness to divulge information as opposed to an indication of true underlying victimization patterns (Cantor & Lynch 2000).

⁷This study polled more than 2,600 Californians who were broadly representative of California’s population with respect to race, ethnicity, age and gender. Of those, 500 identified as having been a victim of crime in the last five years, and these respondents answered 61 questions regarding their experiences and perspectives.

In an attempt to overcome the challenges of research related to victimization, the victimization survey undertaken by David Binder Research endeavored to incorporate a blend of the following approaches: (1) extending the period of time included within the respondents’ invited recall, with the expectation that the survey will encompass more history and therefore increase both the probability of an event and also the statistical power of the tests; and (2) refining the screening process in order to minimize non-response. This amounted firstly to setting the reference period to five years, and secondly by designing the survey to achieve a minimum number of self-identifying victim respondents (500). “California Crime Victims’ Voices: Findings from the First-Ever Survey of California Crime Victims and Survivors,” Californians for Safety and Justice, (2013) available at: http://libcloud.s3.amazonaws.com/211/72/d/228/2/VictimsReport_07_16_13.pdf.

⁸Ibid.

⁹Ibid.

¹⁰President Ronald Reagan created the President’s Task Force on Victims of Crime in 1982, which reviewed the available literature on criminal victimization, interviewed professionals responsible for serving victims, and spoke with citizens from around the country whose lives have been altered by crime. Harrington, Lois et al., “President’s Task Force on Victims Of Crime Final Report,” (December 1982) available at: <http://www.ovc.gov/publications/presdntstskforcrprt/87299.pdf>.

¹¹Penal Code Section 13835.

¹²Penal Code Section 13835.2.

¹³Penal Code Section 13835.2.

¹⁴Warnken, Heather, “A Complex and Compassionate Response: The Role of Victim/ Witness Assistance Centers in Responding to Violence Against Women in California,” CCVAA, CDAA, Earl Warren Institute, (February 2012) available at: http://www.law.berkeley.edu/files/bccj/VAW_Study-FINAL.pdf; Warnken, Heather, “Real Justice: Victims’ Rights Delivered,” Earl Warren Institute (July 2012) available at: http://www.law.berkeley.edu/files/bccj/Summit_Report_-_FINAL%282%29.pdf.

¹⁵Ibid.

¹⁶The Warren Institute is currently working collaboratively with the California Victim Compensation Program on a study on how to expand access to this program.

¹⁷Victims’ reasons for not utilizing services typically include not being referred to services, unknown cost of services, little knowledge of the types of services available, or not thinking it was worth the trouble to seek out such services Sims, B., Yost, B., and Abbott, C., “Use and nonuse of victim services programs: Implications from a statewide survey of crime victims” *Criminology and Public Policy*, 4(2), (2005): 361-384; New, M and Berliner, L., “Mental Health Service Utilization by Victims of Crime,” *Journal of Trauma Stress* 13(4) (October 2000): 693-707 Overall, this body of research has not been entirely promising, as “most evaluations of victim programs, services, and other initiatives...[indicate they have left] the vast majority of crime victims without help, assistance, care, or compensation.” Fattah, Ezatt, “The Evolution of a Young, Promising Discipline: Sixty Years of Victimology, a Retrospective and Prospective Look,” In Schlomo Giora (Ed.) *International Handbook of Victimology* (2010): 78.

¹⁸Warnken, February 2012.

¹⁹For example, the Warren Institute found in 2012 out of the 27 physical locations of Los Angeles County’s VWAC, branch locations in some of the

highest crime areas such as Compton led to the more extreme accounts of advocates unable to meet the needs of clients under their mandate. Similarly Contra Costa County noted the inability in tough budgetary times to assign an advocate to misdemeanor domestic violence cases, and in felony cases only if the victim specifically requested one.

²⁰ Age: The risk for violent personal victimization is especially high among people below the age of 25 according to Sampson, R.J., and J.L. Lauritsen, "Violent victimization and offending Individual-, situational-, and community-level risk factors." In Reiss, A.J., & J.A. Roth, (eds.), *Understanding and Preventing Violence*, vol. 3. Washington, DC: National Academies Press (2003): 1-114; Van Kesteren, J., and J. van Dijk, "Key victimological findings from the International Crime Victims Survey," In Shoham, S.G., P. Knepper, & M. Kett, (Eds.), *International Handbook of Victimology*, Boca Raton, FL: CRC Press. (2012): 151-180. U.S. figures estimate the rate of victimization for those aged between 18 and 24 to be roughly 49 per 1,000, whereas the rate for those aged 25 and above is at most roughly 27 per 1,000. Planty, Michael and Truman, Jennifer L., "Criminal Victimization, 2011," Bureau of Justice Statistics Bulletin. Washington D.C.: Bureau of Justice Statistics (2012), available at: <http://www.bjs.gov/content/pub/pdf/cv12.pdf>

Gender: Males and females manifest roughly similar rates of victimization overall, with a slightly higher representation of victimization among males (25.4 per 1,000) compared to females (19.8 per 1,000) Truman and Planty, 2012). However, considerable gender differences become apparent when looking at specific crime types (Jensen & Brownfield 1986). Males are far more likely (to an order of roughly twice to three times the risk) to be victimized for serious violent crimes such as homicide, or violent crimes such as assault or robbery, than women. Daigle, L.E. *Victimology: A Text/Reader*, Thousand Oaks: CA: Sage (2012); Kellermann, A.L., and J.A. Mercy, "Men, women, and murder: Gender-specific differences in rates of fatal violence and victimization," *Journal of Trauma, Injury, Infection & Critical Care*, 33(1) (1992): 1-5
"Violent victimization and offending: Individual-, situational-, and community-level risk factors." In Reiss, A.J., & J.A. Roth, (eds.), *Understanding and preventing violence*, 3. Washington, DC: National Academies Press:1-114.

