

Invisible Victims: Stories of Engaging the Victim Services System

by

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Abstract

There is scant research exploring the experiences of people who use victim services. This exploratory study used a narrative approach to examine the experiences of five community members who have engaged the victim services system in the Greater Vancouver area in Canada. The main theme that emerged from participants' stories centred on the experience of invisibility, where participants described feeling unheard, unseen, and unacknowledged in their interactions with the victim services system and with individuals working within it. In contrast, they often described helpful experiences as those where they felt supported and acknowledged. These findings are discussed in relation to the extant literature surrounding victim services, clinical implications, and directions for further research.

Keywords: victim services; trauma; invisibility; visibility; narrative

This is dedicated to the courageous people who honoured me with their stories. Thank you for the privilege of sitting with you - hearing your stories of bravery, resilience, and compassion has impacted me in unexpected and lasting ways. I also dedicate this work to the many who remain silent and continue to experience invisibility.

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Chapter 1. Introduction

Unsure of what to expect, I was pacing the parking lot of London Drugs trying not to draw attention to myself. When the police car pulled up with sirens blaring and double-parked in front of me, my only thought was “Is this really all for me?” A couple police officers stepped out of the car, the older of the two approaching me to ask: “Are you Amanda Hamm?” My heart was pounding from the adrenaline that had just sent me running down Victoria Drive, and all I could do was nod as I started to cry. Looking concerned, the officer leaned to his radio and said, “We’re gonna need victim services here.”

My interest in studying the experience of accessing victim services programs stems from the juxtaposition of several experiences: namely, my own very brief contact with victim services, along with my work on a local crisis line where I heard the stories of regular callers. While engaging with community members around these oftentimes heartbreaking narratives regarding their experiences of trauma and its frequently debilitating after-effects, I began to wonder about the prevalence of these incidents and the effectiveness of the programs available in our communities.

1.1. Background

In Canada, approximately 75% of the population has experienced some form of trauma (Van Ameringen, Mancini, Patterson & Hoyle, 2008). Trauma is defined by the American Psychiatric Association as “exposure to actual or threatened death, serious injury, or sexual violence” (2013, p. 271), and has been linked to a host of negative psychological effects (Rose, Bisson, Churchill, & Wessely, 2009; Yehuda, 2002). As the American Psychiatric Association (2013) describes, a subset of those who have experienced trauma at times develop post-traumatic stress disorder (PTSD), which can cause a great deal of prolonged distress related to the experienced trauma. PTSD is characterized by varied symptoms including psychological intrusions, such as flashbacks and nightmares; avoidance of things that are reminiscent of the traumatic event; and

negative changes to thoughts and mood. Other research has demonstrated that experiencing trauma can impact relationships, role functioning in school and work, and other aspects of mental health (Hanson, Sawyer, Begle, & Hubel, 2010; Van Ameringen et al., 2008; Yehuda, 2002). In response to these possible negative effects following a potentially traumatic event, many organizations, such as police departments, rape and crisis centres, and non-profit programs, have implemented victim services programs with the aim of supporting survivors of crime and trauma.

The current literature surrounding these programs is lacking, and little is known about the experience of community members accessing victim services programs. More specifically, there are mixed results surrounding a particular service some victim services programs offer called *psychological debriefing*. Psychological debriefing is a form of emotional support usually provided just subsequent to experiencing a potentially traumatizing event (Choe, 2005; Rose et al., 2009). There is a current debate in the research literature about whether psychological debriefing is meeting its aims, and whether it should continue to be used. Some research findings show psychological debriefing to be ineffective in stemming psychopathology subsequent to trauma, and even more seriously, to cause harm to the participants (Choe, 2005; Mayou, Ehlers, & Hobbs, 2000; Rose et al., 2009). However, other researchers argue certain psychological debriefing models successful and effective in their aims when implemented as they were intended: as group-based, multi-meeting interventions (Mitchell, 2003).

1.2. Purpose and Objectives

Given the gap in the existing literature, the purpose of this study is to move away from the objective symptomology that has characterized current research, in order to focus on describing the experiences of those who have used victim services programs in the Lower Mainland. This study aims to provide a richer sense of the experiences of community members engaging with these services.

Victim services are defined as the emotional, educational, financial, and legal support provided to victims through various victim services programs “to lessen the impact of crime and trauma” (City of Vancouver, n.d., para. 1). Participants in this study accessed

victim services solely through police detachments. The victim services system perceived by participants in this study describes engaging not only with explicit victim services programs, but also with paramedics, firefighters, police officers, and other professionals regarding the event. Trauma is defined by the American Psychiatric Association as “exposure to actual or threatened death, serious injury, or sexual violence” (2013, p. 271). This exposure can be from a person’s direct experience, or through more indirect means such as learning about it occurring to a loved one. Some examples of traumatic experiences that may lead someone to seek support through victim services include being the victim of a crime, being in an accident, or witnessing a death.

The central research question in this project is: *What stories do community members tell about the process of engaging with the victim services system?* In order to understand various facets of participants’ experiences and the value of these services to them, the interview protocol also includes questions about what participants found helpful and unhelpful, what they would change if given the chance, whether they used psychological debriefing services, and how their experience has impacted various facets of their lives. Although the majority of the interview protocol aimed to investigate participants’ general experiences with victim services, I also chose to ask about their potential experiences with psychological debriefing. I sought to learn more about this component of victim services as I saw conflicting literature around the use of psychological debriefing, and the lack of research regarding community members’ subjective experiences of this intervention.

The two key objectives of this study are to: (a) provide a richer, more detailed sense of the experiences of community members engaging with victim services, in order to elaborate on the research already done; and (b) contribute recommendations to improve the implementation of victim services programs. These are important objectives, as professionals in these programs are working with a vulnerable group of community members at a sensitive time. It is necessary that the impacts of victim services programs are better understood in order to make them as effective as possible. This information could also be of use to counsellors working in the community, as they may encounter clients who have experience with potentially traumatic events and with victim services.

Further, it is important to give voice to the participants using the programs, as their feedback is crucial in building programs that are well-suited to their needs.

1.3. Method Rationale

This study aims to understand the experiences of those engaging in victim services programs. An ideal contrast to the quantitative methods used thus far is a narrative approach, which allows me to delve more deeply into the storied experiences of these community members (Creswell, 2013). This approach is well-suited to investigate the questions described above, as it allows for participants to describe in rich detail their experiences, including interactions with service providers, parts of the victim services system they found helpful and unhelpful, and the impacts they felt across various facets of their lives. More specifically, I will be seeking to better understand themes across their experiences. Finally, a narrative approach allows for participants to tell their stories in a collaborative fashion, wherein they have the final say on the structure and content of their own narrative.

In the next chapter I review the research literature in order to provide context for the current study. In chapter three, I detail an account of the narrative methods I used to explore the research question described above. In chapter four, I present the results of this study, including participants' stories in order to highlight the themes I found in their narratives. To conclude, in chapter five I relate the results of this study to the extant literature, also discussing the implications for program implementation and counselling practice, and presenting limitations of the current study and suggestions for future investigations.

Chapter 2. Literature Review

It is important to provide some context before discussing the experiences of participants engaging with the victim services system in the Lower Mainland. This includes why someone might access victim services, and what victim services programs aim to provide for victims. In order to do this, first I introduce the central concept of trauma, describing the many negative impacts it can have on a victim, and discussing its prevalence in Canada. Second, I describe the creation and implementation of victim services programs, and how they were created with the intent to stem the negative impacts from trauma described above. In reviewing the literature surrounding research on victim services outcomes, I also present a gap in the existing research, demonstrating how little has been done to understand these programs. The research that does exist regarding victim services programs points to these programs not meeting their aims of preventing psychopathology subsequent to exposure to trauma (Sims, Yost, & Abbot, 2006). I also highlight potential barriers to accessing victim services. Last, I present the current literature regarding the use of a particular aspect of victim services programs, called *psychological debriefing*. I describe the debate currently going on in the field around this service, with some researchers arguing it should not be used, and others claiming it is effective. I also illuminate the methodological concerns that call into question the research done to date.

The scope of the literature presented in this review includes the relevant academic research I could find in existing databases (e.g., PsychInfo) regarding the topics described above. Although Mitchell's (2003) argument for psychological debriefing was not published in an academic journal, I have included it in order to give space to both sides of the dissent surrounding psychological debriefing. Where possible, Canadian statistics and research are used in order to align with the context of the current study.

This literature review provides an overview of the context of victim services programs, and also demonstrates the need for the current study. In examining the existing literature, it is clear that little has been done investigating in detail the subjective experiences of those engaging with victim services. This highlights the importance of research illuminating the experiences of this important and vulnerable population.

2.1. Trauma

It is readily apparent that trauma is an ongoing mental health concern that has many negative consequences on both a personal and a community-wide scale. As described above, trauma is defined as either personal “exposure to actual or threatened death, serious injury, or sexual violence” or hearing of another’s exposure (American Psychiatric Association, 2013, p. 271). Yehuda (2002) describes a variety of possible negative effects related to exposure to trauma. This experience is linked to psychological diagnoses such as acute stress disorder, post-traumatic stress disorder, depression, panic disorder, phobias, and anxiety. Those exposed to trauma can also experience general feelings of helplessness, powerlessness, and vulnerability. Further, those who have experienced a traumatic event are at higher risk for certain physical ailments, such as chronic pain and hypertension. Past research has also demonstrated a high correlation between PTSD and increased rates of substance misuse (Van Ameringen et al., 2008). More specifically, victims of violent crimes are also at higher risk for suicide, as well as future victimization and traumatization (Gray & Acierno, 2002; Herman, 1992). Hanson et al. (2010) also found in their review of the literature that crime victimization negatively impacted victims’ employment opportunities and disrupted their social relationships.

Post-traumatic stress disorder is of particular concern when looking at those who have experienced trauma. The experience of PTSD is debilitating, as its effects are wide-ranging and insidious. PTSD is characterized by clusters of symptoms in various areas that develop in response to a traumatic event, namely intrusion into day-to-day life (e.g., flashbacks, nightmares and dissociation), avoidance of memories, thoughts or external circumstances that are reminiscent of the event (e.g., people, places, activities), and negative changes to thoughts and mood (American Psychiatric Association, 2013). This condition can be particularly problematic, as it often results in hypervigilance and rumination about the traumatic event, and can negatively impact every day functioning and relationships (Rose et al., 2009). Brunello et al. (2001) also report that PTSD can negatively affect overall role functioning, negatively impacting one’s ability to function normally in work, school, and parenting roles.

The statistics in Canada paint a troublesome picture regarding trauma, with one study reporting that 75.9% of Canadians had experienced exposure to a traumatic event, while 9.2% reported having symptoms that were diagnosable as PTSD in the course of their lifetime, and 2.4% met the diagnostic criteria for PTSD at the time of study (Van Ameringen et al., 2008). Additionally, a Statistics Canada report estimates that in 2012, approximately 367, 000 Canadians reported being the victim of a crime (Allen, 2014). Given the large number of Canadians who experience trauma, and the subset who subsequently go on to develop significant concerns related to this experience, it is important to better understand what kind of programs and resources are necessary to provide the best support possible for survivors.

In addition to the individual effects of experiencing a traumatic event, there are also widespread effects in, and costs to, communities. The varied and serious impairments an individual can develop after experiencing trauma inevitably cause a ripple effect and impact their functioning as a member of a community within a larger society (Brunello et al., 2001). Indeed, Brunello et al. (2001) have estimated the effects of PTSD on work functioning are similar to those of depression, further estimating a total productivity loss of approximately 3 billion dollars every year in the United States. Although American statistics are not entirely generalizable to the Canadian context due to variations in population, I was not able to find Canadian statistics in my review of the existing literature. Further, Walker et al. (2003) found that women with PTSD symptoms had increased health care use and increased total health care costs. Given this, it is apparent the consequences of trauma are not something that affects an individual in a vacuum, but rather is an issue that also affects communities on a larger scale.

2.2. Victim Services Programs

Given the potentially serious consequences of experiencing traumatic events, as well as the high likelihood of community members experiencing a potentially traumatic event, victim services programs were created with the aim of providing “professional, supportive and timely assistance, to lessen the impact of crime and trauma” (City of Vancouver, n.d., para. 1). In Canada, victim services programs served more than 460, 000 community members in 2012, of which many had experienced multiple traumatic

events and had previously accessed victim services (Allen, 2014). In particular, British Columbia's victim services programs reported serving more than 58,830 victims of crime in the same year (Mulligan, 2014). In Statistics Canada's *Victim Services Survey* a snapshot day was taken to provide an example of the clients who used victim services programs in British Columbia. On the snapshot day, of the 1, 765 clients assisted by programs participating in the survey, the majority (81%) were females who had experienced a violent offence committed by a partner or family member (Mulligan, 2014). Other traumatic events clients had experienced included non-violent property offences, driving incidents, and non-criminal events (e.g. suicide of a family member or friend, non-vehicular accidents).

To support community members who have experienced a potentially traumatizing event, victim services are offered by a multitude of organizations, including police detachments, community-based non-profits, sexual assault centres, and court-based programs. These services are provided either by staff members or volunteers. While some programs are mandated to serve victims of particular events (e.g. sexual assault or domestic partner violence), 65% of the programs that participated in the Statistics Canada *Victims Services Survey* offered services to clients regardless of the type of trauma they had experienced (Allen, 2014).

According to Allen (2014), in order to meet their aim of supporting victims of crime and trauma, Canadian victim services programs offer a wide-range of services and supports. These include time-sensitive crisis intervention services, such as safety planning, psychological debriefing, medical resources, and shelter or safe-houses. Long-term services include court accompaniment and support, as well as counselling, and financial compensation. While some of these services are offered directly by the victim services programs, often these supports involve being referred to a network of community resources.

2.2.1. Research on victim services programs.

Little research exists around implementation and outcomes of victim services programs (Larsen, Tax, & Botuck, 2009; Wilson & Segrave, 2011a). Some assert this may

be because victim services are often operated by non-profit organizations that do not possess the resources to engage in time-intensive evaluative processes (Larsen et al., 2009). Given this, in investigating the current literature about victim services programs, I was able to find few studies regarding their effectiveness.

Sims et al.'s (2006) mixed-methods approach found little difference in psychological functioning when comparing victims who had used victim services to those who had not. Instead, positive psychological functioning post-crime was better predicted by the individual victim's characteristics, such as high self-esteem, and a sense of control over their own lives. Psychological functioning was measured by the *Outcome-Based Evaluation Tools Scale*, which theorizes to measure self-care and behavioural aspects of functioning. Although this study did not find accessing victim services increased psychological functioning for victims of crime, 80% of the participants said they were "satisfied" or "very satisfied" by their experience of the program, and 84% indicated they would access the program again. This further highlights the need for in-depth research illuminating the subjective experiences of victim services clients.

The only other research I was able to find on the outcomes associated with a victim services program is out-of-date and not necessarily currently relevant, Davis' (1987) study comparing crime victims who had used victim services programs to those who had not. The findings in this study were much the same: crime victims who received crisis intervention did not fare any better in psychological adjustment than those who had not. Much as Sims et al.'s (2006) found, 86% of the participants said they found victim services helpful, but did not clarify how. Davis theorized that the treatment effects on psychological functioning may have been weak due to the short-term nature of such services, as they were not lengthy enough to have an adequate impact for victims.

In their market research of victim needs, Davis, Lurigio and Skogan (1999) found users of victim services often reported their most pressing needs related to finances and security were not met by the programs they accessed. Instead, they found programs emphasizing crisis counselling were most helpful. Participants further described concerns about the lack of follow-through and the large amounts of paperwork they were expected to fill out for victim services programs. Davis et al. (1999) also found how participants who

were most in need were the most likely to access victim services and report the most help from the services they received.

Larsen et al. (2009) also identified the need for continued training for victim service providers, finding the services provided and record-keeping systems differed across sites and practitioners even within the same organization. They also described how programs required additional resources in order for supervisors to provide better support for front-line staff. This was highlighted as necessary in order to prevent staff burn out and vicarious trauma when working with victims with complex needs.

Given the research demonstrating only a small number of community members are connected to a victim services program post-trauma (Davis et al., 1999), an important facet of the experience of accessing victim services is examining who seeks help. Kaukinen's (2002) examination of the experience of Canadian victims of violent crime demonstrated that only 23% of crime victims reported the crime to police, while 29% sought non-legal help. Of this latter statistic, the majority of help-seeking involved non-professional supports; with 11% of the respondents seeking help from friends, 7% contacting family, and only 4% accessing victim or social services agencies. In this study, she concluded that help-seeking strategies were mediated by two major variables: gender of the victim, and victim-offender relationship. Female victims were more likely to seek help from family, friends, and social service agencies, particularly when the offender was known to her. Conversely, male victims were more likely to either not seek help, or to call the police.

Other studies have found that crimes perpetrated by known offenders are more likely to be reported to the police (Zaykowski, 2014). Zaykowski's (2014) work also found that victims of crime were much more likely to access victim services if they reported the crime to the police, concluding that police contact provided an important link to victim services in the community. Indeed, Davis et al.'s (1999) research found that 63% of the victim services participants they spoke to had been referred verbally or through written information provided by police officers. Zaykowski raised the question of the role police play in this mediation; voicing concern that police may make faulty decisions about referrals to victim services based on their perceptions of the victim at hand.

Winkel and Aldert (1998) spoke to this concern, outlining the difficult assessments police officers must make, often with little information or time to conduct a thorough interview. Wilson and Segal (2011a; 2011b) highlighted in their research the impact of police culture on provision of services to victims of crime, demonstrating the prevailing view that crime-fighting and prevention come first, and victim needs and support come second in their work. Police officers' perceptions of "ideal victims" (i.e. blameless, innocent, vulnerable) versus "non-ideal victims" (i.e. in some part deserving, or to blame for being victimized) also influenced service provision, although this was mediated by officer characteristics such as community engagement, and available resources. While all victims received a certain minimum of support and service provision, those deemed more deserving or in need received additional time and support. Police officers also often made this determination based on the type of crime involved, and more often referred victims of violent crimes to victim services. Finally, officers also reported difficulty in maintaining a database of services that were accessible and local, as well as increased difficulty providing effective services in culturally diverse communities with varying attitudes towards police involvement. Given these difficulties and the crucial role police officers play in providing referrals to victim services, it is apparent that groups that are less likely to report to legal authorities are also less likely to access victim services (Sered, 2011).

Victims also perceive other barriers when accessing the system of care available to them. Women in one study reported concerns regarding affordability and accessibility of services, describing great difficulty finding supports that were both low-cost and available (Logan, Stevenson, Evans, & Leukefeld, 2004). Of particular note, some participants in this study, as well as Davis et al.'s (1999) research previously described, expressed not knowing what services were available to them, demonstrating a lack of community awareness regarding victim services. In describing their experiences accessing available supports, they also described feeling thwarted by system-wide bureaucracy, and concerns about the consistency and quality of support providers (Logan et al., 2004). Sered (2011) described how certain victims of crime, particularly young minority men, have difficulty accessing victim services. This was due to several factors, namely: not considering themselves a victim despite having been harmed in a crime; finding available services were not able to meet their needs; and having overall negative experiences with the criminal justice system. One example given in this paper was an

experience of discrimination reported by one participant. After having been shot in a park while playing with his younger sister, the young man described the interaction he had with police wherein the officer refused to believe he had not instigated the attack and did not have a gun of his own. This participant said that, “the experience indicated to him that the criminal justice system did not value his life as it valued the lives of others” (Sered, 2011, p. 52). Given these types of experiences, participants reported a lower likelihood of seeking help or trusting those who provided it.

