1.0 Coversheet

Title of Review:
Assessing the effectiveness of interventions designed to support victims of crime: A systematic review of psychological outcomes.

Reviewers:
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1 This systematic review will not be assessing the effectiveness of interventions that exclusively target domestic violence or child abuse. The Background section of the protocol provides more details.
2.0 Background for the Review

In a review of studies on the impact of crime, Maguire (1991) reported that even for the more common offences (e.g., burglary) typical initial reactions include fear, shock, and anger. With time, victims may experience “nervousness, depression, fear of a repeat attack, inability to sleep, turning the event over and over in one’s mind, and blaming oneself” (Maguire, 1991, p. 397).

Newburn (1993) reviewed the literature on the longer term needs of victims of crime and argued that apart from those effects that may become apparent soon after the crime is committed, victims may suffer the effects of crime for an extended period of time. These effects fall into the following broad categories: physical (e.g., injury), emotional and psychological (e.g., feelings of depression, fear, anger), behavioural (e.g., disturbance of sleeping and eating patterns, inability to work) and financial (e.g., property stolen, indirect costs related to appearances in court). Newburn (1993) concluded that some victims of crime might require more extensive support than that provided by crisis intervention techniques, which usually offer support in the short-term.

Furthermore, Zedner (2002) reports that qualitative studies of the impact of criminal victimisation have revealed that victims’ reactions vary according to the type of crime suffered but that some degree of psychological suffering is very common. The present review will, therefore, focus on interventions that have been designed to alleviate the negative psychological aftereffects that victims of crime may demonstrate shortly after a crime and in the longer-term.

Posttraumatic stress disorder (PTSD) has been particularly associated with exposure to crime and a lot of the research into the psychological impact of crime has focused on PTSD. PTSD symptoms are thought to be organised into three distinct symptom clusters (Falsetti & Resnick, 2000):
1. Re-experiencing or intrusion symptoms, which may include nightmares or flashbacks of the traumatic event.
2. Numbing and avoidance symptoms such as avoidance of stimuli (e.g., activities, places or people) that have been associated with the traumatic event.

3. Arousal symptoms including difficulties sleeping, irritability, and concentration problems.

For a Diagnostic Statistical Manual of Mental Disorders-IV (DSM-IV) diagnosis of PTSD to be established a number of criteria must be met. These include exposure to a traumatic event and at least one re-experiencing symptom, three avoidance and numbing symptoms and two arousal symptoms for a minimum period of one month after exposure to that event.

A number of other psychological disorders have also been linked to criminal victimisation, including depression, substance abuse and panic attacks (Falsetti & Resnick, 1995). For example, Burnam et al. (1988) examined the prevalence of psychological disorders in a sample of 432 victims of sexual assault in a retrospective cross-sectional study. Prevalence rates were compared to a matched sample of 432 nonvictims. The authors found significantly higher rates of major depression, mania, drug abuse or dependence, phobias, panic disorder, and obsessive-compulsive disorder in the victim group.

Victim assistance programmes were set up in the 1980s in an attempt to alleviate the effects of criminal victimisation but Shapland (1986) pointed out that in many cases these were implemented without prior research into the actual needs of victims of crime. Victim assistance programmes are varied in their nature and intensity. A common type of intervention offered to victims of crime is crisis intervention or supportive counselling which typically involves a session with a counsellor or trained volunteer. This approach has been widely adopted in the UK, a prime example being Victim Support, a large voluntary organisation, which has set up schemes to support victims of crime nationally (Williams, 1999).

Moving away from the crisis intervention approach, researchers in the United States have developed a number of cognitive-behavioural treatment interventions specifically for use with victims of crime. These are based on cognitive-behavioural theory and are delivered according to a structured protocol, usually at least three
months after the crime has occurred. One example of a cognitive-behavioural
treatment for victims of crime is cognitive processing therapy (Resick, Nishith,
Weaver, Astin & Feuer, 2002). This treatment involves structured exposure to the
traumatic memory of the crime through talking or writing about the incident in detail,
as well as training in anxiety management techniques.

Some interventions aimed at victims of crime are based within the criminal justice
system and can take the form of visits by police officers (e.g., Winkel & Vrij, 1993)
or support provided in court to witnesses by the Witness Service in the UK (Victim
Support, 2001). Furthermore, in the UK, the Probation Service provides information
to victims of serious sexual and violent offences about the offenders’ sentence and
subsequent release arrangements when the offender has been sentenced to 12 months
or more in prison (Williams, 1999).