²¹ Finkelhor, D., R.K. Ormrod, and H.A. Turner, "Polyvictimization and trauma in a national longitudinal cohort," *Development and psychopathology*, 19(1) (2007): 149-166; Washington, P.A., "Second Assault of Male Survivors of Sexual Violence," *Journal of Interpersonal Violence*, 14(7) (1999): 713-730; Widom, C.S., S.J. Czaja and M.A. Dutton, "Childhood Victimization and Lifetime Revictimization," *Child Abuse Neglect*, 32(8) (2008): 785-796.

²² Cho, H. and D.J. Wilke, "Gender Differences in the Nature of the Intimate Partner Violence and Effects of Perpetrator Arrest on Revictimization," *Journal of Family Violence*, 25 (2010): 393-400; Washington 1999.

²³ Davis, R., P. Guthrie, T. Ross & C. O'Sullivan, "Reducing Sexual Revictimization, A Field Test with an Urban Sample," Summary Report to the National Institute of Justice, Vera Institute of Justice (2006).

²⁴ Jensen & Brownfield 1986; Sampson and Lauritsen, 1994.

²⁵ Jennings et al., 2010. Moreover, while recent research has begun to demonstrate a more sophisticated connection between individuals' identification as either offender or victim, it is clear that there is a considerable relationship that makes these roles coincide. Schreck, 2008.

²⁶ For example, while some have found that victimization perpetrated by acquaintances was related to lower levels of reporting such as Block, Richard, "Why notify the police: The victim's decision to notify the police of an assault," *Criminology* 11(4) (1974): 555-69, others like Bachman, R., "Predicting the reporting of rape victimizations: Have reforms made a difference?" *Criminal Justice and Behavior*, 20(3) (1993): 254-70. have found no such relationship and others found a relationship to higher levels of reporting Felson, R.B., S.F. Messner, and A. Hoskin, "The victim-offender relationship and calling the police in assaults." *Criminology* 37(4) (1999): 901-17.

²⁷ Finkelhor, D., R.K. Ormrod, and H.A. Turner, "Polyvictimization and trauma in a national longitudinal cohort," *Development and psychopathology*, 19(1) (2007): 149-166; Finkelhor, David et al., "Lifetime assessment of poly-victimization in a national sample of children and youth" *Journal of Child Abuse and Neglect* 33 (2009): 403-411); "Victim Law Bulletin: Polyvictims : victims' rights enforcement as a tool to mitigate 'secondary victimization' in the criminal justice system," National Crime Victim Law Institute (2013).

²⁸ Finkelhor, 2007 finds support for a conceptual model suggesting that there may be four distinct pathways to becoming such a poly-victim: (a) residing in a dangerous community, (b) living in a dangerous family, (c) having a chaotic, multiproblem family environment, or (d) having emotional problems that increase risk behavior, engender antagonism, and compromise the capacity to protect oneself.

²⁹ See e.g., Finkelhor, D., R.K. Ormrod, and H.A. Turner, "Polyvictimization and trauma in a national longitudinal cohort," *Development and Psychopathology*, 19(1) (2007): 149-166; Macmillan, R., "Adolescent Victimization and income deficits in adulthood: Rethinking the costs of criminal violence from a life-course perspective," *Criminology*, 38(2): 553-588.

³⁰ Justice Policy Institute, *Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense*, 5 (2010), http://www.justicepolicy.org/images/upload/10-07_REP_HealingInvisibleWounds_JJ-PS.pdf. Research has found repeatedly that victims of trauma and violence, whether in abusive homes or on the street, suffer from far higher incidents of chronic illness, learning disabilities, drug abuse and aggression. Exposure to violence, including witnessing violence in a home or neighborhood, is believed to cause significant changes in brain anatomy and physiology and disruptions of basic cognitive and emotional development, which can have catastrophic effects not only for the victim, but also for society. "The vast majority of children involved in the juvenile justice system have survived exposure to violence and are living with the trauma of that experience. Attorney General's National Task Force, 2012.

³¹ Stockton: (1) females, age 18 - 22, (2) males, age 18 - 21 (Saturday February 15, 2014). Los Angeles: (1) females, age 25 - 46; (2) males, age 18 - 27 (Wednesday, February 19, 2014). Sacramento: (1) females, age 19 - 41 (Tuesday, February 25, 2014).

³² Pena, James, and Tulchin, *The Intersection of Domestic Violence and Healthcare*, February 26, 2014, http://www.tulchinresearch.com/wp-content/uploads/2014/03/intersection_DV_healthcare_webinar_FINAL-FINAL.pdf.

³³ Though recruitment and ultimately the group and interview participants included representatives from these populations, we did not ask direct questions nor were we able to delve deeply enough into these important topics.