In contrast to this, victims of crime that describe feeling involved and empowered in the process of engaging with the criminal justice system also report greater satisfaction with their overall experience, and lower rates of psychopathology (Byrne et al., as cited in Jennings, Gover, & Piquero, 2011). As victim services programs aim to provide information and support to facilitate involvement in the criminal justice process, this could speak to a benefit of using such programs. Bradford (2011) spoke specifically to the experience of accessing victim services, demonstrating how those who use the program perceive the criminal justice system as fairer, and more effective overall. These studies point to the importance of further understanding the subjective experiences of community members engaging with victim services, and how this impacts their well-being, and beliefs about their overall experiences.

2.2.2. Psychological Debriefing.

One particular component of the services offered by victim services programs is a form of short-term crisis support called *psychological debriefing*. The aims of psychological debriefing interventions are two-fold: reducing immediate emotional distress, and preventing the development of negative psychological symptomology, such as PTSD and depression (Allen, 2014; Choe, 2005; Litz, Gray, Bryant & Adler, 2002; Mitchell, 2003; Rose et al., 2009). Psychological debriefing generally constitutes a single session of emotional debriefing following the traumatic event, focused education around any legal process involved, psychoeducation regarding the impacts of trauma, and referrals to support in the community (Choe, 2005; Rose et al., 2009). The use of psychological debriefing is controversial, with some researchers demonstrating it either has no effect or even causes harm to participants (Bisson, Jenkins, Alexander, & Bannister, 1997; Choe,

2005; Litz et al., 2002; Mayou et al., 2000; Rose et al., 2009), and others arguing that it remains a useful intervention (Everly, Boyle, & Lating, 1999; Mitchell, 2003; Vernberg et al., 2008). One of the major issues with the research done to date is the lack of rigour in methodology (Litz et al., 2002; Tuckey, 2007). Adding to this confusion is the lack of transparency and standard terminology, as the psychological debriefing offered in various studies is not always fully explained or defined. Looking at the research surrounding psychological debriefing, it is difficult to draw explicit conclusions, to generalize the findings, or to use results to inform future clinical practice. Focusing on aspects of experience beyond symptomatology could better illuminate the experiences of those using psychological debriefing, and what could be done to improve services for those who need them. This highlights the purpose for the current study, as my main objective is to get a richer sense of the storied experiences of community members engaging with the victim services system.

Chapter 3. Methodological Approach

A qualitative approach is the best choice to investigate the experiences of people engaging with victim services in order to expand on the quantitative data that characterizes the research done thus far. Although the extant literature provides a glimpse into the use of victim services, a major gap remains and little is known about participants' subjective experiences. Qualitative inquiry allows for richer detail to be uncovered, and could provide a better sense of the experiences of participants of victim services programs rather than focusing on their quantifiable symptomology. The research questions I seek to answer are best suited to be answered through a qualitative inquiry, and specifically using a narrative research method.

The narrative approach is itself well-suited to further illuminating the experiences of community members who have used victim services programs, as narratives bring forth "rich, detailed and often personal perspectives" (Hyvärinen, 2008, p. 447). The term *narrative* can be used to describe both the data being investigated, and the process of investigation (Connelly & Clandinin, 1990; Creswell, 2013). Narrative inquiry provides a means to bring to light the subjective experiences of the narrator through the stories they tell. This approach further posits that the human experience is inherently a storied one, and thus how examining the stories we tell allows us to study how we experience the world (Connelly & Clandinin, 1990, Polkinghorne, 1988). In particular, the narrative approach allows the researcher to investigate the experience of a person or group of people in an open fashion, as stories provide a means to understand another's inner world (Lieblich, Tuval-Mashiach, & Zibler, 1998). Indeed, my initial interest in this topic was ignited in part by the stories I heard from callers on a local crisis line. These rich narratives gave me a brief glimpse into the experience of accessing the system of care after exposure to trauma. Although I had some exposure to these stories, this open approach also suited my research question, as I had no presuppositions or underlying hypotheses. Instead, I had a curiosity about the general experience of engaging with victim services and psychological debriefing. In particular, narrative methodology spoke to me, as I witnessed a dearth of research surrounding the experiences of an important and vulnerable group of community members, and saw that narrative would provide the means to allow "frequently

discriminated against minorities [to] express their unheard voices" (Lieblich et al., 1998, p. 5).

The process of constructing narratives is inherently dynamic: narrators use stories to organize experience, generate meaning, as well as create and understand their reality (Bruner, 1991; Lieblich et al., 1998). These stories are not static, but rather are shaped and edited over time and re-telling. As Lieblich et al. write, "We know or discover ourselves, and reveal ourselves to others, by the stories we tell" (1998, p. 7). These stories tell us not only what happened, but also give us a window into the narrator's beliefs, values, and thoughts about the world (Bruner, 1991).

Polkinghorne (1988) posits that we do not experience life as a series of unrelated moments, but rather draw connections and relationships between events and ideas. This process creates the narratives through which we recollect and understand our experiences, allowing us to generate meaning about what has happened. As he writes, "Narrative creates its meaning by noting the contributions that actions and events make to a particular outcome and then configures these parts into a whole episode" (1988, p. 6). The connections we draw between events generate the meaning we assign to them within the story that is created. Polkinghorne also describes the realm of meaning as not material or tangible, but rather as a mental process or activity. Given this, we use interpretation in order to create and understand meaning in narratives. Polkinghorne argues this allows us to provide knowledge that expands on our qualitative understanding of human experience, rather than trying to quantify or control it. Narrators engage in continuous interpretation in the retelling of their stories, often in relation to new experiences or the present context. They describe not only what happened, but also their understanding and interpretation of the events. In going beyond the mere events, narratives elaborate on the significance they have for the narrator. As Polkinghorne says, "Our lives are ceaselessly intertwined with narrative," (p. 160) as we recollect the past and plan for the future in the stories we tell to ourselves and others.

This process does not occur in a vacuum. Instead, it is influenced by context, including the stated purpose of telling a narrative, the members involved, the cultural and social milieu in which it occurs, and the particular subjective experience of the narrator at

that time (Bruner, 1991; Hyvärinen, 2008; Lieblich et al., 1998). This creation of meaning is inherently impacted by context, as culturally significant themes and ideas are interwoven throughout narratives. This extends to the very language used, as each word carries with it particular social and personal meaning (Bruner, 1991; Polkinghorne, 1988). As Bruner (1991) writes, how we perceive and represent our reality is impacted by our cultural context, norms, and the language we use. Further, narratives in research are also co-constructed and collaborative, as the researcher and participant work together to create narratives, and inevitably influence each other (Connelly & Clandinin, 1990; Creswell, 2013; Polkinghorne, 1988). The interviewer impacts the telling of the narrative in the questions they ask, when and how they ask them, and the connection they have with the narrator. The narrator also makes choices about what to say, how to say it, and how to present themselves (Polkinghorne, 1988). Although the resulting narrative may seem like an objective telling of “what happened,” it is instead merely a snapshot of a constantly shifting and moving life story.

Indeed, as Bruner (1991) explains, there is a difference between what is said in the narrative, and what the narrative means. As there is no one way to interpret a narrative or determine some “true” meaning within it, this interpretation is invariably impacted by the interpreter. Thus, while participants may understand their narratives in one way, I may have drawn a different meaning based on my own world view, background knowledge, and perception of the stories presented. Given this, the results of this study are not meant to be some sort of objective truth as to the meaning of the narratives told by participants. Instead, I sought to present my own interpretation of these stories, and worked to “provide an intuitively convincing account of the meaning of the text as a whole in the light of the constituent parts that make it up” (Bruner, 1991, p. 7).

Narrative inquiry provides a stark contrast to other research methodologies, such as quantitative analysis, arguing that there is no objective truth, but rather many subjective realities (Lieblich et al., 1998). As this posits there is no one “correct” reading of a narrative, the role of the researcher inevitably impacts the understanding and interpretation of the data at hand. Narrative inquiry posits that interpretations are “personal, partial, and dynamic” (Lieblich et al., 1998, p. 10). Given this, it was important to engage in reflexivity

throughout the process of conducting this research, in order to be mindful of my position in relation to the data, and try to stay as true to the participants' experiences as possible.

While the term *narrative* can refer to both the stories told and the method used, narrative methodology can vary greatly in practice to answer diverse research questions. Readings of the narrative can focus on literary concepts (e.g. plot and characters), linguistic features, or themes (Lieblich et al., 1998). This study focused on the overall stories participants told in order to highlight themes from across their experiences. This allowed me to not only present the narratives told by participants, but also to discuss the meaning of these stories (Creswell, 2013).

3.1. Research Design

3.1.1. Recruitment.

After obtaining ethics approval from Simon Fraser University's Office of Research Ethics, I began recruitment by sending out and posting recruitment flyers (see Appendix A) at mental health and trauma counselling offices, and post-secondary institutions in the Lower Mainland (Simon Fraser University, Vancouver Community College, and Langara). I also posted an ad on the online classifieds site *Craigslist*. All participants established contact via the online posting. Although I attempted to get in touch with the Vancouver Police Department's victim services program in order to facilitate recruitment and gain more information about their program, I was unable to garner a response from those I contacted.

In order to determine fit for the study, I asked respondents several questions to determine their eligibility (as described in the next section), and answered any questions they had about participation in the study (see Appendix B). I then scheduled an interview with those that fit the study criteria, offering to meet participants at a place of their choosing, or book space at any of SFU's three campus. All respondents chose their own locations, including several coffee shops, and two of the participants' workplaces.

3.1.2. Participants in this study.

Participants were required to be aged 19 or older, and to have used a victim services program in the Lower Mainland within the previous 36 months. I chose the time frame of three years based on previous research where the follow-up with clients in psychological debriefing programs was at three years post-intervention (Mayou et al., 2000). Although 11 potential participants responded to the call for participation, only six met eligibility criteria and chose to participate. The six participants ranged in age from 24 to 63 years of age, and were comprised of five women of Caucasian and First Nations ancestry, and one man of Caucasian ancestry. After the restorying process, one participant withdrew her participation, and her data was not included in further analysis. Of the remaining participants, two sought victim services support due to violent attacks that resulted in physical injury. One participant had been seriously injured in an accidental pedestrian collision, and had also previously sought support from victim services due to being assaulted. Another participant sought services due to historical sexual abuse, and the final participant had experienced several incidents in her community (including being assaulted, and witnessing suicide and overdose deaths). These incidents all meet the American Psychological Association's definition of trauma as "exposure to actual or threatened death, serious injury, or sexual violence" (2013, p. 271). Participants had accessed several victim services programs in the Lower Mainland, through the Vancouver Police, West Vancouver Police, Burnaby Royal Canadian Mounted Police (RCMP), Surrey RCMP, and Ministry of Justice. Participants sought financial support, as well as medical and psychological services.

3.1.3. Data collection.

Before beginning interviews, I reviewed informed consent (see Appendix C) with participants and answered questions they had regarding confidentiality, the use of data, and the overall study process. Participants were also provided with contact information should they have any further questions or concerns. Given the sensitive nature of the topics disclosed in these interviews, I discussed potential emotional distress with participants, and invited them to pause or stop the interview at any time. I also provided

participants with community resources and coping tools in the event they felt distressed at a later point after the interview (see Appendix D).

Data was collected through a semi-structured interview focusing on participants' stories of their experiences using victim services programs (see Appendix E). Additionally, I asked participants about the context surrounding their experience, as well as the impact of their experiences on their beliefs and perceptions of themselves. As interviews were semi-structured, I also used iterative questioning in order to ensure that the experiences each participant presented could be fully explored. Although the interview questions focused on participants' experiences with victim services programs (e.g. "What did you find helpful about your experience using the victim services program?"), all the participants in this study spoke of interactions with other service providers they perceived to be connected to victim services. This unexpected response highlighted participants' perception of a *victim services system*, where victim services are interconnected with other service providers, such as police officers, firefighters, and paramedics. Given this, these interactions with other helpers were included in the results of this study, as participants' highlighted their importance in their overall experiences accessing victim services. Another example of iterative questioning was when a participant said, "The firefighters, they helped me a lot," and I asked more about what it was the firefighters did that was helpful. This elicited an anecdote about the compassion she felt from one firefighter in particular, and how she found this interaction very comforting in a time of great distress.

3.1.4. Data Analysis.

After the interviews were completed, I transcribed them verbatim, then engaged in the process of restorying. Creswell (2013) defines restorying as a process wherein the transcripts are altered and organized into a chronological narrative. For the purposes of this study, several aspects were altered. As the construction of these narratives is inherently collaborative, their content was influenced by the questions I asked, and how and when I asked them. While acknowledging this, my first step in restorying the narratives was removing questions I had asked during the interview. This allowed more emphasis to be placed on the words of the participants in the form of a narrative or story. Second, I removed unfinished sentences, repetitions, and fillers, such as "um", "uh", and "like".

Pieces of participants' interviews were only removed when they were unnecessary and did not contribute to the continuity of the stories told. During this process, it was important to be vigilant about what was removed in order to maintain the participants' voices and keep intact their personal way of telling their story. Finally, I added words that were necessary to understand what the participant said, often providing context from questions I had asked (Lieblich et al., 1998). Then, the narratives were re-organized chronologically to the extent it was possible and made sense. Participants often spoke about a specific incident or aspect of their experience at different points of the interview; therefore, this rearrangement allowed for better flow and increased understanding of the narratives. For example, one participant spoke of an accident, then some experiences she had at work, then returned to the subject of the accident. In restorying, I moved the pieces regarding the accident together. When I was unsure of how to arrange a particular section of a narrative, I engaged in critical discussions with peers in order to ensure I was not overly manipulating the stories told.

At this point, I conducted a member check wherein I contacted each participant and asked for a review of the narrative, inviting additions, edits, or removal of any content in order to make the narrative as close to the participant's experience as possible. This highlights the collaborative nature of narrative inquiry, as participants had control over the content and structure of their narrative (Creswell, 2013). Narratives sent back to participants were password-protected in order to ensure confidentiality to the extent possible. Additionally, any information that could potentially be identifying was further anonymized (e.g., the name of a school was changed to "local school"). Of the six participants, four responded. One participant confirmed her transcript entirely, one added a clarifying word, and one asked to edit his transcript in order to reflect events since our interview. The final participant who responded withdrew her participation at this point without explicitly stating the reason, saying, "I'[ve] given it a lot of thought and I would like to pull out of the study entirely."

After verification with participants, I used the MaxQDA (2007) qualitative coding software program as a tool to assist me in working interactively with each narrative as I coded the selections I read. I engaged in multiple readings of each story, looking for particular descriptions appearing in the narrative. For example, I read for anecdotes and

small narratives within the larger narrative that would provide rich detail regarding helpful aspects participants described in the process of engaging in victim services. Some of these descriptions came a priori from the questions I asked in the semi-structured interviews. For example, I was interested in reading for stories of helpfulness or impediments related to victim services, brief stories of the incident(s) participants experienced, as well as stories describing participants' wishes about what they could change about their experience. Other descriptions emerged from reading and coding processes, such as accounts of the impact of the trauma experienced, beliefs and values about the system and compassion, and narratives around the term *victim*. This is consistent with Lieblich et al.'s (1998) assertion that the process of narrative inquiry involves continual interactions with the data, and continued refinement of understanding over continued readings.

After this initial reading and coding process, I reread the selected codes in order to organize them into finer sub-categories. In revisiting the codes, I was able to see similarities across them that demonstrated they would fit well together; for example, instances of impediments that were best described as inequities in accessibility the participants had experienced.

The final process in data analysis was developing themes. Saldana (2013) describes several activities to facilitate this process. I used one called *code-weaving*, wherein I revisited the categories and sub-categories and wrote descriptive sentences that described the relation I saw between them. I also drew a Venn diagram and several other visual representations of how I saw the relationship between various aspects of the narratives described by participants. Doing this, in addition to consultation with my supervisor and peers, helped me develop the themes I will describe in the next chapter.

3.2. Trustworthiness

Establishing trustworthiness is paramount in producing and presenting qualitative research. As such, I included several components in the design and implementation of this research to aid in demonstrating the facets of trustworthiness: credibility, transferability, dependability, and confirmability.

3.2.1. Credibility.

The notion of credibility in narrative research is not necessarily to prove that the research in question is representative of one given reality, but rather to provide a representation of the varied storied experience of participants (Shenton, 2004). First, to ensure credibility of my representations, I utilized methods well-established in psychological research, and well-suited to the questions I was investigating. For example, participants were also sought out from a variety of sources, had used different victim services programs, and represented a range of experiences in order to provide some sense of triangulation of data (Creswell, 2013). Given the sensitive nature of the interview questions, participant confidentiality was ensured to the extent possible, and participants were reminded of their right to withdraw from participation at any time in order to encourage honesty (Shenton, 2004). Further iterative questioning and paraphrasing were used in order to get rich detail and ensure that participants' experiences were being thoroughly explained and understood.

Additionally, I engaged in several reflective processes in the process of this research as Shenton (2004) and Creswell (2013) recommend. I sought out and participated in discussion and debriefing with several peers, as well as my supervisor. This enabled me to contemplate my process critically, and gain outside perspectives on how to proceed. As I worked through the process of collecting, transcribing, and analyzing the data, I also wrote reflective notes in order to gain a sense of my own reactions and thoughts in relation to the narratives I heard. Finally, I engaged in member checks in order to verify that the narratives I used were representative of the participants' experiences. This is an important facet of conducting ethical research, as it is imperative to give voice to the participants and acknowledge the expertise they carry in their own narrative experience.

3.2.2. Transferability.

Given the inherently contextual nature of qualitative narrative inquiry, results are difficult to generalize to other groups or contexts. At the same time, Shenton (2004) advises providing a sense of the context that impacts the study at hand. To ensure this, I

explicitly described the context and processes that informed this particular research, in order to provide as much information to the reader as possible.

Despite the nature of this form of inquiry, it is my hope these results will be transferable to practical use in the understanding and implementation of victim services programs. Given the lacuna in research surrounding this important topic, these results may provide information for others wanting to gain a better sense of what the experience of accessing victim services entails for the participants in this study.

3.2.3. Dependability.

Shenton (2004) defines dependability as when someone else replicates similar steps as I have outlined in this methods section and potentially finding similar results. Although the nature of narrative inquiry is such that this study's results are not truly replicable, I have been transparent and clear regarding my research process and the factors influencing its implementation. Given this, the procedures involved in this study may be replicated in a similar way by other researchers interested in this topic.

3.2.4. Confirmability.

The notion of confirmability speaks to the extent to which the results reflect the data, and are not overly influenced by the researcher's biases and interpretations. Given the inherently personal and interpretive nature of narrative inquiry, it is particularly important to position myself in relation to the data (Lieblich et al., 1998; Shenton, 2004). In order to maintain confirmability to the best of my ability, I engaged reflectively with peers and supervisors, and maintained notes of my process and decision-making throughout. In the writing of the results of this study, I also attempt to position myself within my own context in order to demonstrate how my experiences and ways of being in the world may have come into play in the implementation of this research.

Interviews were also audiotaped and transcribed verbatim to ensure accuracy of reporting, and I used a semi-structured interview protocol to maintain consistency across interviews (Creswell, 2013; Shenton, 2004). Transparency is essential in establishing trustworthiness, as it allows others to understand the approach taken, how it was carried

out, and how another might do the same. This will help others not only understand my process, but will also allow for an “audit trail” (Shenton, 2004, p. 72) others can follow.