Maguire and Corbett (1987) draw attention to the lack of research into the
effectiveness of interventions that aim to support victims of crime in terms of
recovery from the effects of crime. They carried out a small-scale study to find out
whether Victim Support in the UK made a difference to victim recovery. They
compared a group of 26 victims who had been visited by a Victim Support volunteer
to a matched control group of victims who had not received this service. No
significant differences were found between the two groups on a variety of self-report
measures. However, some consistent patterns emerged which indicated that a greater
number of victims in the experimental group than in the control group were coping
better at follow-up.

Davis and Henley (1990) in a review of services for victims reported that studies
evaluating programmes designed to support victims of crime had started emerging in
the literature. However, they pointed out that although the most common
programmes offered to victims take a crisis intervention approach, most effectiveness
studies in this area had evaluated cognitive-behavioural treatment especially for rape
victims. For example, a more recent study by Foa, Hearst-Ikeda and Perry (1995)
examined the efficacy of a brief cognitive-behavioural programme in reducing PTSD
and depression in female victims of sexual or non-sexual assault. The 10 victims that
took part in the programme showed significant reductions in some PTSD symptoms and depression compared to a matched group of female victims that did not receive the treatment. This suggests that cognitive-behavioural treatment programmes are effective in reducing PTSD in victims of rape. The sample size, however, was small and any positive effect introduced by the intervention may not be applicable to the wider population.

Other studies have investigated the effects of crisis intervention programmes. For example, Cook, Smith and Harrell (1987) compared victims that had been assigned to a victim and/or witness assistance programme to a sample of victims who did not receive this service. Although the former group of victims reported that taking part in the programme had helped them, no difference was revealed between the two groups on measures of fear, anxiety, stress and adjustment that were administered one month post-crime and again four to six months later. Cook et al. (1987) noted, however, that the experimental and control groups were not strictly comparable because allocation to the groups was often made on the basis of need. Davis (1987), on the other hand, randomly assigned a sample of 249 victims to one of four conditions: crisis intervention with supportive counselling, crisis intervention with cognitive restructuring, material assistance, or a no treatment control group. The victims were assessed three months later but, again, no differences were revealed between the four groups on a range of psychological symptoms including depression, anxiety, avoidance, intrusion, and fear of crime.

The results of the above studies provide evidence for and against the effectiveness of interventions delivered to victims of crime. This could be attributed to a number of factors, including variations in the nature, intensity, and delivery of the interventions as well as differences in the study samples and the quality of the methodology. Maguire (1991) pointed out that services for crime victims involve expenditure on the part of governments and individuals and, therefore, the efficacy of these services in alleviating the impact of criminal victimisation needs to be known if funding is to be sustained. Furthermore, it is important that people who need support after suffering a crime are offered a service that has been shown to be helpful. To quote from the final report of the American Psychological Association’s Task Force on the Victims of
Crime and Violence (1984): “Both those who seek help and those who pay for services deserve interventions for which the efficacy is known or is under systematic study” (p. 100). It has already been mentioned that evaluations of victim services and treatment programmes have been appearing in the literature since at least the late 1980s. The next step is to identify these evaluations and synthesize the evidence to date on the effectiveness of interventions delivered to victims of crime.

Systematic reviews in the area of criminal victimisation are currently underway. Four such review titles have been registered with the Campbell Collaboration\(^2\). However, these are either focusing on specific types of crimes such as domestic violence (Feder, Mackenzie & Wilson, 2000) and child sexual abuse (Macdonald, Ramchandani & Higgins, n.d.) or specific types of interventions for example, restorative justice (Sherman & Strang, 2000) and repeat victimisation programmes (Farrell & Webster, 2000). Furthermore, the Wider Public Health Report (Contributors to the Cochrane Collaboration and the Campbell Collaboration, 2000) cites further reviews of interventions for child abuse and neglect. However, these reviews do not look at the effectiveness of programmes delivered to victims of other types of crimes, such as burglary, assault, sexual assault and rape. The present systematic review proposes to address this gap in the research literature. However, to avoid duplication of the systematic reviews mentioned above, the present review will not include studies that evaluate interventions that exclusively target victims of domestic violence, child sexual or physical abuse, and child neglect. Furthermore, evaluations of interventions that focus on restorative justice or repeat victimisation will also be excluded.

In summary, the purpose of this systematic review is to find out what interventions have been shown to help victims of crime recover from the negative psychological aftereffects of a criminal victimisation. This will include but not be limited to, victims of burglary, robbery, sexual or non-sexual assault and rape.