3.3. Ethical Considerations

This stream of inquiry aimed to investigate the experiences of a vulnerable group of participants. Although I initially had concerns about the risks inherent in working with such a population, some research has demonstrated that the process of engaging in research regarding trauma can be helpful, rather than harmful (Carlson et al., 2003). Keeping this in mind, it was still important to be mindful and respectful of the emotional and psychological needs of the participants engaging in this study. As discussing their experiences engaging in victim services programs could also potentially bring up their traumatic experiences as well, it was important to have certain measures in place to ensure the psychological wellness of the participants in this study. This included being transparent in the informed consent portion of the study, explaining clearly that emotional distress could arise as a result of participating, and highlighting that participation can be withdrawn at any time if it became too uncomfortable.

It was also important to have information about local resources on hand in case any participants felt emotional distress after completing the interview. This constituted a handout (see Appendix D) with a list of resources, including descriptions of the services the resources provided, along with contact information. Additionally, I included some calming and grounding techniques for participants to use on their own.

Chapter 4. Results

Narrative inquiry is inherently impacted by its context. Given this, it is necessary to transparently position myself and describe the context and personal attributes that influenced my perception and interpretation of the narratives I read (Connelly & Clandinin, 1990; Creswell, 2013; Hyvärinen, 2008; Lieblich et al., 1998). Engaging in reflexivity was crucial for me throughout this process in order to remain aware of my own biases and assumptions and how these might impact my relationship to the work I did. This allows readers to understand the perspective from which I engaged in the research and data analysis process. The summary I present below is the result of notes written throughout this process, along with many discussions with peers, mentors, and my supervisor. Presenting the biases and assumptions I have carried with me into this research is not meant to detract from or diminish the findings in this study. Instead, it is my hope that being transparent in my beliefs and biases will give readers a better sense of how the narratives and themes presented below were co-constructed. During this process, it has always been my aim to privilege the voices of the participants in this study.

From its inception, my interest in this research was sparked by several of my own experiences: namely, a brief contact with victim services as a potential client, and my time working on a local crisis line talking to community members. Although I declined to further access victim services, my experience having been assaulted and engaging momentarily with the victim services worker who eventually came to the scene provided an initial sense of what it was like to be considered a victim by the system. While my experience was different than the stories presented below, I can connect with and share the experience of being presented with an unfamiliar system of services I did not quite understand. I had also heard numerous stories of trauma and struggling to find services through my work at the crisis line. Because of these experiences, I worked to stay as close to participants' narratives as possible, often clarifying my understanding of their experiences during the interviews. I also engaged in a variety of procedures, as described in the above trustworthiness section, aiming to ensure that any interpretations I made were based on the participants' words, rather than any of my own experiences.

Other aspects of my experiences may have also impacted my work in this study. My work as a counsellor and the approach I take primed me to focus on certain aspects of experience. Specifically, I tended to focus on the emotional and meaning-making facets of experience, and often found myself asking probing questions to further illuminate those particular aspects of participants' stories. I also instinctually paraphrased participants' responses in order to ensure I had understood their narrative accurately; this frequently encouraged participants to delve deeper and provided richer detail regarding their experiences. Additionally, the counselling ethic of "first do no harm, and then do some good" (Lohr et al., 2006, p. 131) also resonates immensely with me. My passion for social justice is interwoven into many things I do, and thus I have a strong reaction when I witness suffering, inequality, and injustice. When hearing participants' negative experiences where they perceived not being adequately helped or respected, I also sometimes found myself feeling frustrated about the difficulties they described.

Given these experiences, many of the anecdotes and experiences I coded were connected to participants' emotional experiences during the process of accessing victim services. Additionally, the frustration I felt could have skewed my focus towards stories that particularly spoke to me from a social justice perspective, or were more powerful to me because they brought forth my sense of frustration. Although these codes provided an important look into these facets of their experiences, it is possible that my focus may have detracted from inquiry into other possible aspects of participants' experiences, such as a more in-depth understanding of their positive experiences, their social supports, and the impact of their trauma.

Although in narrative inquiry the researcher's perspective inherently impacts their interpretation of the data, it is important to be cognizant and cautious of the extent to which this happens. In order to work with my biases mindfully and ensure they did not influence my work unnecessarily, I followed the interview protocol (see Appendix D) I had developed prior to interviews, and worked to ensure I asked questions not only regarding what participants had found unhelpful, but also about what they had found helpful. The trustworthiness measures I wove into the research process helped me feel confident that my bias towards emotional experience and social justice was not misinterpreting participants' experiences.

The central theme of *shifting visibility* emerged from the stories participants told about their experiences engaging the victim services system. The participants in this study spoke of feeling both *invisible* and *visible* at various points of their experiences with the victim services system. Participants' experience of *invisibility* was captured in three main categories: (a) participant-held beliefs contradicted by their experiences; (b) being in conflict with the victim services system; and (c) interactions with individual service providers. Participants described the victim services system as one that included victim services, government, healthcare, emergency services, and the police. This sense of invisibility related to feeling unseen, unheard, and misunderstood throughout these interactions. Finally, in instances where participants felt *visible*, they described feeling heard, validated, and acknowledged in their interactions with individuals. First, I present a figure outlining the themes from this study (see Figure 4.1). Then, the themes I present below are accompanied by the participants' own words; allowing readers to see how the themes have come to be, and giving participants space for their important stories.

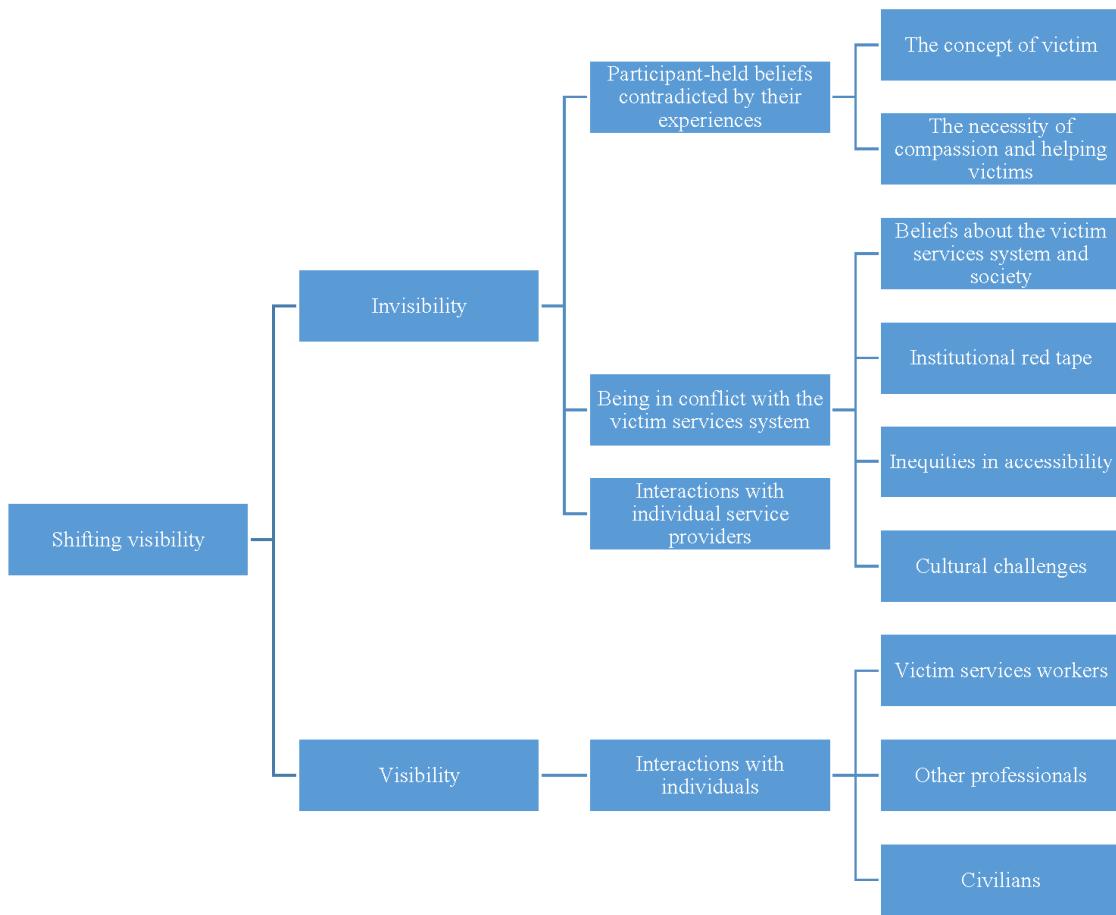


Figure 4.1 Theme chart

4.1. Invisibility

4.1.1. Participant-held beliefs contradicted by their experiences.

Participants described two categories of beliefs: (a) the concept of victim; and (b) the necessity of compassion and helping victims. When these beliefs were contradicted by participants' experiences of engaging with the victim services system, they further described feeling overlooked, mistreated, and ignored.

The concept of victim. Participants told stories regarding the experience of being a victim, and how that term was defined by themselves, and by victim services. In particular, some participants spoke of how their notion of being a victim was in conflict with that of the victim services system. One participant described living on a local reservation, and her experience of this environment as a form of victimization. As she said:

Part of me hates the reservation, part of me loves it. The alcoholism, the drugs, and the shoplifting, and the prostitution, the rape. Every single day, every single day somebody is suffering on my reservation. Yesterday I drove through there, all the people that I know who are hanging their heads, dangling drunk. . . . When you see a woman passed out under a bush, and you know that last summer a woman was dragged from the bench she was sitting on right into the bushes. He caved her head in with a rock, caved her chest in. She was operating on one lung. She died in her yard. She had some barriers, they all do. I want out so badly. I can't get out fast enough.

This participant experienced her living circumstances as victimizing, often fearing for her safety and wondering how she was going to survive one day to the next. This participant's experience was not a single incident, but rather what she perceived as ongoing and long-term victimization. She went on to further detail her experience of victimization on the reservation, saying:

Are we a victim because we're not living above the poverty level? Well apparently I'm not a victim anymore – to them. I'm a victim of my circumstances, of where I'm living right now. I expect to be murdered, it's not that uncommon. Someone's gonna see me, and say, "You've found so-and-so stealing, you revived him up from his overdose. But you know, just who the eff do you think you are? You white bitch or whatever."

Although this participant described feeling traumatized every day on the reservation and described herself as a victim because of this, not meeting victim services' definition impacted the help and care she got. This participant thought she was not regarded as important, saying, "I am being treated like a minor cold." She described her beliefs that people in need should be acknowledged and helped by others. Although victim services' mandate includes victims of both crime and trauma, they emphasize short-term support for victims of one-off events, rather than long-term environmental traumas (City of Vancouver, n.d.). Not meeting victim services' definition of victim contradicted this belief and left her feeling as though her experience of victimization was overlooked.

Another participant also struggled with the notion of victim, and how it was defined differently across different interactions she had. As she described:

I was considering using [victim service's] decision. Which ultimately, they approved me for after the \$5000 and [after I] got my own fucking counselling. Now it's a question of whether it's proof or a means of supporting my case legally to demonstrate that I was a victim. However, according to the lawyers - since they're the experts - just because the ministry of justice agrees that I was a victim and I had been wrong[ed], and that I need financial assistance and restitution, does not contribute to the legal argument. So, we're back to square one, where the victim has to prove it themselves. Yes, you're a victim, but that doesn't mean we're going to recognize it, [and] doesn't mean that we're going to enable you to heal. Doesn't mean we're going to facilitate or be instrumental to helping justice be served. We're just going to follow the rules. And do our job.

Here, the participant describes what she perceived as an infuriating experience. Although the victim services program she had accessed defined her as a victim after she had fought for them to do so, this did not carry forward when she was dealing with the legal system. She found herself once again burdened with the responsibility of proving that she was a victim in order to get further support. The participant once again thought her experience as a victim was not recognized or acknowledged, and this prevented her from moving forward in her healing process.

Another participant spoke of the victim label as being defined by legal proceedings. She described feeling dismissed by the process when victim services were not able to assist her when no criminal charges were made against her attacker, explaining:

I went and reported it, and basically the crown rejected the claim, so they said, "Well, you know...sorry." And I filled out this victim services report and somebody said from victim services, "Oh, you should fill it out. Because, you know, you could get money because you had to lose your job, and because you had to relocate your home. And they might even be able to pay some money because you're getting stalked," and just all this horrible stuff. And basically, victim services turned around and they said, "Well, because the crown didn't press any charges, you don't get any money. Sorry, kid." And, you know, they had no concept of actually what had happened for me.

This participant's story highlights how her recognition as a victim hinged on the legal facet of her case, rather than on her own experience. Although she describes the victim services worker listing the difficulties she was facing, she underlines the fact the worker did not truly understand what she was going through. Because she was not recognized from a legal perspective, she was also not recognized by the provision of services to help her cope, either financially or emotionally.

Expanding on this, participants also spoke about how they thought victims should be recognized and treated, particularly financially. As one participant said:

What I'm going to be eventually compensated, if I ever do get compensated, is maybe a hundred bucks, but the guy took 80 bucks from me, right? If they would've sent me a check for a hundred bucks, well then I'd say, "Well, it's kinda dick all but I mean it's a hundred bucks." And what it's cost me in my time and my life and my emotions, was a lot more than that. So, even though victim services is there to sorta [say], "Yeah we got a victim services, you know, the whole deal," it's not really compensating somebody for the trauma and everything else they've gone through.

This participant expressed frustration that he was not recognized financially for the pain and suffering he had endured because of his victimization. The beliefs underlying this frustration center on the notion that victims should be compensated for their emotional suffering. When this belief did not carry into his experience, this participant felt mistreated, and unacknowledged.

Another participant spoke of a similar situation, where she was struggling with getting back her apartment's damage deposit because of the blood left behind after she was attacked. She said:

My dad was able to get back the rent for February, which was awesome, as they really didn't want to give it back to us for some reason. They were all like, "Well we're going to have to clean up so much blood." It's like, it's not our fault. I mean, we had already given notice for March 1st anyways, because one of my roommates was going to move out with some of her friends, and me and my other roommate were going to move out together, but she ended up living with some other friends. But for some reason they were very difficult about giving it back

This participant's story highlights the belief that because being victimized was not her fault, she should not be unduly punished for it. Instead, it was her belief that others should be willing to compromise or otherwise help her out because of what had happened to her. Another participant described a similar belief when she was declined services through victim services because charges were not pressed against her attacker:

Yeah they were like, "Well, tough shit." And I was just like, "How can you be that way?" It's not like I did anything bad. So I was just like, "Okay." The whole thing was just really angering.

This participant felt dismissed by her interaction with this system; experiencing it as uncaring, despite her lack of responsibility in what had happened. She believed victim services should be more understanding and more helpful, given that what had happened to her was not her fault. Much like the participant quote above, she felt unfairly punished.

Participants also struggled with less formal support. Often, this was because they had concerns about how others would see them as victims, and worried that other people in their lives would not understand them or what had happened. Participants felt unable to share their stories with others in their social groups, and were left to struggle with the impacts of their experiences largely on their own. One participant described not telling others the full extent of her injuries:

He knows everything that happened, which is actually really rare, 'cause I usually don't tell anybody everything that happened. I usually don't go into much detail, but I told him. I usually leave out that I had my head shaved in the hospital, and that I have a patch in the back of my head where the skin is just gone, like it came off. They were going to do a skin graft but the plastic surgeon just ended up rotating it in one of the surgeries I had no hair in the hospital, and obviously when I got home I had very little, so I had to wear wigs for a while. It's obviously grown out now but for a while it was just long enough to cover the scars, and then I was like, "Screw wigs." I got extensions put in, but since the hair was already quite short they had to be like just to around [chin-length], they actually looked good. My hair is longer now than it's been a couple years. So that is one thing I don't tell people, because I think I feel like if people - like other than my friends and counsellors and what not - know about that, they just assume there's something else wrong with me mentally. Like I could be like psycho or whatever. [It might change people's idea of me] before they get to know me, you know. So that's why I usually wait for a while to tell people in my life, unless I have to for some reason. It's not about the trauma in general. I kinda have to

tell people about my voice, 'cause I can't go to loud places, and I have these scars and stuff like that. So I have no problem telling people just a general overview. It's more just going into detail.

Although this participant had noticeable injuries that required her to answer questions at times, for the most part she kept the full extent of what had happened to herself. She expressed concerns that people might make judgments about her or how she has been affected without actually seeing her as she is. Another participant echoed this statement, and said:

That was pretty much it for support. I probably just wouldn't want anyone to know that I had to deal with the police for any reason. That's probably why I wouldn't say anything. I don't think in this case it would've been anything big. I guess I just didn't want to let certain people know, because I didn't want them to think that my financial situation might've been desperate. And then the other reason is that I generally don't want anybody to know if I had to deal with the police, period. Because it's usually been something around me being like, beaten up by a partner. And I don't need that crap following me. It's a social stigma. And that's the last thing you need, is when you're dealing with all of that, you don't need someone else judging you. And it's unfortunate that that's how it works, but that's how that works.

In some ways, both of these participants described in the above quotes keeping themselves safe from perceived potential social stigma and judgment by choosing invisibility. While one participant worked to avoid telling anyone about her involvement with the police, the other omitted details about the extent of her injuries. Here, they both aimed to protect themselves from the potentially negative opinions of others who would not understand what they have gone through.

The necessity of compassion and helping victims. Participants described at length beliefs surrounding the idea that compassion and helping people in need are crucial. As one person described:

I've just always had that mentality around just helping people out. I grew up in a neighbourhood, in an area where people did that. Even if you didn't really know somebody, but you saw that somebody was hurt or beat up or something, you would at least be like, "Hey." Try to be a Good Samaritan. I was just really off-put to see that happen. Not a lot of people do this, but even if I see somebody who looks like they're [screwed up], if I'm in public and I'm walking down a street or whatever,

[and] somebody who's like, hunched over a shopping cart and they're just there, I'll go up and I'll be like, "Hey, are you okay?" Or, "Hey, are you sleeping?" And if I see them breathing, or if they're like, "Yeah, I'm fine or whatever," then I just do it. But I've found people who are in a drug-induced state, or they're needing an ambulance. And if I wasn't there it wouldn't have happened. I don't really feel like, "Oh I don't want to get involved in that." I'm like, "I'll just make sure they're okay."

This participant highlights the importance she places on checking on, and helping others in need, even if they are strangers. She described this value as interwoven into various facets of her life, such as the day-to-day encounters she describes above, as well as her work. Given this, she reported feeling very upset when passersby ignored her accident leaving her bleeding on a busy sidewalk. The participant said:

I actually was really angry [nobody stopped] because I knew there was a whole bunch of people at that corner. . . . It's a huge, busy street, it was the middle of the morning. So you know there was lots of people around, and no one stopped to say, "Hey, are you okay?" Or even just being like, 'Hey.' They didn't have to be there. They just looked at me and kept walking. I was really pissed off about that. I mean obviously the paramedic student was amazing, but they could have just said, "Hey, I see you down there, don't panic, I'm calling 911 right now." But I literally had to scream at the top of my lungs to get someone to notice me and I was just so angry about that.

This participant's story highlights her experience of invisibility, as she was literally bleeding from a head wound on a busy sidewalk as people walked by and ignored her. As she says, she just needed someone to say 'I see you' and offer to call assistance. She went on to say, "I was just so angry to see like, out of the corner of my eye, people just look at me, and just keep walking. It was like, 'You bastards.' It was just terrible." This participant's response to feeling invisible was anger, as this contradiction to her firmly held beliefs about what a person should do in such a situation felt unfair.

Another participant described helping a community member who she believed was being mistreated and ignored, saying:

I had to get [an elder] to help another [elder] to get a couch for him. This is couch number three I got this elder. I can't imagine what it would be like for a man to lay on his own urinated bed that was soaked through. Our heart couldn't do it, we couldn't leave him like that. We've gone over many times and cleaned up an island of vomit, urine, blood,

beer, shit. I don't know what else to say. But we loved him anyway, cleaned it up. His family said, "You know, we don't want you to do that, don't clean up." So, they said, "Please don't clean up after him, we want him to learn a lesson." What's the lesson? His mother just died two weeks ago. We still have this mentality that we need to punish people, rather than help them. And punishment, and correction, and raising somebody up is much different than throwing chicken shit on their tents.

This story demonstrates how important it is to this participant to help those in need despite their circumstances. Her beliefs are that people deserve to be taken care of when they are struggling, rather than being punished or forced to learn a lesson. She experienced conflict regarding this belief, saying, "Lots of people get really angry when they hear me talk. Because they have a different attitude that people are lazy, they don't want to do anything." This participant also struggled with the lack of help she received when she was in need herself, saying, "I'm still in crisis, and everybody around me is going on as usual." This participant felt invisible throughout her efforts to take care of herself and others in her community, and further described herself, saying, "And I'm nothing, really. I'm just a little, little tiny no one trying to make a difference while I'm suffering." After having been ignored throughout her struggles and efforts, this participant felt reduced to nothing, and even physically described herself as a "little tiny no one."

Several participants described their participation in this study as stemming from such beliefs. As one participant said, "That's why I wanted to participate, because people need to know." Even while struggling herself, she thought it important to try to help others who may come up against the same problems she has had.

4.1.2. Being in conflict with the victim services system.

Participants described beliefs regarding a larger societal system of which victim services is only a part, and described impediments they had when trying to engage with this system. This theme highlights participants' experiences of conflict and struggle with the system, and beliefs that it is not always working to their benefit. In particular, participants told stories regarding: (a) beliefs about the victim services system and society; as well as impediments relating to (b) institutional red tape; (c) inequities in accessibility;

and (d) cultural challenges. In these stories, participants described feeling unheard and overlooked by people in this larger system.

Beliefs about the victim services system and society. In discussing their experiences accessing victim services, participants described its existence as only a facet of a much larger system. Participants explained how seeing victim services' as part of a larger governmental organization detracted from their ability to trust in the integrity and intentions of the services. As one participant said:

[It is also] a large government agency where justice may not [be] done in the other areas of the ministry of justice. So how can a person have confidence in the ministry of justice, when they've been criminalized and the real criminal is walking the streets re-enacting and recommitting the offences?

This participant described at length her difficulty in approaching victim services because of its position within the Ministry of Justice, saying, "Yes, [I was distrustful before I approached them], they need to be at arm's length." Participants were at times weary to approach victim services programs, as they perceived them to be connected to other parts of the system they had already experienced negatively.

Participants also described this system as uncaring for their personal experiences. As one participant reported:

It's another part of society where society lets you down. You know, it's about time society starts to straighten up and make it right for people. I've lost a good deal of my life from moving back in the city, which was a secure city where I had employment, and I was a responsible member of society. And when you can't find housing, and any housing you find had bedbugs and drug addicts, I mean you fall through the cracks. So society has let me down in that area. And I just find that it's a rough city now, and it's a rough city if you're poor.

This participant's story demonstrated the experience of invisibility as falling through the cracks; where not having financial resources limited him from having safe housing, and accessing services. He went on to describe:

It's like, it's Vancouver, tough shit. You should've looked out for yourself a bit more. I'm probably not the only guy that was getting robbed by

somebody who was robbing people at ATMs. But I mean, hey, I mean I went out for a few drinks, and you know, you can't walk the streets when you're half-cut without looking for somebody who's gonna rob ya? I mean, come on, where's your safety in the streets? [I haven't had a lot of support around this]. Just...shit happens. Just another crappy experience in the city.

This participant described a general sense of others in society not caring about him or his suffering. He explained how he became just another person amongst many being mistreated or harmed in an unsafe and uncaring city.

Another participant described a similar sentiment, highlighting the victim services system's lack of care for the individual. As she said:

These decisions don't come from the actual municipality, they come from the ministry of justice. So they don't give two craps about anybody. I don't even know if anybody gets anything from them, or if it's just like a collection of paper you put your name on to make somebody else feel better.

This quote highlights this participant's experience interacting with a system where she perceives she was not cared about, and her situation did not matter to those making the decisions about her care. This participant also told the story of her search for services to support her after an accident:

I needed some kind of like, income. Cause with my current jobs, I don't have any disability benefits with them. So I looked into ICBC, and they said, "Sorry, nope we can't cover you, because it was just person-to-person." I looked into EI, and I couldn't claim EI. Because I didn't have enough hours, so they were like, "Nope, sorry." I looked into a private lawyer. That took me a little while to find, but basically nobody would touch it. Because basically they're like, "Well does this other guy have any money?" And I'm like, "No." And they're like, "We could maybe sue the city, but I really doubt it." Nobody was willing to help me out.

While still dealing with the aftermath of her injuries, this participant could not find any financial or emotional support. Her situation did not fit with the mandate of several organizations, and thus was disregarded. Eventually, this participant was referred by victim services to a free counselling program in the community that she could access independently from victim services.

Institutional red tape. Relating to the experience of working with a system they perceived as uncaring, all of the participants in this study told stories about struggles navigating this system and accessing services due to what they described as bureaucracy or red tape.

One participant's first attempt to contact victim services was thwarted by this experience, as she described trying, "to access them earlier and the bureaucracy was overwhelming so I gave up. I tried [to contact the VPD victim services]. But it was call this department, call that department." This participant was later able to approach another program, and described her experience doing so:

I didn't know where to start. It's such a bureaucratic process that knowing even how to put together the information, what to say, how's it going to be used, how am I going to be potentially disclosing harmful information that might further impact me as a victim. How do I access support while still maintaining anonymity and protecting myself? Given that the police did nothing to protect my own safety, or to actually advance my criminal claim. I learned through the process that they were unreliable. And almost useless.

This participants' experience underlines the lack of clarity participants described and the many concerns they had approaching a program seen as part of the larger system. She highlighted the lack of safety she felt as an individual trying to access a large set of services that she did not trust and was unsure how to navigate.

Participants spoke in particular about their difficulty engaging in this process and doing the required activities, such as paperwork, at a time when they were already struggling. One participant described:

So they got all the information and that, and then two months later I got another letter that the dates were wrong or something. But like I said, I just [was thinking], "Shit, did that really happen? I didn't want that to happen." So I wasn't pinpointing all the details and the dates or whatever. You know when I wrote out and the whole thing was, maybe I got some days wrong and that which has delayed the process.

This participant struggled with the details necessary to fill out the paperwork, as he was focused on coping with the trauma he had experienced. He went on to describe how writing the wrong dates impacted him further, saying:

And so, it's made it a lot more difficult. And then the process of the victim services, like I say, then I got more letters from them. And they wanted more information, and then I phoned and I said, "You know, hey, what's happening?" I talked to some people, but I mean there's a lot of caseworkers. And when I did phone, the one person was away. But they were, you know it's all pretty good, but I just find that it's a really long process.

And then they had the doctor phone me. He called me 'cause he got a package from them. I had to go back to my doctor - he wanted to talk to me and he had to fill it out. That was about three weeks ago. And this is like, we're into April right now, this has happened in November. And then they phone my employer at work, and....Oh I only missed one or two days. But I only work part time, and I'm sure I missed more time than that. But like I said, I'm not counting down, I'm not putting down all the details. Because it's like, forget it. It's a shitty thing that happened, I don't want to remember it, okay?

This participant felt ignored throughout this process, detailing the lengthy wait times to hear back about his claim, as well as having to follow-up himself to gain clarity around what was going on. Further, his story demonstrates how difficult it was for him to engage in the processes involved in obtaining support while still struggling with the aftermath of his trauma. This participant also went on to say:

And like I said, I still haven't heard anything from them. The initial police report and everything was fine. The victim services - a little bit red tape there. Like I said, it's something that happens to you, that you know, you're not fine. You're not writing down all the details. The whole idea, what it was, why I went to Victim Services, because it was a traumatic occurrence.

This participant was struggling in day-to-day life, and thus went to victim services for help. Unfortunately, these struggles also impacted his ability to successfully access services. His story demonstrates the dilemma some participants experienced, where they felt traumatized and wanted support, but were struggling too much to access the system successfully. They perceived their struggles as unacknowledged and unsupported.

Several participants noted the lack of support they felt while trying to fill out paperwork and navigate the system, describing disappointment there was not more help in this process. As one participant reported, although she was able to complete this paperwork, the lack of support she experienced powerfully impacted her. She said:

The paperwork asks relevant questions, but they offer no assistance to the victims in preparing it or completing it. And so while the victims are completing basic paperwork – that is very detailed, requiring a legal detail to account of the criminal acts that qualify them for victims of crime – they in no way prepare the victim for neither the next step, nor the processing of content that they have to research, discover, detail and provide supporting evidence for. So it's like taking a traumatized person, stripping off their clothes, and saying, "Tell us how you feel. But prove it. Prove it that you were a victim." They were already vulnerable. It's like asking a kid to be an adult, 'cause sometimes there's regression, especially if the trauma happened in their childhood years.

Here, the participant described the vulnerability she experienced while trying to engage with the victim services system. Her experience demonstrated how participants struggled with red tape and meeting eligibility criteria, and with a sense of being asked to do too much to support themselves, all while feeling exposed. She went on to describe:

The person will automatically be brought back in every accounting of that event, because they haven't had the support. So I found the process pathetic. Absolutely pathetic. Or even protective [sic] for the victim. I was retraumatized by the process. And I had absolutely no support, neither clinically nor financially to deal with it. And I was left retraumatized, just completing their bureaucratic process.

This person described feeling retraumatized by the process of engaging with the bureaucracy involved in accessing services without any support to do so. She contrasted two very disparate notions: feeling vulnerable and coming to victim services for support, while also being told to prove her victimhood to them. In this story, despite being exposed and forced to be vulnerable, she also identified that she was not truly seen or heard. She spoke to this notion further, saying:

You have to justify how, why, what funds you need and why. And so that means you have to provide a detailed account, without legal assistance if you don't have representation. And if you haven't already qualified for victims of crime, the likelihood is that you don't have legal assistance because the legal assistance would qualify you for victims of

crime. So it's catch-22. And the other concern is that the details and the evidence that actually, finally qualified me for victims of crime [were] supporting facts that were directly pertinent to the legal case. And in disclosing them, I was disclosing them prior to the legal case being heard, which is only going to trial now, 25 years later. How can you say that's justice? Justice is slow and as the person completes these documents that they're being asked to complete, and assembles the supporting evidence that they will require, the trauma is re-enacted and they have no support. They are completely alone. They have no clinical intervention, their only access is public health, through psychiatry, medication, suicide, coping strategies. If you want to kill a victim, use victims of crime. Yeah, it's sad.

This person's experience was traumatizing to the point where she considered suicide as an option to cope. This quote demonstrates the difficulty this participant experienced in trying to justify how she was a victim, and what she needed to help her after being traumatized. She perceived being stuck in a cycle of red tape without seeing any progress. She described this as a retraumatizing process, wherein she was forced to relive what happened to her on her own, without help or acknowledgement.

The above quotes highlight participants' negative experiences interacting with a system where paperwork and bureaucratic procedures were privileged above their suffering and well-being. Several participants reported about how the effort was not worth the services they received in return. As one participant said:

There was [an overwhelming amount of paperwork], for the amount of money that I'm probably going to get. You know, you feel like - go to hell. I mean, if there was a big compensation or something like that, or a follow-up to sue the guy in court, then that's fine, but no. It was a lot of paperwork.

This participant experienced frustration with having to undergo such a lengthy process of paperwork in order to receive what he perceived to be inadequate compensation. He had hoped that victim services would provide him with more, such as more money or some other form of recompense. When this did not bear out in reality, it left him feeling angry.

Many of the participants also spoke of wait times they experienced in accessing services, or even finding out whether they would be able to receive financial assistance

for specific services. One participant explained how the most unhelpful part about victim services was:

[T]he time, like the time it takes for them to get back on new things. When something new comes up, or if I want a new treatment, that's when they take a while to get back to you. But if it's something that's already been approved, then you're just given that money back. It's reimbursed right away.

You just get impatient, you know. I'll go to the doctor, and they'll give me a quote, and I'll send the quote to victim services, and then I'll wait like, two months. And the doctor will contact me, and be like, "So are you not wanting to go ahead?" And I'm like, "No, I'm waiting to see if I can go ahead cause I don't want to pay for it, I want someone else to pay for it, and I'm waiting for them to get back to me." For example, I saw a plastic surgeon a little while ago, [and] he said he could do my scar surgery for \$2000. So I was like, "Cool." I emailed victim services, [and] they took two months to get back to me. They finally got back to me and they said they would cover it. So I'm like, "Awesome." I go back to the doctor, and I never talked to him I just talked to the receptionist, and she's like, "Oh yeah, he changed his mind and said he'd be more comfortable if it was done in a hospital setting as opposed to like in his clinic." So I'm like, "You couldn't have told me this in like, over the two past months that you didn't want to do it anymore?" She referred me to another doctor, so I had to go get another doctor to go get me a referral to that doctor. And it's just been like, referral after referral after referral. It's frustrating, having to go through all these various doctors and see if they'll help. It should be easier. I have an appointment to see a different plastic surgeon, and I had to wait for a while for that too. He says he can do it. I hope we'll just go through MSP and I wouldn't have to go through victim services at all. But we'll see what he says.

This narrative demonstrates the difficulty many participants had accessing services, as they perceived no follow-through from services. This participant felt unheard by some of the service providers she encountered; they did not understand the importance of removing a scar that remained from being attacked several years previously. As she said, "I just kind of want to be like, 'If your stomach looked like this, would you be happy with it?'" She wanted them to understand or empathize with the struggle she was having with living with a daily reminder of her attack.

Participants also described how these wait-times negatively impacted them. One participant reported:

So as yet, I still haven't got any compensation and it caused me financial problems because I couldn't pay my rent that month, so I had to borrow money. And then I had to pay interest on the money, and you know, so I'm still sort of behind on my bills and behind on the 8-ball. It would've been nice for them to be a little bit more expedient if you're going to have that service available.

As the above quotes demonstrate, difficulties engaging the system impacted clients in unexpected ways, with wait times often compounding already problematic areas in their lives.

Inequities in accessibility. In addition to bureaucratic issues they described, participants perceived inequities in accessibility to services related to finances and education, as well as mental health or social status. The majority of participants described difficulty accessing services due to lack of financial resources. A participant described her frustration with this inequity, saying:

It is a system that is designed where those that are impoverished, or incapable and vulnerable are not protected. They don't have access to the financial resources they need; they can't even access clinical support. Resources [which] are needed to seek the evidence are not provided, clinical support I needed to address the trauma was not provided, [and] finances that I was told were available to victims were not able to be accessed.

This participant's experience resonates with others presented above; she did not have adequate financial resources, felt unheard, and felt unsupported. The above quote highlights the participant's perception that the victim services system was not made for her, or for others who do not have the financial resources to access services. Those without financial resources fall through the cracks and remain invisible.

Participants described disappointment in the process of accessing services, expressing frustration with the necessity to pay up-front and be reimbursed later. One participant described:

They said, "Well if you need physiotherapy or if you need this or if you need that, then you know, you could, we'll repay you for that." Yeah, but I mean, how was I [supposed to pay for that?] If I did that, this is five months later. You know, I'm still living paycheck to paycheck. It's absurd.

This participant's story highlights the dilemma many participants faced in trying to access services, as they could not pay up-front. As one participant said, "If you cannot pay for the services [up-front], what's your option? Live or not live? Continue to suffer, or stop the suffering?" This participant's experience was one of desperation, where she felt overwhelmed not only by what had happened to her, but by the impact of her financial limitations on the services she could access.

This impediment impacted participants' ability to receive support, with several participants reporting they simply did not access services because they could not afford them. One participant described her struggle to recover from an accident with little support, saying, "It probably would've helped my recovery, cause I had to cut that short, cause I had no money. 'Cause it was a choice of do I buy food, or do I go see the physiotherapist? It really sucked." This participant had to choose between sustaining her day-to-day life and engaging in services that arguably could have helped in her physical recovery.

Additionally, there was a stark contrast between one participant's narrative and the others described in this study. As one participant reported, the system of being reimbursed for services after paying up-front worked quite well for her. As she said, "If it's something that's already been approved, then you're just given that money back. It's reimbursed right away." Because she was able to pay up-front, she was also able to access a range of service, such as physiotherapy, speech therapy, counselling, and ongoing medical care. Other participants, such as the one described above who had to choose between groceries and physiotherapy, struggled more with accessing services, as they were not able to pay up-front. Another participant almost lost his housing due to financial concerns. As he described:

I was touch and go to see if I could pay my rent, and I'd just moved to this place, I didn't want to get kicked out. And so I had to borrow money, I had to pay back interest and that. So it's cost me a lot more financially than that.

Given this participant's precarious financial situation, paying for services was simply not an option, regardless of potential reimbursement. Due to this inability, he was not able to access any support, and his injuries went further unacknowledged and untreated.

Participants also described perceived inequities based on victim characteristics. Often participants spoke of inequities based on knowledge or education. One participant told a story regarding her difficulty advocating for herself:

The whole thing was just really angering. And at the time, I didn't know that at the same centre that I was going to, there was probably somebody there who could've helped me. I just didn't have the knowledge to even ask for that. Because I just didn't know. Now I know there's places that will totally help you fill out victim impact statements, and you can appeal it if it doesn't go right for you. You know, all these things that I know now.

This participant speaks to experiences of victim services clients having to advocate for themselves without having the knowledge necessary to do so effectively. Although she was struggling with accessing services and could have received additional help, her lack of awareness about this resource being available ended in her not receiving any support at all. As another participant said, "It shouldn't be the victim's responsibility to take on their own processes in a government system. It's not helpful." As she described, participants perceived the onus was on them to advocate for themselves within the larger system without having any specialized knowledge about how to do so effectively, and then falling through the cracks.

Another participant spoke of her ability to advocate for herself and think of possible solutions because of her education, saying, "Unfortunately a lot of the other participants in this system won't be able to, because they won't have the training that you and I have." Although she struggled herself with accessing supports, she also acknowledged the inequalities that exist for those that do not have an education about the system of care available for mental health concerns and supports for trauma survivors.

Participants also spoke to inequities they perceived due to a victim's social status or mental health. One participant explained how some resources were not distributed fairly, "because they think [somebody] is gonna waste it, due to alcoholism, drugs, or the welfare system, and this and that and everything else." This participant perceived distributive inequity and wondered whether resources were being allocated in a fair manner. She felt like a burden to the victim services in her community, saying, "I'm assuming, but so far from what I'm thinking is they're screening some of the calls. No,

they're not screening them – they're really, really passing some of the calls. My calls have been passed." She felt ignored by staff in the system as a result of her circumstances.