### 3.0 Objectives of the Review

This systematic review has the following objectives:

\(^2\) [http://www.campbellcollaboration.org/library.html](http://www.campbellcollaboration.org/library.html)
a) To present the evidence to date on ‘what works’ in reducing the negative psychological (emotional, cognitive or behavioural) aftereffects of crime among victims.

b) To assess the scientific rigour of the studies included in the review and list the outcome measures used to evaluate interventions to support victims of crime.

c) To identify gaps in this research area and make recommendations for further research.

d) To inform policy on victim services by disseminating the findings of the review to relevant organisations and government bodies, such as Victim Support and the UK Home Office.

4.0 Methods

4.1 Criteria for inclusion and exclusion of studies in the review

Only studies that satisfy all of the following inclusion criteria and none of the following exclusion criteria will be included in this review:

*Types of participants*

Studies involving direct victims of crime regardless of gender, age, or severity of crime will be eligible for inclusion in the present review. Within the context of this systematic review, a direct victim of crime is defined as anyone who has suffered a crime against his or her person or property. Studies involving indirect victims of crime (e.g., the family murder victims) will, therefore, be excluded from the review.

*Types of interventions*

Interventions will be considered regardless of their duration and intensity. The aim of the intervention must be to help victims recover from the negative psychological (emotional, cognitive, or behavioural) aftereffects of a criminal victimisation experience. When the aim of a study is not clear it will be defined by the outcome measures the authors have used.
As mentioned in the introduction, interventions focusing on restorative justice and repeat victimisation as well as interventions specially designed to support victims of domestic violence, child sexual or physical abuse or child neglect will be excluded from this review. In the event that a study includes victims of the crimes mentioned above but also victims of other types of crimes, then this study will be included. Techniques aimed at enhancing victim testimony in court will not be included unless the aim of the intervention includes supporting victims of crime with the after-effects of crime. Additionally, studies of victims of general trauma and, therefore, not exclusively the result of crime, will not be included. An intervention may have a differential effect, for example, on victims of accidents than victims of crime (see Tarrier, Sommerfield, Pilgrim & Humphreys, 1999) and studies of victims of general trauma may not allow separation of the different effects.

**Types of outcome measures**

For a study to be included, it must measure at least one psychological outcome that is relevant to the victims who have received the intervention. Only these outcomes will be listed in the data extraction phase and later considered for quantitative analysis. As there is no consensus regarding the specific psychological outcomes against which the effectiveness of supportive programmes for crime victims should be measured, all psychological outcomes (i.e., all outcomes relevant to the recovery of victims from the emotional, cognitive and behavioural effects of criminal victimisation) will be considered at this stage. Outcome measures commonly used in this field of study include the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961), the State-Trait Anxiety Inventory (Spielberger, 1983), and the PTSD Symptom Scale – Self-Report (Foa, Riggs, Dancu & Rothbaum, 1993). The validity and reliability of the outcome measures will be considered during the quality assessment phase.

**Types of studies**

Only studies using an evaluative design that includes *at the very least* a comparison between a control and an experimental group (i.e., a group that receives an
intervention and a group that either receives no intervention or a placebo intervention) will be considered for inclusion.

To summarize, the reviewers will use the following questions to decide whether a study is eligible for inclusion:

1. Is the study sample exclusively made up of victims of crime?
2. Does the intervention aim to support victims of crime with the negative aftereffects of crime?
3. Does the study measure at least one psychological outcome measure?
4. Does the study use an evaluative design that includes at the very least a comparison between an experimental and a control group?
5. Does the intervention exclusively target domestic violence or child abuse?
6. Is the intervention a repeat victimisation or restorative justice programme?

The titles and, where available, the abstracts of references identified through the searches will be scanned for relevance using the inclusion and exclusion criteria. A study will be considered eligible for inclusion if the answer to questions 1-4 is positive (i.e., yes) and the answer to questions 5-6 is negative (i.e., no). At this stage, the full report of any study that is judged to be potentially relevant to the review will be obtained. The full reports of all potentially relevant studies will be reassessed for relevance. It should be noted that due to lack of resources a single reviewer will conduct most of the study selection process. If there are doubts about the inclusion or exclusion of a study, a second reviewer will be consulted.

4.2 Search strategy for identification of relevant studies

Both published and unpublished research will be considered eligible for this review. Attempts will be made not to confine the review to studies written in the English language. Literature written in a language other than English will be translated before the data extraction and quality assessment phase.

Search terms
A combination of search terms will be used to search the electronic databases and research registers. The search strategy was developed with the assistance of an experienced librarian at the University of York. The following search terms as well as related terms will be used in appropriate combinations: intervention, programme, treatment, service, outreach, counselling, protection, information, effectiveness, efficiency, assessment, evaluation, appraisal, review, analysis, experiment, support, help, assist, coping, crime, offender, victim, sufferer, injured party. A full account of the search terms used and the way in which they were combined is presented in Appendix I.