She also spoke to the difficulties people may have in accessing services due to judgments others make, saying:

They don't even have the basics. I have some new people here, they're 22, 23, 24, 30. And absolutely have no place to live. And they're dying, and they're getting beaten up, they're getting maimed. Right now as we speak. Because the anger and the hostility are so bad that they punch each other, they knock each other, they slice each other, they stab each other. So here you got a poor 24 year old, didn't do anything to deserve coming from an alcoholic family. There's not one place that he can rent, got a lot of anger. His friend punched him in the face, broke his jawbone, so now he has a deformity, a small eye socket. And from there on, it's downhill. Because now he is maimed, and now he looks like he's trouble. Coulda been a car accident. See what this facial recognition does? [It goes] beyond [disadvantaging disadvantaged people]. Murder. It's murdering people actually.

This participant spoke to disadvantages, such as "coming from an alcoholic family," as further preventing people from being treated justly and accessing services. She also worried that accessing a service where there were multiple workers may be difficult for some clients as "a lot of people don't have the mental facility to be able to change over and start a new communications relationship with people." She saw this system as inaccessible to those who were struggling with mental health issues, or unable to communicate effectively with the many staff they encountered.

This participant also expressed concern that service providers were making stereotypical judgments about victims, such as assuming a facial injury is due to being "trouble" rather than related to victimization. She worried this may affect the services provided to some groups of people who may be sent away or ignored based on stereotypes. She described this further, saying:

They're not just victims. Now, we think of a victim, "Aww, poor thing." Right? Don't we, sort of? "Aww, you know." Okay. So we've got victims that are not so "Aww, you poor thing" right? You know, you kinda want to send 'em [off], you know – but that's not, that's not up to you. That's censoring. You know, someone's difficult, you send them off to someone else.

This participant described her notion that some victims are seen as more deserving than others, where other victims are passed off without proper care, particularly those who are ill, more difficult to work with, or unpleasant to be around. The above quotes highlight participants' experiences trying to access a system where they felt judged, misunderstood, or undeserving of services due to their circumstances or presentation. As one participant emphasized, "I'm so scared for the other people. I've done so well in presenting myself, and needing that help. But what about the person that doesn't present themselves [well]?" This quote demonstrates the pressure some participants felt to present themselves to services in a manner that would allow them to be seen, and to garner needed support and resources.

Cultural challenges. One participant in particular spoke to the difficulties she experienced in accessing services within this larger system; she did not perceive people in the system to be culturally competent. She described her perceived prejudice in the healthcare system for people in her community trying to access services. She suggested:

Just have a liaison that goes with the First Nations person, because First Nations people are being violated. That [hospital] is a very bad place. First Nations people are being emotionally victimized. A woman just recently broke her leg. Somebody punched her in the face, she fell backwards on the bleachers, she broke her leg. They wouldn't treat her, because she was belligerent, she was drunk. That's what happens there on the First Nations reserve, people are gonna be injured while they're drunk. So they released her from the hospital with crutches, and told her to go back to Lillooet.

As the above quote demonstrates, at times this participant felt uncomfortable or unsafe trying to access a system of services that she perceived as either culturally insensitive, or explicitly prejudicial. She went on to say, "If you don't want people to act out, give them a liaison to make them feel safe." This participant in particular expressed a lack of safety working with non-First Nations workers, and thought this would be the same for those of various cultural backgrounds. She also spoke about the necessity of culturally competent and sensitive services, warning:

The victim services - if they're police victim services that are located near a reservation, such as this one - are in big trouble. They're in big trouble. They don't have the training, and they don't have the

understanding of First Nations' life. I'm not too impressed with them right now to be honest with you.

She emphasizes the urgency in the lack of culturally competent services. Her warning highlights her perception that people helping the services she is trying to access are not aware of, or seeing, the people in her community, and do not understand their circumstances.

4.1.3. Interactions with individual service providers.

Participants also described a sense of invisibility resulting from interactions with individual service providers, where they experienced feeling dismissed and misunderstood. The struggle participants most commonly described involved interactions with service providers where they felt unseen, unheard, and misunderstood. Several participants spoke to wariness around contacting service providers, and noted the variation in how they were treated. One participant described how, before she contacted the VPD victim services, she was not sure how much they would be able to help her. She said:

I kinda thought since everything else up until this point has been luck of the draw, as far as temperament of service providers, I sort of figured it would be very subjective depending on who I spoke to. So I think I just kind of lucked out. I feel like a lot of what people can or cannot do depends on their own mood and how they react to you, which I don't think should be how it works, but it does. Yeah, or like whoever got my email. I know it shouldn't be that way, but it's kinda how it seemed. I had been helpless up until that point anyways.

Here, the participant described her perception that a lot of what is offered to victims is based on the individual they are in contact with, rather than the details of their own situation. Another participant echoed this sentiment, saying how sometimes workers had compassion, but:

[It was] probably [depending on] whether they had their morning coffee or not. Or whether they had a bad hair day. It was a bit unpredictable. You never knew who you would get, [or] if they would really help you, if you would really get your questions answered in a way that was meaningful. It was a crapshoot.

The participant spoke here of the unpredictability of her experience, where she learned not to expect compassion from every service provider she encountered, but rather relied on the luck of the draw. This anecdote highlights the sentiment of how she was treated had nothing to do with her, but rather was dependent on how someone else's day was going.

Sometimes participants described differences in workers as being more about the worker than about their mood that day. As one participant said:

There's some victims services [workers] that are absolutely not approachable for talking to. They don't have the skills. I would talk to a man who would answer the phone, and he really had basically nothing to say to me. And I was crying for dialogue. I was needing it so badly. But he [had an] English accent, whatever. Maybe doesn't deal with the women, which I think is baloney.

In this instance, she was reaching out for the support she sorely needed, and felt her interaction with this worker was dismissive. She wished the worker had been more responsive to her “[cries] for dialogue” and was frustrated he did not see this and speak to her more.

At times participants felt ignored, as though service providers did not have enough time to work with them. As one participant described:

The excuse was often the caseload, “We're working on things as fast as we can, we'll get back to you when we have time. If we need any other information, we'll let you know.” So, it was one place where you could feel you could call, but at the same time, you had to stay on top of it because the whole question of accountability is there. Are they really there to service the victims? Though they say they are, I would have to call them back 14 days later, have the same conversation. I would have to say, “Well, why did you deny my application? Why it was not approved? Can you please provide me explicit guidance as to what I need to do to prove that I need your support?” Having to press for restitution and help. Like you were fighting for your life, but all you were being offered were leftovers.

Here, the participant brings up several aspects of her experience of feeling overlooked by service providers. She expressed frustration that workers blamed the lack of support she received as being due to their caseload. She also described difficulty being seen and

heard by the workers, having to advocate for herself, having to pressure them for support, and having to demand transparency regarding the decisions they made. Although several participants spoke about this, and understood how busy victim services must be, this sometimes prevented them from seeking help. As one participant said:

So victim services, police departments, they're just run off their feet. They can't get to calls fast enough. If you were to look at the statistics for the amount of calls that are made to the police department, even by myself. I'm ashamed to say how many times I've called the police. Unbelievable. And I'm absolutely gun shy to call them now. Because I think they're going to think I'm a Mrs. Roper or whatever.

Here, the participant described her hesitation to contact them, and her concern around how much she had contacted victim services already.

The same participant also described her experience contacting her local victim services program after engaging with them for the previous five years, saying:

They referred me to the crisis line the day before yesterday. After all that history, they referred me to an anonymous crisis telephone line and they know my face. They know my story. But they referred me to somebody else to talk to. At that moment of my crisis. I felt abandoned. I felt like I was a nuisance call.

Although the worker who referred her to a crisis line may have been trying to be helpful and offer her a resource with which to debrief and receive emotional support, the participant experienced this referral as a dismissal. She perceived her connection with victim services as a personal one, where they knew her story and were supposed to understand and help her. Instead, she felt "abandoned" and rejected when they referred her elsewhere.

Participants also described feeling misunderstood and misheard in their interactions with service providers. One participant told a story about being referred to a local eating disorders program, saying:

I never thought that I would end up with some sort of type of eating disorder. They sent me a package on resources in the mail, rather than getting me in the office and going through the resources. So one of the ladies has sent me an eating disorder pamphlet in that resource. I had

said to her that I have no money to eat. That's not an eating disorder. Because if something's put before me I'm going to eat it, and I'm going to shovel it down, because I'm hungry. And when I got that eating disorder pamphlet, I went pretty rank on them. Very rank on them. I got quite volatile with them with that too. And you know, it would be the same thing if they sent me a pamphlet on gay and lesbian stuff. I'm not gay, and I'm not a lesbian, and so I would've been very offended by something like that. So, she interviewed me for something like two hours on the phone, or an hour on the phone or something, I think.

This participant experienced this referral as offensive, as it did not fit with her circumstances and highlighted the lack of understanding the service had about her and her situation. She felt misread and insulted by the worker, as she was sent a referral through the mail for a service that did not fit, and demonstrated the lack of care taken in regards to her ongoing struggles. This participant had another interaction where she felt they did not truly see or understand her. As she described:

This is the victims services again it comes into assessing, assessment. They sent me to this bridge program at [a local hospital]. Well they took one look at me, assessed me, and said. "You know, you're doing really great, you're fine." Oh really? I have a very, very bad situation where my poverty is so horrific that I've contemplated on how I'm going to kill myself?

Here, the participant described another instance where she was not truly seen or understood. Although she experienced her life as horrific to the point she had considered suicide, service providers told her she was doing fine. Her pain and suffering went unacknowledged, and she thought they did not understand her.

Another participant described her anger when she perceived an attending officer did not help her when she was injured. She told this story:

Then the VPD showed up . . . And VPD or maybe it was skytrain police, I don't know. Somebody in uniform who was police presence looked at me, and he's like, "*Oh, what's going on here?*" Literally in that voice. And I'm like, "I'm fucking bleeding." And he's like, "Oh okay, we'll call someone." And then literally walked away. And I'm like, "You fucker." . . . Not even giving a shit, just like, "Oh, you'll be fine." You know, it's the same reason that people when you see them in handcuffs after they've gotten beat up and arrested, and the cops like, "Oh you know, I'm just gonna stand here and wait for paramedics even though I have paramedic training, I'm not

gonna bother." Same reason. I just get so angry. I've seen that happen. It's just the banality of, "Oh, someone else is bleeding on the street, big deal."

The participant's anger centres on the officer's lack of acknowledgement of her suffering. Her perception of this interaction was that he did not care; what was going on was not worth attending.

This participant went on to describe her experience of trying to find a record of what had happened. She said:

So I requested a copy of the police report through freedom of information. That might've been through victim services, it might've been on my own. I think it may have been through victim services. She's like, "You can request a copy of it." And there was no police report. And I'm like, "Why is there no report? He was at the scene. He interviewed me, he saw me briefly. He interviewed the other man. Why is there no police report?" And they're like, "Well, because there was no criminal intent." And I'm like, "So what, nothing gets filed?" I was really, really choked. . . . I was just pissed. I'm like, sloppy police work, apathy. Just not giving a god damn.

This participant was angry that the incident was not deemed important enough to be recorded by the attending officer. She expressed anger at his approach to what happened in general, also describing his response to the other person involved in the accident. She said:

Because he was bleeding, or what I saw when I was getting packed into the ambulance, was he was talking to the police officer and I saw blood on him, and there was blood on me. And he said, "Do I need to go to the hospital for this cut?" And he asked that to the police officer, and the police officer said, "Yeah, you're probably okay." And I'm like, "I don't like that answer." It's another level of apathy. It's like, "Whatever, you're on the street, you're bleeding, you're going to be okay. This guy's bleeding, he's going to be fine." Like how the fuck do you know that?

The participant was concerned about the extent of her injuries, and those of the other individual involved. Witnessing the police officer brush it off further angered her, as she perceived it to be dismissive of what had happened to them both. To her, the officer had not truly seen her, and did not understand how significant this incident was and its impact on her.

The participant had an encounter with a paramedic, who insinuated her response to being injured was pathological. She said:

The paramedic they put me with in the back, when he was cleaning off my eye when I was still in the street, he was really rough. And then he put me in the back and he started asking me all these stupid questions and I just got so angry. I'm like, "I don't want to answer your fucking questions, I've told you what my goddamn name is. I'm in pain, I'm bleeding, I don't feel well. . . . and he was like, "Do you have some kind of mental illness?" And I'm like, "No, I just think you're an asshole . . . you're not very good at your job." Just being totally honest. So that's how that came about. I don't even know why you would ask somebody that in an ambulance. Like obviously [I was] not doing well. [His lack of understanding and care] had a big deal to do with it. I mean, maybe for assessment purposes they needed to know if I had something going on. But obviously someone's just had a head trauma, what the fuck do you expect?

This participant felt very misunderstood by the paramedic; rather than understanding that she was struggling with what had just happened, he made a large leap to her behaviour being the result of a mental health issue. As she emphasizes, he could not hear her despite her attempts to communicate what was going on for her.

Finally, one participant recited a poem she had written while staying in a transition house after having been badly beaten. In this poem, the participant summarized a great deal of her experiences as a victim “striv[ing] to stay alive.” Here, she highlighted the struggle of finding support in her time of despair, and “to find someone who really cares.” Indeed, she described the difficulty she has had with some people (those “who scold”) in her fight to find safety and support.:

Today's women are seeking revival,
They're destined to find their own survival.
The toll of despair:
They live to dare,
To find someone who really cares.
When they weep,
They run
To find the sun.
For when it's cold,
They scold,
For here it's told
That they have to strive
To stay alive.

For we are the women of the world.
We take abreast,
For our souls to rest,
To find ourselves a loving nest.
It is unfair,
For she is one of a kind
To live her own life
And not be blind.
Some of us are children
And some of us are so young
And some of us have yet not even begun.
But now we're getting older,
And we're finding our way.
The wisdom of truth holds us to stay.
For the next generation
is our dedication.
For the revival
and survival
of women today.

Overall, the participant illustrated the unfairness of her experience, and the struggle she has had to live her own unique life. Despite these difficult struggles, the poem ends hopefully, as she is “finding [her] way.”

4.2. Visibility

4.2.1. Interactions with individuals.

In contrast to their negative experiences engaging with the victim services system, participants also told stories regarding positive experiences. These often related to a sense of visibility where they felt seen, understood, and heard by those they were reaching out to for support. This sense of visibility resulted from interactions with a variety of individuals, including: (a) victim services workers; (b) other professionals; and (c) civilians.

Victim services workers. Participants in this study spoke of positive interactions with individual victim services workers where they felt seen and heard. One participant spoke about the positive impact of her long-standing relationship with a victim services worker, saying:

[One woman I worked with] retired just last week. She was dynamic, and she had communication skills that were so good. She was able to bring me down a couple notches when I would have my panic attack[s]; [she was] instrumental. She would take the time out to talk to me when [I had] panic, anxiety, [or] I got assaulted, or somebody jumped off the bridge. [A friend and] I witnessed [that], someone jumped off the bridge and landed on the ground in front of us. And I was the only one that would go to him to help him. So we've had quite a history. She was highly trained. She worked as a probation officer in the criminology field. She also was a prison guard in the lock-up facilities. And [had] experience, [as] she was a woman in her 50's. Dynamic.

This participant described positive characteristics of this particular worker, such as being highly trained, experienced, and dynamic. In particular, she highlighted the care this person gave during their interactions (i.e., the victim services worker was able to see her, understand her circumstances, and act to support her effectively). As the participant noted, this person would take the time to talk to her when she was struggling with a range of concerns, which facilitated a connection that impacted her positively.

Another participant spoke to this impression in her interaction with one victim services worker who helped her. She said:

I just approached them being like really honest about my situation . . . and they were just very compassionate, and, they did what they could with what they had. They did their due diligence, they told me what I could do through the VPD. Told me, "Try this, try that." It goes a long way. They're not big decision makers, but it's funny, because throughout this whole accident, everybody I interacted with I might not remember their name, but I remember who they were and how they treated me. I don't know, it just really stayed with me, how everybody treats somebody when you're in a vulnerable position. I think it says a lot about you as a human being. So, that's why I just remember all these things. And I don't remember too much about victim services, but I do remember when I did deal with the lady, she was really awesome. So it made a huge difference.

Here, the participant spoke about the impact interactions with a service provider and her compassion towards her. Even when the worker was not able to offer her tangible help, her interaction shifted her experience enormously. Being acknowledged by the staff made a "huge difference" and fit with her beliefs about how people should treat victims: compassionately.

Another participant went on to describe another interaction with victim services staff, where they helped her in a time of great need. She stated:

I absolutely had nobody to look after me after my hip replacement. And my hip replacement was extremely severe, because I bruise extremely black. I had no food, I had nothing – nothing. I was so hysterical when I got home, and I'm so extremely strong. [Four days] after my surgery I picked up a plant that was like, 25-30 lbs and I hucked it about 30 ft. It was crazy. Well the police came, and [the victim services woman] brought me groceries. They came to the hospital [and] they brought me the most beautiful flower vase with a rose in it.

At a time when this participant felt vulnerable and alone, victim services witnessed her struggles, and supported her in seemingly small but meaningful ways. Although they could not change her situation, the participant expressed gratitude for the gestures of kindness they gave her, as noted above. She also described feeling well supported when victim services advocated for her with other service providers, saying:

I have been so abused by even doctors lately, telling me that I didn't have anything in my foot. I had some pretty heavy duty treatments, and my foot got very massively blistered. And you know, I was told by one doctor, "You know, I don't ever want to see your face here again. Do you understand me young lady? You are not to come into my office again." And I called victim services and told them that, and they said, "Okay, we understand that you're being abused. Next time we're going to take you up to that doctor and take you." So they stood up for me.

At a time when this participant felt rejected and abused by a medical professional, she was able to reach out and gain support from victim services. They witnessed the struggle she was having and offered to advocate for her. This support gave her a sense of visibility; someone acknowledged the mistreatment she was experiencing and helped.

She also described a sense of safety provided to her by a victim services worker checking in on her. She said:

I will say that I've been very fortunate that some of the female constables have been coming to see me, to check on me. [Through the] Aboriginal Police, I had called the victims services, and I've asked them to call, to check on me from time to time, because I had been beaten up so many times on the reserve. They punched my face, pulled my hair, knocked me to the ground, throw their phone at me, run me over with the bike. I had my house broken into, stole my television, my

stereo, my bedding off my bed. I had one enter my yard and I didn't know who it was.

Although this participant continued to experience victimization in her living circumstances, she was able to connect with female constables. Through having them acknowledge her struggles, she gained a sense of safety in her often chaotic and unsafe environment.

One participant also spoke specifically about the helpfulness of having a victim services worker listen to her. She said:

Sometimes they had empathy. Sometimes through the ability to talk to the person assigned, you could have someone to talk to. Not that they're professionally trained, but at least it's something. Could be a bum on the street, but at least they're being paid and they're familiar with victims. They have some kind of experience. So, just having someone that listened, just the basic counselling skill of listening. Not that she listened for long, cause she wasn't professionally trained. But she listened for the brief period you were on the phone with her.

Although this support may not have been provided to the extent she wanted, this participant felt heard in the conversations she had with one worker who provided her with empathy. She appreciated having someone to listen to her story, particularly someone who was familiar with victims and their experiences.

Other professionals. Participants also described interactions with other professionals where they felt seen and acknowledged. Participants saw these experiences as connected to their overall experiences engaging victim services, and perceived these service providers to be tied to victim services programs. One participant spoke about positive relationships with some of the police officers in her community who knew her story and supported her even when they had to arrest her. As she described:

. . . there are some police officers that are outstanding, and I've met a couple of them, and I say hello to them all the time. And I had them, I was sitting in the back of their squad car with wet hair, because they arrested me in the bath tub. It was funny. "Can you open the window so I can dry my hair, Constable?"

Because these officers knew her, and she perceived a connection with them, this participant was able to feel more comfortable even while being arrested. This sense of

familiarity made the interaction more personal; she felt safe and was free to joke around with the officers.

Another participant spoke about being impressed by her experiences with the RCMP. She said:

I think [the RCMP] were a bit more efficient in that way. I think their turn-around time was faster on things too. They were actually really supportive. They're a bit scarier than the VPD because the Burnaby RCMP, they don't mess around. They will chase punk kids through bushes, they just have that reputation. Or at least they did when I was younger. But every time I had to speak to them, they were great. They would always send a female officer with the male, so I never felt intimidated. They'd always ask me on the phone if I was safe. Every time that I've ever spoken to the dispatch, they were like, "You know, don't ever think it's dumb. We actually really want to hear you. We really want you to come forward and speak to us, and we'll do what we can to make that as easy for you as possible." I was like, "Okay, they actually want to look into it and make sure you're okay." And yeah, even asked me stuff like, "Are you okay on the phone right now? Are you in a place of danger?" And I'm like, "Wow, that's good."

Despite having initial concerns about approaching RCMP services due to the reputation they had when she was younger, this participant described a sense of safety in her interactions with them. She felt seen and supported by them. As she highlighted, they even went so far as to state explicitly that they wanted to hear from her, and would do whatever it would take to facilitate her reaching out for support. This participant was impressed by the care the RCMP took to ensure her safety and well-being.

Another participant spoke about the care a lawyer took in helping her acknowledge and better understand her own story. After her claim to victim services was denied, this lawyer helped her go through her experiences to put together a successful application. As the participant described:

[Getting] some courage together to start gathering the evidence was based on a skilled lawyer who was Queen's Counsel that kind of jogged my memory, and said, "Did this happen? Did this happen?" And through the process of having that skilled and highly trained eye, I was able to assemble, "Yes that happened," and be able to respond. A lot of these events have [been] blocked out of my mind. It didn't come to me when I went to write for victims of crime that these things have occurred, until the

lawyer said, "Did this happen?" And I started to say, "Yes. Yes. Yes. All of these things happened." And then she wrote the claim, and then I took the claim and I attached it to the victims of crime application after it had been denied [the first time].

Here, with the lawyer's assistance, the participant was able to gain better access to services because victim services accepted the rewritten claim. This participant also described feeling emotionally supported, as the lawyer helped her to get "some courage together" and continue to advocate for herself. She felt affirmed by this support.

One participant described the comfort she felt in a subsequent brief encounter with a firefighter who came to the scene. She said:

First the fire department showed up. They were first on the scene, and the fire department, they were really nice. The firefighters, they helped me a lot. They took over from the medical student, and they were just really nice. Like really compassionate. Paramedics have to deal with a lot of crap. And they kind of have to build up this like, professional toughness so that they're empathetic but it can't get in the way of their judgment. Because they sometimes have to make really tough calls of how to take care of somebody. And I've seen that happen. But the firefighter was just a really nice guy. And he looked at me, and even though he had sunglasses on, he just had this sense of compassion. He was like, "Aww, I'm really sorry to see that you're hurt." And just made me feel comforted for some reason. And they were really great, they got me sitting up and they started cleaning all the blood off me.

Although the participant only had a short interaction with the firefighter, she felt comforted by his compassion. She had previously been bleeding on the sidewalk as people walked past, yet this firefighter acknowledged her pain and fear.

This participant also spoke about an interaction she had with a paramedic, who understood her frustration with his partner. She said:

The other paramedic who was driving, lifted my eye bandage so I could see him and he's like, "So why were you yelling at my partner in the back?" And I'm like, "Well I feel really bad, but he was a total jerk." And he's like, "Yeah, we've had a lot of complaints about him actually." . . . He's like, "If you were going to make [a complaint] to BC ambulance I'd stand behind you. Just be glad you don't have to see him again. I have the next six hours to work with him." It turns out we both have worked with

each other at [an arena], so small world. I was like, "Oh okay, thanks for backing me up on that one."

After previously having a frustrating experience with the first paramedic, wherein he questioned her mental wellness, this second paramedic acknowledged and confirmed her perception of what had happened. She also commented on how he was "backing [her] up," and how they had previously worked together in their jobs.

Civilians. The experience of being seen and supported by someone was not always with formal service providers. As one participant described, the stranger who stopped to help her when she was on a sidewalk bleeding helped her immensely. She stated:

I was so happy [the nursing student came]. I was like, "Thank God somebody's competent, has a brain and is a human being." I was really, really happy. I'm still really thankful to her to this day, for just stepping up. She was great. I mean, a nursing student in training. She did everything you should do when dealing with first aid. You identify who you are, and you're like, "I'm gonna help you out." And she's like, "I'm gonna call you an ambulance right now." She was really good. She got me to recovery position, she took my pulse, she worked with the paramedics when they showed up on scene. She worked with the police officer. She called my emergency contact and told them they were taking me to the hospital. Just really awesome lady. I'm just so glad she came by. So glad.

This participant, who had previously been laying on a sidewalk bleeding as people walked by, finally felt visible when a knowledgeable person stopped to help her. As she said, a fellow citizen stopped to support her and ensure her physical safety. She further described the reassurance she got from this stranger, saying:

I was scared that I might have to go into surgery. Because the accident, I knew it was that bad. I remember asking her, "Do you think I'm gonna have to go under the knife? Like, do you think they're going to take me right into the O.R.?" She's like, "Well, I'm not really supposed to tell you this, but I think you're going to be okay." So that calmed me down a lot. I trusted her. I'm like, "Okay, you obviously know what you're doing. So like, thanks." Yeah, so that was reassuring.

The participant described the sense of fear she had while contemplating the extent of her injuries, and the reassurance she was able to get from a stranger that she was going to

be okay. Because she was seen and acknowledged by this particular passerby, she felt safe and cared for amidst the chaos of her collision.

4.3. Summary

In their stories about engaging the victim services system, participants described a shifting sense of invisibility. Whereas at times they felt unseen and unacknowledged, often in reaction to their negative interactions with the victim services system, they also highlighted important moments where they felt visible and seen. These experiences add to the small amount of existing literature regarding experiences for clients of victim services programs, and carry important implications for future practice. This will be explored further in the subsequent discussion chapter.

Chapter 5. Discussion

This narrative study aimed to answer the question: “*What stories do community members tell about the process of engaging with the victim services system?*” The major narrative theme centred on the participants’ unsettling stories of *shifting visibility*. They described stories of negative experiences with the victim services system with anecdotes about events when they felt unheard, unacknowledged, and unseen. In contrast, they also told stories about positive events where they felt heard, acknowledged, and supported from services they received and from individual encounters they had within the victim services system.

In order to illuminate these findings further, the subsequent sections examine the results in relation to the existing literature. The majority of the findings outlined in the preceding chapter are included, albeit with a different structure, as ideas that made more sense together have been amalgamated into one section (e.g., the sub-themes from chapter four *the concept of victim* and *the necessity of compassion and helping victims* are both discussed here under the heading *the concept of victim*). Thus, the results presented in chapter four are further examined by discussing: (a) participants’ experience of invisibility; (b) the experiential impact of the concept *victim* as understood by both participants and service providers; (c) the experience of being in conflict with the system; and (d) the benefits of visibility for participants. Although there was an additional sub-theme of interactions with individual service providers, these interactions were interwoven into the sections presented above and did not necessitate separate examination. Finally, this chapter concludes with a discussion of the implications this study carries for victim services and counselling practice, as well as its limitations, benefits, and future directions for research.

5.1. The Experience of Invisibility

In their phenomenological study, Tovar-Murray and Tovar-Murray (2011) found the experience of invisibility had wide-reaching impacts. They investigated the experiences of African-American men who felt a sense of invisibility in reaction to racial slights in their

day-to-day interactions with others. The participant's reactions to invisibility mirrored many of those told in the narratives of this research. For example, one of their major findings was the notion of being "an unseeable person" (p. 28), or a burden. Participants described being an outsider, or "not mattering" (p. 30). This was tied to more than just individual interactions; participants saw their invisibility as an aspect of the injustice in society as a whole. Invisibility was also related to participants' feelings of anger, hopelessness, and confusion.

Participants in the current study spoke of similar experiences; for example, they described feeling slighted and ignored in interactions with varied service providers and community members in relation to the trauma they had experienced. One participant described herself as "nothing really, I'm just a little, little tiny no one." She experienced herself as unseeable. Participants highlighted this invisibility not only as part of their individual interactions with service providers, but also as their disappointment with society and the victim services system as a whole. As one participant said, "It's another part of society where society lets you down. You know, it's about time society starts to straighten up and make it right for people." This participant experienced frustration and disappointment with his ongoing experience of invisibility and his perception of falling through the cracks.

Many participants also described feeling angry in response to incidents of invisibility, whether it was because others treated them as if they were physically invisible (as in the case of the participant who was bleeding on a sidewalk while people were passing her by), or they perceived service providers as lacking understanding and ignoring their emotional struggles. They experienced this as inherently unjust. Participants also spoke of their invisibility as hopelessness; three of the five participants discussed suicide or wishing they had died after their assault. They described feeling hopeless about their situation ever changing, or ever receiving the help they needed. As one participant said:

[It's] not that [victim services] don't care. I think they're just so helpless, because this hoarding disorder, there's absolutely no help for it. There's no practical help for it. Vancouver has a hoarding task force, but they don't come here on this side. I've called them several times, and every time I've called them, all they do is call the police and the police show up at my door. "How're you doing today?" "Well, I'm a little suicidal, but who wouldn't be?"

This participant described the difficulty she had in getting help for her trauma, as well as her ongoing mental health concerns. As she described, she is stuck in a cycle of trying to get help, but getting the same response services: the police.

Some participants also spoke of the desperation they felt in trying to become visible. As one participant described, “I was crying for dialogue. I needed it so badly.” She also recounted trying to emphasize to service providers the seriousness of her situation. She said:

I’m not going to kill myself, but I’m going to tell people I’m very close. That’s the truth. I’m not going to hurt myself. I’m just reminding those people that it could happen. I could fall in a crack, and not even know it.

As with other participants, this participant experiences a fear of losing herself as a parallel experience to getting lost in the victim services system. Her attempts to gain visibility through warning service providers how she could die in the process, really demonstrates the desperation she felt.

5.2. The Concept of *Victim*

The manner in which we define victims has implications for how blame is assigned, and how victims are perceived and treated (McEvoy & McConnachie, 2012; Walklate, 2011; Wilson & Segrave, 2011b). In order to explore these ideas further, I looked at the victimology and criminology literature regarding how we assign victim status, and the impact this has on treatment of victims. Participants in this study carried certain beliefs about the term *victim*, and consequently how they should be treated as victims. These beliefs were at times in conflict with the definitions of victim services, which increased their struggle to access services.

5.2.1. The term *victim*.

The term *victim* is complicated and multi-faceted because there are varied definitions and interpretations of what it means (Holstein & Miller, 1990; Walklate, 2011).

Walklate (2011) describes assigning someone victim status as an interactive process, where we “consider not only how and when others define people as a victim but also when and how people define themselves as having been a victim” (p. 181). This includes both the personal and social meaning of the term victim, and how and when it is used and accepted. Commonly, victims are defined by researchers as “persons believed to have been unjustly harmed or damaged by exogenous forces beyond their control” (Holstein & Miller, 1990, p. 105). Holstein and Miller (1990) describe how the use of the term victim also supplies us with implicit instructions as to how to understand what happened by specifically removing responsibility from the victim and assigning it to the victimizer (i.e., someone or something else). Given this, victims are often seen in stark terms as inherently innocent and good, in contrast to the bad and guilty perpetrator. This is the case despite the fact the boundary between the two is not rigid, and people move between the two over the course of time and different situations (McEvoy & McConnachie, 2012). As McEvoy and McConnachie describe, research has shown that the categories of *victim* and *perpetrator* are not neatly defined, but instead are messy and ever-changing. For example, they cite previous research findings that certain vulnerable people, such as low-income and homeless populations, “may have almost daily experiences of moving between criminality and victimization” (2012, p. 531).

Conflicting definitions of the term victim. As several participants in the current study described, definition of the term *victim* was an area of conflict, where one’s personal definition of victim did not necessarily conform to that of a particular agency. For example, one participant said, “Are we a victim because we’re not living above the poverty level? Well apparently I’m not a victim anymore – to them. I’m a victim of my circumstances.” While this participant considered herself a victim due to her life circumstances, including the poverty she struggled with and the violence in her community, she perceived victim services as excluding this context as insufficient to receive services. Although victim services at times do support victims of traumatic events, the police-based victim services in this study focuses on victims of crime (n.d., City of Vancouver). Given this, despite living in traumatic circumstances that leave this participant in need of extensive support, she struggled to successfully access services. Conflicting definitions of what constitutes a victim will inevitably impact the services participants are able to access; participants in this

study described in their stories how they were denied services if they did not meet the criteria of a given agency.

Ideal and non-ideal victims. The notion of assigning blame further creates a hierarchy of victims, where some who are victimized are positioned as more innocent, while some are less so and consequently seen as more deserving of their victimization (McEvoy & McConnachie, 2012; Walklate, 2011). This is sometimes referred to as ideal (or innocent, and blameless) victims, and non-ideal (or deserving) victims (Wilson & Segrave, 2011b). For example, this can be tied to a victim's lifestyle, such as substance use or prostitution, which is seen as making someone more vulnerable, but less deserving of innocent victim status (Walklate, 2011). For example, this was the case for one participant, who described being mugged and also described his perception of others' reactions. He said:

It's like, it's Vancouver, tough shit. You should've looked out for yourself a bit more. I'm probably not the only guy that was getting robbed by somebody who was robbing people at ATMs. But I mean, hey, I mean I went out for a few drinks, and you know, you can't walk the streets when you're half-cut without looking for somebody who's gonna rob ya.

Although this participant was seriously injured in this assault, and lost money and time at work, he perceived that others were thinking he "should've looked out for [himself] more" rather than being out while drinking. This participant perceived that others did not see him as an ideal or blameless victim, but rather as somehow deserving of what happened to him.

5.2.2. Victim labeling as impacting individual interactions with service workers.

Varied notions about the idea of who is a victim inevitably impacts the interactions victims have with service providers. For example, Wilson and Segrave (2011b) found that categorization of victims as "ideal" versus "non-ideal" altered the amount of time spent with and services provided to victims by police officers. Police officers categorized victims as non-ideal when they perceived them as somehow partially at-fault for their victimization. This is especially true when victims had a previous history with the justice system as an

offender of some variety and were perceived by police as seeking a victim status for financial gain or were injured in what police considered a trivial event. The impact of these beliefs on police officers' interactions with victims is particularly important, especially given that the majority of referrals to victim services are made by police officers (Davis et al., 1999; Zaykowski, 2014). This resonates with a story told by one participant, who described her perception of the attending police officer as apathetic to her situation. As she saw it, he did not care and dismissed her experience, implying that she would be fine despite her concerns this was not the case. It is worth noting that this police officer did not refer the participant to victim services; instead, she found out about the service on her own a few weeks after this event.

Much like police officers, victim services workers have to make decisions about which clients to prioritize and who to spend the most time and resources supporting. Victim services workers are under pressure, which increases the need to prioritize certain cases over others. Participants spoke about their perception that victim services worker were themselves overwhelmed, or "bombarded." As one participant said, "they're just run off their feet, they can't get to calls fast enough." Although participants described feeling an understanding for the struggles of victim services workers, they also reported feeling frustrated when this impacted their own experiences of seeking services. One participant described her experience with this, saying, "The excuse was often the caseload, 'We're working on things as fast as we can, we'll get back to you when we have time. If we need any other information, we'll let you know.'" This participant expressed frustration that her situation was not prioritized by victim services, and that instead she had to call them regularly to find out what was going on.

These decisions are invariably impacted by their perception of the victim, including the seriousness of their trauma and resulting injuries, and who seems more deserving or in need of their attention and resources. This hierarchy of victims is reflected in the stories told by participants in this study, who all described different kinds of trauma and life circumstances, and subsequently different kinds of supports received. One participant received by far the most extensive services, including extensive financial assistance for several years, support to return to school, a range of medical and psychological services, and life-long medication coverage. Her circumstances were undeniably high priority, as

she was seriously injured in a random attack in her home and subsequently had extensive long-term needs. In contrast, other participants in this study often described having to advocate for themselves and convince victim services they were deserving of various services and supports.

Psychological debriefing. The use of psychological debriefing is most often tied to police referrals to victim services, where police request victim services to come to the scene of trauma. Given this, it is inextricably tied to police officers' perceptions of victims, and whether they are seen as in need of, and deserving of this service. This was the case in my own situation, where I was an easily identifiable victim: I had just phoned 911 reporting an assault in a public place, and I was visibly distraught when police arrived. Indeed, I fit the definition of an ideal victim; as a female student with no criminal history or ties to police, the attending officers immediately assigned me the status of a blameless victim.

This experience was not the case for any of the victims in this study. Despite my aim to better illuminate the use of psychological debriefing, none of the participants in this study used or remember being offered that particular facet of victim services. This is potentially the case for several reasons: (a) when police officers did attend the scene, they did not refer the participant to victim services; and (b) partially due to this, all of the participants in this study were not in contact with victim services until sometime after the trauma, in which case psychological debriefing would not be considered an appropriate intervention. This is an example of how a police officer's perception of a victim can have an enormous impact on their experience; those who are seen as non-ideal (or deserving) victims may not be referred to services such as psychological debriefing that they may find helpful.

In speaking to a professional in the field of victim services, I found out that police officers require victim consent before calling victim services to the scene, and that often victims decline the service because they may feel overwhelmed, unwilling to retell their story to a stranger, or misunderstand the services offered (C. Burns, personal communication, October 14, 2015). She also described finding that many victims who were offered victim services on the scene did not remember declining the services.

5.2.3. Beliefs and fairness.

Participants in this study described beliefs they held surrounding the notion of victim, how victims should be treated, and the importance of helping victims. Often these beliefs reflected those described above, where they saw themselves as innocent people who had been harmed through no fault of their own (McEvoy & McConnachie, 2012; Walklate, 2011). Given this, participants believed they should be treated kindly and helped out by others. When these beliefs were contradicted by their experiences, participants felt mistreated by others and thought the process was unfair.

Bradford (2011) reviewed literature surrounding the notion of procedural fairness, and the impact this has on satisfaction with various agencies, such as the criminal justice, tax, and police systems. Findings suggested that community members were more satisfied with proceedings when they are perceived as fair, regardless of the actual outcome. One participant described her beliefs in regard to helping others, saying, “We still have this mentality that we need to punish people, rather than help them . . . raising somebody up is much different than throwing chicken shit on their tents.” Here, the participant speaks to the notion that victims should be helped and empowered to make changes, rather than punished for what is already going on. This was not her experiences in trying to access services, and she perceived this as inherently unfair.

Many participants in this study perceived their experiences with the victim services system to be unfair. They described multiple incidents where their expectation of services were not met, and their resulting frustration and anger in the aftermath. As described above, this perceived unfairness often related to their beliefs about themselves as victims and how they should be treated as victims. Participants also described this unfairness in relation to inequities in accessibility, which will be discussed further in the next section.

5.3. Conflict with the Victim Services System

Participants told stories about conflict with a larger system, where they experienced difficulties navigating the services available to them, often because of institutional red-tape and perceived inequities in accessibility. This section includes

participant's experiences with: (a) their distrust in the victim services system; (b) difficulties navigating the "bureaucratic process;" (c) inequities in accessibility; and (d) the need for advocacy.

5.3.1. Distrust in the victim services system.

Participants spoke of feeling distrust for victim services in a few ways: (a) their perception that victim services was not there to help them; and (b) the connections victim services has to other organizations (e.g., police). Several participants spoke of their perception that victim services were not there necessarily to help them, but rather to serve as a front to appear to the general public as though victims were being helped. One participant questioned whether victim services actual mandate was to ensure the safety of victims, asking, "Are they really there to service the victims . . .?" Another participant said, "Even though victim services is there . . . it's not really compensating somebody for the trauma and everything else they've gone through." He expressed disappointment that his experience with victim services did not align with their presented goals. The Vancouver Police's Victim Service unit states their mission is "to provide crime victims, witnesses and their family members with professional, supportive and timely assistance, to lessen the impact of crime and trauma" (n.d., City of Vancouver). They also describe supporting victims of other traumas, but do not outline how this is accomplished. This participant explained his experience did not meet the Vancouver Police's Victim Service's mission because, up to now, he had been waiting five months without receiving any assistance. The same participant went on to add:

It's a stop-gap measure that maybe looks good statistically, but . . . I haven't seen a dime anyways, so what do I know? So . . . in the back of your mind, well shit, that happened, it wasn't fair, but maybe I'm getting a few bucks from victim services . . .

The above quote demonstrates the discrepancy some participants experienced between their expectations of victim services and the help they received. Some participants thought victim services was a program that looked good on paper, but that did not translate into practice. Another participant said, "I don't even know if anybody gets anything from them, or if it's just like a collection of paper you put your name on to make somebody else feel

better." This highlights some participants' perception that victim services exists more to appease the general public, rather than to help victims in need.

Participants also described having difficulty trusting the victim services system because of the connections they saw between victim services, their interactions with the police, and issues related to law enforcement. One participant described feeling distrustful before approaching victim services due to their connection to police, saying "they need to be at arm's length." She felt the need to keep some form of distance between her and the services she was accessing in order to maintain her sense of safety. My finding related to the participants' distrust of the victim services system mirrors previous research by Sered (2011) who described the experiences of minority men in the United States. She highlights her participants' hesitation to engage with any facet of the criminal justice system after having negative experiences with the criminal justice system and police. As she said, these experiences "inevitably shape young people's perspectives on the justice system and on that system's capacity to deliver them safety and justice in the aftermath of being harmed" (p. 52). This reflects stories told by participants in the current study, who spoke about feeling unsafe and distrustful of the victim services system because their perpetrators had not been punished; they did not see any evidence of justice accomplished.

5.3.2. Difficulties navigating the “bureaucratic process.”

Participants struggled with navigating a system of services they were not familiar with and did not understand. The experiences described by participants aligned with previous research, where clients of victim services spoke of concerns regarding a lack of follow-up, and too much paperwork for them to do (Davis et al., 1999). Many of the participants spoke about being frustrated with the wait times they encountered, and the lack of follow-up they had from service providers. In response, several participants spoke about having to continuously follow up with victim services in order to find out what was going on, whether their claim had been accepted, and how service decisions had been made. As one participant described:

I got more letters from [victim services] and they wanted more information. And then I phoned and I said, "You know, hey, what's

happening?" I talked to some people, but I mean there's a lot of caseworkers. And when I did phone, the one person was away. But they were, you know it's all pretty good, but I just find that it's a really long process.

The above quote demonstrates a common experience for participants--difficulty getting in touch with a caseworker and gaining clarity about the outcome of an application. These struggles made moving forward from their traumatic experience even more difficult; participants were unsure about whether they would receive services or compensation. As one participant noted in the aftermath of being assaulted, he was still waiting to hear back about what compensation or service he would receive. As he said, "It's still not right, and this is what? November, December, January, February, March - 5 months. And my shoulder is just still not right." This was further complicated by the fact that this participant did not have the financial means to prepay for services. Given this, he had not received any physiotherapy or other medical services that required him to pay any fees.

The impact of trauma on engaging the victim services system. As described in the preceding section, those who have experienced trauma can subsequently struggle in wide-ranging and problematic ways (Rose et al., 2009; Yehuda, 2002). The experiences described by the participants in this study are reflective of this finding, with participants telling stories about the struggles they had in terms of their physical well-being; mental and emotional health; and ability to function in work and school. Additionally, participants described financial and relational impacts of trauma--struggles to make ends meet and talk about their experiences with others in their social groups. These difficulties ranged in severity and longevity, from a simple facial cut that healed with some stitches, to ongoing post-traumatic stress symptoms and life-long seizures.

These struggles impacted participants in their day-to-day life, as well as influencing their ability to access services successfully. The symptoms of post-traumatic stress made it especially difficult for participants to overcome the existing barriers to accessing services (e.g., navigating unfamiliar bureaucratic processes, and describing their experiences in a manner that fit the paperwork they were required to fill out). As one participant said, "Psychologically, it's quite something you don't want to have happen to you. The whole

thing is, is that I don't want to remember it." This participant had difficulty filling out paperwork, which impacted his ability to receive services.

Retraumatization in the process. In their review of trauma treatment, Bicknell-Hentges and Lynch (2009) found how some survivors of traumatic events gained tolerance (i.e., a reduction in symptoms) to the distress associated with their trauma by retelling the trauma narrative. Despite this, other survivors continue to experience distress through being continuously aroused in each recounting (and associated reliving) of what happened. In working with clients who have experienced trauma, Bicknell-Hentges and Lynch caution against moving too quickly, or having the client recount their trauma narrative when they are intensely emotional or in heightened arousal from reliving the trauma experience. This heightened arousal has the potential to retraumatize the survivors, leaving them feeling overwhelmed and unable to cope with the feelings associated with retelling the story. This experience is particularly important to attend to in the case of victim services; especially when community members are independently filling out paperwork describing the details of their victimization with little support.

This is consistent with the experiences of participants in this study. Some participants spoke of the ease with which they could talk about what happened, while other participants talked about feeling retraumatized in the process of retelling the story of their victimization while engaging in the victim services system. As one participant said, "it was just so defeating to deal with them, and to a point, retraumatizing quite honestly." She described this feeling of being retraumatized when she tried to gain help and was continuously denied. Another participant described her experience, saying:

It's like taking a traumatized person, stripping off their clothes, and saying, "Tell us how you feel. But prove it. Prove it that you were a victim." They were already vulnerable . . . the person will automatically be brought back in every accounting of that event, because they haven't had the support. So I found the process pathetic. Absolutely pathetic. Or even protective for the victim. I was retraumatized by the process. And I had absolutely no support, neither clinically nor financially to deal with it. And I was left retraumatized, just completing their bureaucratic process.

This quote demonstrates the struggle this participant had when retelling the traumatic event she had experienced while trying to prove she was a victim to gain services. She

expressed difficulty and distress recounting the trauma narrative without emotional support.

Some participants struggled with the process of continual requirements to retell what had happened, and thus avoided speaking, writing, or remembering the event. As one participant described, he mixed up the dates he was assaulted and when he sought medical attention. As he said, “Forget it. It’s a shitty thing that happened, I don’t want to remember it, okay?” Unfortunately, retelling his story was a requirement for the paperwork this participant needed to complete to access victim services supports; thus, he was unable to receive the services he needed due to his resistance to retell the story repeatedly.

5.3.3. Inequities in accessibility.

In trying to engage the victim services system, many participants told stories about the inequities to accessibility they experienced due to financial limitations, or lack of cultural competency in available services.

Financial limitations. According to Alvidrez et al. (2008), little research has been done investigating the experiences of low-income crime victims accessing trauma services; many of the populations studied do not include this important and vulnerable group. Thus, in their investigation of the experiences of this group, they found how participants who were not stably housed, who were unemployed, or who were regular drug users were less likely to seek and maintain available services. They hypothesized how this was largely due to a lack of stability in the life circumstances of this particular sub-set of participants. Research has also demonstrated that low income is a barrier to even general mental health services in Canada, with many struggling to access services based on accessibility and availability (Slaunwhite, 2015).

These findings are again reflected in the stories of the participants in this current study. Several participants spoke about the difficulties they encountered successfully engaging in the victim services system while trying to manage unstable housing. As one participant said about her own situation, “Everything’s going to be continued on the way it is until that person gets enough food, [and] shelter. There’s no shelter.” Some participants

struggled to meet these basic needs, finding it even more difficult to engage in some services. For example, participants who were unemployed or underemployed struggled to access services such as physiotherapy or counselling, because they were unable to prepay costs.

Lack of cultural competency. Another barrier to accessibility described by a participant was her perceived lack of culturally competent victim services. As she described, victim services did not fit for her or her community, leaving her feeling uncomfortable at times. Cultural competency is an ongoing concern within the field of trauma services, as rates of help-seeking and treatment adherence fluctuate greatly between different populations (Rikard, Hall, & Bullock, 2015). As Betancourt, Green, Carrillo, and Ananeh-Firempong (2003) describe, a culturally competent system is “one that acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs” (p. 294). In order to provide culturally competent services to diverse groups, they advise a variety of shifts such as ensuring diversity in staff, providing interpretation services, and training front-line staff specifically in cultural competence. This reflects the suggestions given by a participant in this study, who also suggested having cultural liaisons who could provide a sense of safety, and culturally-based advocacy and support.

5.3.4. The need for advocacy.

In describing their conflict with the victim services system, in addition to the struggles described above, participants spoke about difficulty accessing services due to their lack of understanding about this system and how to engage it successfully. They expressed frustration about having to advocate for themselves in an unfamiliar system. As one participant said, “It shouldn’t be the victim’s responsibility to take on their own processes in a government system. It’s not helpful.” In discussing these experiences with a professional in the victim services field, I learned about advocates and support workers who are available to help victims fill out paperwork and engage the system more successfully. Unfortunately, these support people are not offered to every client, but are a service victims must request (C. Burns, personal communication, October 14, 2015). For

example, one participant spoke about knowing in retrospect that she could have accessed help when she was struggling with all the required paperwork. She said:

I didn't know that at the same centre that I was going to, there was probably somebody there who could've helped me. I just didn't have the knowledge to even ask for that. Because I just didn't know. Now I know there's places that will totally help you fill out victim impact statements, and you can appeal it if it doesn't go right for you. You know, all these things that I know now.

Navigating an unfamiliar system without an advocate with insider knowledge is a great disadvantage. This participant was not aware of all the services available to her at the beginning of her journey into victim services; she was not able to receive the help and services she needed.

5.4. The Benefits of Visibility

In contrast to the experiences described above, participants also highlighted instances of visibility in their interactions with the victim services system. Participants described the benefits of visibility they experienced in their interactions with service providers. These benefits were two-fold: (a) the provision of appropriate services; and (b) relational benefits.

5.4.1. The provision of appropriate services.

Some participants who were visible and recognized as victims were able to access services that aided in their recovery. One participant experienced a great deal of visibility as her story was highly publicized in the news. When she awoke in the hospital several days later, she was approached by victim services and was provided with an extensive range of financial, physical, and psychological support. These supports enabled her recover from many of her physical injuries, receive counselling regarding the trauma she had experienced, and go back to school to pursue a new career.

Other participants described how being referred to services that met their needs was helpful. As one participant said, "The outside referrals I suppose were helpful. Just

the fact that they met my needs." She went on to described how talking to a counsellor helped her manage the uncertainty of her physical recovery:

I still felt like I was in shock for probably a couple months afterwards. Cause everything was just so weird to deal with. I was really, and I still am really thankful that that happened. I realized after I went through about 10 or 12 sessions with the counsellor, how much better I was feeling. And things were getting slowly, slowly better. Not really fast, but I started feeling like, "Okay, even if things aren't going well, at least I feel better about managing everything." So, then I realized, when I started feeling a little bit better, like I am right now, "Okay, that was really an important piece for me to get figured out."

This participant's experience highlights how visibility facilitated her connection to important services. This helped her to better manage the impact of the incident, and start "feeling a bit better."

5.4.2. Relational benefits.

One of the experiences most often described by participants as helpful was when they felt heard, understood, and seen during interactions with the service provider. This positive experience focused on how the provider treated and connected with the participant on a more relational level. As one participant said:

They're not big decision makers, but it's funny, because throughout this whole accident, everybody I interacted with I might not remember their name, but I remember who they were and how they treated me. I don't know, it just really stayed with me, how everybody treats somebody when you're in a vulnerable position. I think it says a lot about you as a human being.

Here, the participant described much more than the services she received; to her, what stood out about her experience was the relational aspect of her interactions with service providers.

This notion of being seen and understood relates to the concept of empathy. Neukrug, Bayne, Dean-Nganga, and Pusateri (2013) define empathy as a person's ability to understand and convey understanding of someone else's experience. Empathy is connected to better relationships between clients and therapists, and ultimately, is a factor

that predicts better outcomes for clients. For example, the use of empathy in doctor-patient relationships predicts better outcomes in medical treatments and positively impact the quality of the diagnosis, patient compliance, and overall satisfaction with their experience (Steinhausen et al., 2014). Given the expansive research literature supporting the positive impact of empathy, its use by victim services providers could arguably impact better outcomes for the community members they support. In the experiences highlighted by participants where they felt understood and seen by workers, they also described feeling safer, more cared for, and put at ease. Here, empathy undeniably impacted satisfaction with their victim services experience, with participants positively describing a connection with certain victim services workers.

This finding could explain some of the previous findings regarding the use of victim services; where participants did not benefit in terms of psychological functioning scores, but did report their experience on the whole to be helpful (Davis, 1987; Sims et al., 2006). Although many of the participants in this study struggled to access beneficial support for psychological functioning (e.g., counselling), they did recount stories about connections they had with victim services workers and described these encounters positively.

5.5. Implications

The participants in this study highlighted their experience of shifting visibility in engaging the victim service system, and described how this impacted them positively and negatively. The stories told in this study speak to the experiences of a particular group of community members who have used victim services in the Lower Mainland. Although these findings are not wholly generalizable due to the nature of qualitative inquiry, they do provide important practical implications for service providers working with this group of community members.

5.5.1. For counsellors.

This study may inform clinical practice for counsellors working with victims of trauma, as well as clients who have engaged the victim services system. Therapists are able to register with the *Crime Victim Assistance Program* (CVAP) in order to “assist the

claimant in his or her recovery from the psychological trauma experienced as a result of the injury" (Ministry of Justice, 2015, p. 2). These therapists are part of the victim services system, and provide a limited number of counselling hours to victims approved for the program. Access to this service is mediated by a victim's status within the victim services system; for example, only two of the participants in this study were approved for CVAP and received counselling through them. These therapists also have certain limitations on their services, including the amount and type of counselling they can provide. At the same time, clients who are able to see therapists through CVAP benefit from having a counsellor who is knowledgeable about some of the issues they face in engaging the victim services system, and have demonstrated they meet the eligibility requirements to be registered (e.g., have a certain degree of education and insurance).

Counsellors who work with community members who have used victim services can better understand their experiences, and some of the needs they express. In particular, counsellors can help clients who have experienced trauma and engaged the victim services system by their very presence, giving clients the support and visibility they described needing in this study. Counsellors could also broach this topic explicitly, exploring with clients their experiences with this system and any resulting frustrations they have experienced.

Counsellors may work with clients who struggle with seeking support, as many of the participants in this study did. Better understanding this experience can help counsellors facilitate clients' connection to other forms of support. For example, several participants expressed concerns around social stigma surrounding the experience of trauma and the use of police-related services that prevented them from seeking social support. Counsellors could provide psychoeducation to normalize clients' experiences and reduce the stigma they perceive. Other participants also described engaging in avoidance practices that prevented them from talking to others. Counsellors could also work with such clients in reducing avoidance, by providing information about the issues with avoidance, and helping clients gain distress tolerance skills. Counsellors can also act as social advocates for their clients and work towards goals that benefit this particular community (Industry Canada, 2015). This could involve working with other service providers to facilitate their connections with victims. Counsellors could provide important

training for police officers and victim services workers around a number of topics, such as typical responses to trauma and how to communicate empathically. Training regarding the use of empathy could be impactful in strengthening connections between police officers or victim services workers and victims, and increase victim satisfaction with their experience. Additionally, given the variations in staffing models for victim services programs, as well amount and type of training, this could provide important tools to a range of victim services workers, and enable them to work sensitively and empathically with the needs of victims.

5.5.2. For police officers.

Given the high number of trauma victims who are referred to victim services through their initial police contact, it is important that police officers engage with victims appropriately and sensitively (Davis et al., 1999; Zaykowski, 2014). Police officers could be trained to work with victims in a manner that acknowledges what is going on with them, and gives them a sense of being seen and heard. It is also important to underline the subjectivity of decisions that are made regarding who to refer to victim services, and provide police officers with an understanding of how different factors (e.g., their perception of the person as an ideal or non-ideal victim) can influence their choices. Providing police officers with this information would enable them to reflect on their perceptions of victims in the moment, and allow them to provide victims with the care and services they need.

5.5.3. For victim services.

The stories participants told about their experiences engaging the victim services system provide important information to inform future practice for victim services programs. These stories centred primarily on the experience of invisibility; feeling unheard, unacknowledged, and unseen throughout their experiences with this system. In contrast, the positive experiences participants described often involved feeling acknowledged and supported by particular service providers. This juxtaposition underlines the importance of visibility for clients of victim services programs.

Participants in this study spoke about aspects of their experiences with victim services they would alter if given the chance. These suggestions often centred on shifts in practice that would provide clients with a sense of being seen and heard by the victim services workers. One participant suggested victim services workers be more clinically trained to work with trauma, explaining that this would improve their interactions with victims. In particular, she spoke about the idea that this would allow victim services workers to support victims not only with their experiences trying to fill out forms and access services, but also with the more psychological difficulties they may have.

Participants also spoke of wanting more individualized support, and having a worker to help them through the process of accessing services. As many participants struggled with understanding the processes involved, filling out paperwork, and finding out what was going on with their case, an individual caseworker could help provide support and clarity. Although victim services workers do at times carry an ongoing caseload of clients, this was not the experience of many of the participants in this study. Of the five people who spoke about their experiences with the victim services system, only one participant described having a specific caseworker she could contact for questions she had.

More specifically, one participant suggested having cultural liaisons, in order to facilitate culturally competent services for victims. For this participant, the victim services system did not fit her or her community. She suggested having a liaison that could bridge this gap, and provide culturally relevant services to her community, as well as other diverse communities. This participant spoke about how this could provide victims with better services which would enable them to feel safer and better understood.

Participants also spoke about other ways to support victims. One participant suggested the process of filling out paperwork would be expedited for victims if victim services either (a) used the police report, or (b) regularly sent a victim services worker with police officers, rather than asking for the victim to retell their story in subsequent forms. Although at times victim services do send workers to the scene of an incident to provide emotional debriefing and support, this is not the case for all victims. Police officers are also supposed to have the victim's consent before calling for victim services (C. Burns,

personal communication, October 14, 2015). There is also the issue of confidentiality in transferring paperwork from police officers to victim services; however, victims could potentially give written consent in order to use the police report to facilitate victim services applications.

Participants also highlighted the difficulties they had in accessing services, often struggling with the wait-times and need to prepay. They described wanting a system where they could access services immediately, rather than having to prove their status as a victim and then wait. Even more so, being able to access services without prepaying could facilitate access to a variety of services for many participants of this study.

5.6. Benefits and Limitations

This research has several benefits including an important contribution to the literature on victim services, as few researchers have looked at victims' experiences in the victim services system. This research contributes an important new exploration of these experiences, as well as how community members perceive and describe them. This research can also provide important insight to clinical practice, as described in the section above. Participants also spoke to the benefits of participating in this study, highlighting that they wanted to provide information for others who may struggle. One participant spoke about how participating in this study may allow her to provide information that would help other community members engaging with victim services. Participants also spoke about being hopeful that sharing their experiences would result in changes to the victim services system.

In particular, participants benefited from the experience of sharing their important stories, and the associated experience of visibility. The participants of this study described a sense of invisibility at various points in their stories; talking about their experiences facilitated an increased sense of being understood and visible. As one participant said, "And thank you for this interview, thank you for coming to see me Amanda." Hutchinson, Wilson, and Wilson (1994) further expand on the benefits of participating in research interviews, describing how it can help participants find cathartic relief, feel validated, and shift their perspective about what happened. They go on to highlight the importance of the

empowerment that can arise from being interviewed, where participants have a sense that their voice is heard and matters. As Hutchinson et al. write, “Interviews can give a voice to the voiceless because researchers sometimes investigate questions that involve [participants] who have never been allowed to tell their story” (1994, p. 164). Participants in this study were able to give voice to their important stories and feel heard.

Further, Pennebaker (2000) describes at length the benefits of constructing and communicating narratives. In his review of research he has done regarding the expression of traumatic narratives, he explains how those who are given the opportunity to write about traumatic experiences often have better physical and mental health outcomes, and subsequently connect more with their social groups. Pennebaker theorizes this is due to the actions narrators take in constructing their narrative, including: (a) simplifying and organizing the story to communicate it to someone else; and (b) generating meaning in connecting the pieces of their narrative. Although much of his research focuses on the use of writing in narratives, Pennebaker describes how much of these processes occur in the translation of stories into language.

The narratives of this study also convey benefits to the reader. The stories told by participants describe in rich detail not only what happened, but also an impression of what it is like for the narrators. This allows the reader to more fully connect to and understand the experiences of these community members. Clandinin and Rosiek (2007) also highlight how reading a narrative can empower a reader who shares similar experiences to those described but has not yet given them voice.

It is important to reflect on the limitations of this research in order to understand the context that may inform and guide the direction of future inquiries. The nature of narrative inquiry is such that it will never be truly generalizable to the population as a whole, as the findings are invariably impacted by the study’s context and the specific individuals involved. Despite this limitation, it is my hope that the findings of this study will provide some important information regarding the experiences of those engaging the victim services system. Additionally, while there was some diversity, the large majority of participants in this study were both female and Caucasian. Thus, although the stories pulled from these five interviews were rich in detail and provided a worthwhile glimpse into

the experience of engaging the victim services system, they only represent the experience of a small number of community members. Participants in this study also self-selected, and were eager to talk about their experiences. This self-selection may have resulted in a bias towards participants who had a particularly strong opinion regarding their experience with victim services and wanted a forum to express these views. Victims who have used the service and had a relatively good or average experience may not have felt compelled to participate in this study. With this in mind, the stories in this study reflect only a small subset of the total population of community members who have engaged the victim services system.

Recruitment for this study was also limiting, as I was not able to go directly through victim services programs, but rather had to recruit through more indirect means (e.g., online classifieds). Given this, the current study only includes the experiences of a small number of people who use victim services. The stories told by participants were also all retrospective in nature. Although this process is inherent to the nature of storytelling, details about participants' experiences could also have been lost or shifted over time.

5.7. Future Directions

Further research is certainly necessary to better understand the experiences of this group. First and foremost, it is imperative that victim services programs engage in reflective research in order to better understand their own practice. Given the dearth of literature surrounding the use of these programs, future research on the part of victim services programs could be invaluable in providing appropriate and sensitive services to community members who have experienced trauma. Even engaging with clients post-services in order to receive feedback could provide important information regarding what was helpful and unhelpful.

Secondly, future research could incorporate the stories and experiences of a larger number of more diverse community members. Ideally, future explorations of these experiences could be undertaken in partnership with victim services programs, allowing for greater transparency regarding their processes, and facilitation of recruitment efforts. Working collaboratively with victim services programs would also provide a better

understanding of the experiences of victim services workers, and how they relate to the experiences of victims. Researchers could engage in an ethnographic study and immerse themselves in the victim services system in order to better understand its many facets. Participants' narratives in this study were also almost entirely regarding their experiences with police-based victim services programs; future research into the use of victim services could expand on this by soliciting stories regarding a larger range of services, including police, community, and court victim services programs. Comparing varied types of victim services programs could provide a better understanding of the experiences of more survivors in the community. Utilizing a grounded theory approach could also allow future researchers to generate theory regarding the various facets of engaging victim services.

Interestingly, although this study sought to better understand various facets of participants' experiences engaging the victim service system, one of the intentions was also to elicit stories regarding one component: psychological debriefing. Despite this, none of the participants in this study utilized this particular service. Given the remaining questions regarding the subjective experience of psychological debriefing, it would be useful to seek out stories regarding this particular experience. This study's finding regarding the experience and benefits of visibility could point to some benefits of psychological debriefing, but more research is necessary in order to better understand whether this is the case and what the benefits for victims may be. This is another instance where grounded theory may be useful in order to create theory regarding the role of psychological debriefing in victim services, and what impacts it has.

Some of the experiences described in this study could generate research questions of their own, such as further inquiry into the cultural sensitivity of the victim services system. Only one participant in this study spoke to concerns regarding the cultural competency of the services offered in her community. Future research with diverse groups could provide richer detail regarding the impact this has on victims' experiences with the victim services system and their sense of visibility. Further research could also focus on other facets of participants' experiences described in this study, for example: (a) investigating in more detail the importance of empathy and connections with service providers for community members accessing victim services; and (b) gaining a better understanding of the impact of varying definitions of the term *victim*.

5.8. Conclusion

My initial interest in this particular aspect of trauma came as the result of seemingly random happenstance, where my experience with my own trauma intersected with my professional life. When I began to read the existing literature and saw the void surrounding the experiences of those who have used victim services, I found more questions than answers. It is apparent that in the fields of trauma, mental health, and counselling this important group has somehow been overlooked.

Although I expected to hear both positive and negative experiences regarding victim services, I was surprised at how much they centred on the relational aspects of accessing services. Despite knowing the importance of empathy and relationships, I had not expected the experience of invisibility and visibility to be the underlying theme of the stories I heard. In retrospect, this makes sense, as participants were looking for support at an immensely vulnerable time in their lives. The experience of being seen and understood inevitably impacted participants positively, regardless of the financial, medical, or psychological services they received.

It is also important to better understand the many barriers these participants have faced in order to access services and advocate for themselves. Participants often described facing multiple barriers in addition to the trauma they had experienced, such as poverty, homelessness, and mental illness. These participants received less help than others despite being more in need, as their complex difficulties prevented them from successfully accessing the victim services system and standing up for themselves.

Given the widespread effects of trauma and its common prevalence for Canadians, providing helpful resources to those who have experienced trauma is an important aim. In order to help these community members effectively, it is necessary that services provided are vetted and well understood in order to ensure they are helping those in need.

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Appendix A. Recruitment flyers.

SFU

Ethics application number: 2014s0140

Have you used victim services in Vancouver?

Researchers at Simon Fraser University (SFU) are interested in hearing about your experiences using this program. This information may be helpful in better understanding what people find helpful and unhelpful about this program, as well as what suggestions they would make for improvement.

If you have used the victim services program offered through the Vancouver Police Department within the last 3 years, we are inviting you to share your experiences in an interview with a researcher. This interview will be approximately two hours long and will explore your experience using the program.

For further information or to book an interview, please contact the principal investigator, Amanda Hamm via email:
[REDACTED] or phone: [REDACTED]

Version date: May 24, 2014

SFU

Ethics application number: 2014s0140

Version date: November 15, 2014

Have you experienced a trauma and used victim services in Vancouver?



Researchers at Simon Fraser University (SFU) are interested in hearing about your experiences using this program.

Who: Adults (over 19) who used the services in the last THREE years and who are interested in talking about:

- what was helpful and unhelpful about the program
- suggestions they would make for improvement

Contacts: If you are interested in speaking with us, please call or write to:

Amanda Hamm by email: [REDACTED] or phone: [REDACTED] or
Dr. Patrice Keats by email: [REDACTED] or phone: [REDACTED]

This study is completely confidential and for information for SFU researchers only.



[REDACTED]											
Amanda Hamm											

Appendix B. Pre-interview screening protocol



Ethics application number: 2014s0140 1 of 2

Pre-Interview Screening Protocol

Research question: *What stories do community members tell about the process of engaging with the victim services system?*

I. Study information

Before I ask you any questions, I want to give you a good sense of the study. The purpose of this study is to get a clearer picture of people's experience using the Victim Services Program in Vancouver. If you are eligible for this study, I will be asking you to meet with me for a period of about two hours to answer some questions in order to get a better sense of what using that program was like for you, including what you found helpful about the program, what you did not find helpful about the program, and what you wish could be added to the program.

At any time, you can change your mind and are free to withdraw from the study without any consequences. Do you have any questions or concerns so far?

II. Screening Questions

- *This study is looking in particular at the experiences of adults using the Victim Services Program. How old are you?*
 - If 19 or older, move on to next question.
 - If younger than 19, let the potential participant know the study is not a good fit for them, and thank them for their interest.
- *Have you used the Victim Services Program in Vancouver offered through the Vancouver Police Department?*
 - *If yes, when?*
 - If potential participant has used the Victim Services program within the last 36 months (June 2011 to present), let potential participant know they are eligible for the study. Move on to scheduling the interview.
 - If potential participant has used the Victim Services Program prior to June 2011, let the potential participant know the study is not a good fit for them, and thank them for their interest.
 - If participant has not used the Victim Services Program in Vancouver, let the potential participant know the study is not a good fit for them, and thank them for their interest.

III. Scheduling Interview

If you are interested in participating in the study, we can book a time for us to meet and talk about your experiences. When would be a good time for you?

Version date: June 19, 2014

- If participant has not used the Victim Services Program in Vancouver, let the potential participant know the study is not a good fit for them, and thank them for their interest.

III. Scheduling Interview

If you are interested in participating in the study, we can book a time for us to meet and talk about your experiences. When would be a good time for you?

I can meet you at any of Simon Fraser University's three campuses: Downtown Vancouver, Burnaby Mountain, or Surrey Central. Which one of these would you prefer? Do you have any further questions or concerns?

Appendix C. Informed consent

Study Information and Consent to Participate

Study title: Using the victim services program in Vancouver: What helps and what hinders?

Who is conducting this study?

Amanda Hamm	Principal Investigator
Patrice Keats, Ph.D.	Co-Investigator



This study is being conducted through Simon Fraser University (SFU), but independently of the Vancouver Victim Services program. We have not asked their permission to conduct this study. SFU and the investigators of this study follow the strictest ethical guidelines in order to ensure the safety and comfort of all the participants in this study. This document is intended to clearly identify the nature of this study, including any possible risks and benefits, as well as the procedures involved. Your participation is completely voluntary, and can be withdrawn at any point during the study without any consequences.

Why are we doing this study?

You are being invited to participate in this study because we want to know more about people's experiences using the Victim Services Program in Vancouver. More specifically, we want to know what people found helpful and unhelpful in their experience, and what they wish had been a part of their experience. This information will be useful in better understanding the program and generating ideas for change in the future.

Voluntary participation

Your participation in this study is entirely voluntary and can be withdrawn at any point during the study without any consequence. You will not be compensated for your participation in this study. You have the right to say no to participating in this study. If you choose to participate, and change your mind later on for any reason, you can withdraw your participation at any point without any negative consequences. You do not have to give a reason for choosing not to participate, or withdrawing your participation. If you do choose to withdraw, your data will still be kept for seven (7) years, and then be destroyed, but will not be used in the results of this study or for any other purposes.

What will you be asked to do?

If you choose to participate in this study, you will be asked to do an interview with the principal investigator that will examine your experiences with the victim services program in Vancouver. This interview will take up to two hours of your time. The questions in this interview will ask about what was helpful in your experience, what was not helpful, and what you wish had been included. The principal investigator will ask further questions to make sure that your answers are well understood. You can refuse to answer any of the questions asked, and do not

have to say the reason. The interviews will also be recorded in order to be transcribed to help with data analysis.

After this interview, you will be contacted through email in order to check the information extracted from your interview and whether you believe it fits your experience. Email is not a confidential medium. In order to protect your privacy as much as possible, any documents sent to you through email will be given a password that you need to open and read them. If you decide to participate in this study, we will come up with a password together for these documents.

What are the risks and benefits of participating?

There are low emotional risks involved in discussing the topics specified in this study. Some participants may experience negative emotions in discussing their experiences, either during the interview or after it. If you do not want to answer any question, you do not have to, and do not have to say why. If you do get upset any time, please speak to the interviewer, who can provide you with community resources for more ongoing support. The interview may be terminated at this time.

There are benefits to this study as well. Some people find that it is helpful to talk about their experiences. Also, the information found in this research may be helpful to better understand the program from the point of view of the people who use it. This may be useful to provide recommendations for the future.

Confidentiality

All information obtained during this study will be kept strictly confidential. The information you provide will be de-identified (given a coded number), and any documents containing your name or any identifying information will be kept separately. These documents, including transcripts of the interviews, will be kept in a locked cabinet in a locked research office at the SFU Surrey Campus. Typed transcripts will be kept on a password-protected computer that is not connected to the internet.

The only people who have access to your audio data are the principal investigator and co-investigator. Audio recordings will be downloaded onto a password-protected USB stick. This, in turn, will be kept in a locked cabinet in a locked research office at Simon Fraser University's Surrey campus. Audio recordings will be destroyed once transcription has taken place, and will not be used for any further purposes. All remaining study information will be destroyed after a period of seven (7) years. A graduate-level coder will also have access to the written transcripts, as they will code some interviews. This person has signed a confidentiality agreement to ensure that your information is kept confidential.

The only instances in which confidentiality would have to be broken would be those required by law in Canada. This includes disclosure of intent to harm yourself or someone else, as well as possible child abuse.

Study results

The results of this study are being used for a Master of Arts thesis project, and may be published in an academic journal or presented at a research conference in the future. No identifying information of participants will be included in any of these endeavours.

Who do I contact if I have any questions or concerns?

Your participation in this study is entirely voluntary and can be withdrawn at any point during the study without any consequences. If you choose to withdraw your participation, or if you have any questions about this study and your participation, please contact:

Amanda Hamm
Study Principal Investigator
Simon Fraser University

Dr. Patrice Keats, Ph.D
Study Co-Investigator
Simon Fraser University

Who do I contact if I have complaints?

Should you have any concerns or complaints about participating in this study, please contact:

Dr. Jeffery Towards
Director, Office of Research Ethics
Simon Fraser University

Consent

Being a part of this study is completely up to you. If you do decide to take part, you can change your mind and withdraw at any time without any negative consequences. If you decide to withdraw, your data will still be kept for seven (7) years and then destroyed, but will not be used in the results of this study or for any other purposes. Your signature below indicates you understand the nature of this study and your participation, and you agree to participate.

Name: _____ Date: _____
PRINT NAME **YYYY/MM/DD**

Signature:

I agree to being contacted via email after the interview to review the interview.

I agree to being contacted via email after the interview to review the information extract my interview. Yes No

Would you like to be contacted with the results of this study? Yes No

Appendix D. Resources

Resources

VictimLink BC

Free, confidential, multilingual, and province-wide 24-hour telephone service. Provides services related to information, referrals, transition houses, and counselling resources.

Call: 1-800-563-0808

Text: 604-836-6381.

Email: VictimLinkBC@bc211.ca

TTY: 604-875-0885

Call collect: Telus Relay Service at 711

Crisis Intervention and Suicide Prevention Centre of B.C.

Free, confidential, non-judgmental, 24-hour telephone service. Provides emotional support for people experiencing feelings of distress or despair.

Call: 604-872-3311 or 1-866-661-3311

Chat online: www.CrisisCentreChat.ca

TTY: 1-866-872-0113

Self-Care

Grounding

If you find yourself feeling upset, anxious, or sad later on, or if you experience a flashback to an upsetting experience, you can use some techniques to help calm you. Grounding techniques can be useful to bring you back to the present moment and help you disengage from overwhelming thoughts of the past.

- Hold an ice cube in your hand and describe how it feels.
- Count backwards from twenty.
- Look around and describe your surroundings out loud. It can be helpful to choose 5 things you can see, 5 things you can hear, and 5 things you can touch. (E.g. I can feel my hands on my lap, I can hear the wind outside, I can see the grey wall).

Calm Breathing

When we get anxious, it can be easy to start to hyperventilate or take shallow, quick breaths. To help calm down, it can be helpful to practice calm breathing.

1. Take a slow breath in through the nose, breathing into your lower belly (for about 4 seconds)
2. Hold your breath for 4 seconds
3. Exhale slowly through the mouth (for about 4 seconds)
4. Wait 4 seconds before taking another breath
5. Repeat as is comfortable for you

Other self-care

Other things to do when you are feeling upset or anxious include things that you have tried and found successful in the past. Sometimes people find talking to a friend, family member or partner about what they are experiencing is helpful. Others find going for a walk, exercising, having a cup of tea or a hot bath, reading, or watching TV can be helpful.

Appendix E. Interview protocol



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Interview Protocol

Research question: *What stories do community members tell about the process of engaging with the victim services system?*

I. Study information and Consent Script

As we have already discussed, the purpose of this study is to get a better sense of people's experience using the Victim Services Program in Vancouver. I will be asking you some questions in order to get a better sense of what using that program was like for you, including what you found helpful about the program, what you did not find helpful about the program, and what you wish could be added to the program.

Sometimes when people talk about their experiences related to using the Victim Services Program, they can become upset or emotional. If at any point you find yourself getting uncomfortable, please let me know and we can pause the interview and have a conversation regarding what would help ease your discomfort.

Instructions: Review consent form with participant and answer any questions. Have participant sign consent form before turning on the audio recorder. When recording has begun, state the date and participant ID number before continuing.

II. Interview Questions

- What experience led you to use the victim services program?
 - How did this happen? Did you call? Did someone else call?
- What did you find helpful about your experience using the Victim Services Program?
 - How was this aspect helpful for you?
- What did you find unhelpful about your experience using the Victim Services Program?
 - How was this aspect unhelpful for you?
- If you could add anything to your experience, what would you add?
 - Why would you add this in particular?
- Can you describe what the therapeutic experience was like?
 - If not, why?
- What did you anticipate happening? Were there any surprises?
- How did you prepare to get what you wanted or needed?

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- *What kind of supports did you have in your life?*
- *What creates stress in regards to your experience?*
- *What attitudes/beliefs did you have going in? Have they changed?*
- *How did you cope with what happened?*
 - *Emotionally?*
 - *Physiologically?*
- *Did your experience affect any relationships in your life? How?*
- *Did you tell anyone?*
 - *Do you know anyone else who has used the program? How did your experience differ from theirs?*
- *How has your experience changed your views re: society and the system?*
- *How are you making sense of what happened?*

III. Check-in

How are you feeling now that we are finishing the interview?

If participant discloses they are upset:

Would you be willing to contact any of the resources provided?