The search strategy will be adapted for use in different databases according to the classification system of each database. When the format of a particular database does not permit use of this search strategy a broader search will be carried out (e.g., by combining fewer categories of search terms). Further searches will be conducted using controlled language such as that found in subject headings, descriptors and similar database fields.

**Years searched**

No limits will be placed with regard to year of publication when searching the electronic databases. When searching the reference lists of primary records, only studies published from 1980 onwards will be retrieved.

**Resources searched**

1. **Electronic Databases**: PsychINFO, Criminal Justice Abstracts, Criminal Justice Periodicals Index, Social Sciences Citation Index (SSCI), Science Citation Index (SCI), Applied Social Sciences Indexes and Abstracts (ASSIA), Public Affairs Information Service International (PAIS), MEDLINE, CAREDATA, PILOTS (traumatic stress database by Dartmouth College), Science Direct, Sociological Abstracts, Dissertation Abstracts, Database of Abstracts of Reviews of Effectiveness (DARE), Clinical Evidence, Cinahl (nursing literature).

2. **Research Registers**: Social, Psychological, Educational and Criminological Trials Register (SPECTR); National Research Register (NRR, research in progress).
3. **Reference Lists:** The reference lists of primary studies and reviews identified via the electronic databases that satisfy the inclusion criteria were scanned for relevance to the systematic review.

4. **Researchers:** Academics working in the field of victims of crime were contacted to provide information on research that might be ongoing. In addition to this, a request for information on relevant research was published in The Psychologist (2003), the official monthly publication of the British Psychological Society. Furthermore, information on the review and the type of studies that will be included has been posted on the Victimology Research Database of the International Victimology web site.

5. **Other Sources:** System for Information on Grey Literature in Europe (SIGLE); ‘Victim Support’ and other relevant organisations; The International Victimology web site, which contains the Victimology Research database and the Victim Services and Victimisation Prevention database; The Open Government web site which contains the full texts of all government publications, including Home Office Publications; The Victims of Crime Publications of the National Criminal Justice Reference Service.

On completion of the database and other searches, the references will be imported into the reference manager Endnote.

4.3 **Description of methods used in the component studies**

The studies included in the review are expected to employ an intervention versus comparison group research design with measurements taken either at posttreatment only, both at pretreatment and posttreatment, or at pretreatment, posttreatment and further follow-up points. In the context of this review, a pretreatment measurement is the measurement taken before the intervention is administered; a posttreatment measurement is the first measurement taken after the end of the intervention programme; and follow-up measurements are any further measurements that are taken after the posttreatment measurement. The comparison group may include victims who receive no intervention; victims who are on a waiting list and will receive an

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3 http://www.victimology.nl
intervention after a specified amount of time; or victims who receive a placebo intervention, which is known not to have the desired effect. Some studies may compare multiple interventions to one comparison group. Randomised controlled trials, quasi-experimental studies and cohort studies are expected to be included in this review.

The effectiveness of the interventions under evaluation will be mainly judged by comparing the outcome measures of the intervention group with the outcome measures of the control group at posttreatment and follow-up. Within-group differences from pretreatment to posttreatment will not be reported, as these are not a good indication of the impact of interventions. This is because participants may change from pretreatment to posttreatment for reasons other than taking part in a specific treatment programme. Changes between pretreatment and posttreatment may instead reflect changes with time that would have taken place regardless of the treatment programme, events other than the treatment which occur in the participants’ lives and changes that result from the administration of the outcome measures at pretreatment (Mitchell & Jolley, 2001).

### 4.4 Criteria for determination of independent findings

Generally studies of effectiveness of interventions with victims of crime report multiple outcome measures. The type and number of outcome measures reported also differ across studies. Furthermore, primary studies in this area often compare more than one intervention to the same control group. A number of studies are also expected to report some outcome measures at multiple time points (e.g., immediately posttreatment and at three months follow-up). One assumption of the statistical procedures we propose to use (see section 4.6) is that data points are statistically independent. Therefore, all outcome measures, time points and comparisons will be coded separately. Statistical analyses will then be conducted separately for the different outcome measures and time-points, if a sufficient number of studies have included these.

### 4.5 Details of study coding categories
Data Extraction

Two reviewers will independently extract information from the selected studies using a pre-specified data extraction sheet (see Appendix II). When information is missing or unclear, attempts will be made to contact the authors directly. In the event that information extracted by the two reviewers is in conflict, the two reviewers will discuss the discrepant information with reference to the full papers. A decision will be made after evidence has been located in the paper that satisfies both reviewers. When agreement is reached, the data will be transferred into appropriate tables. Any open-ended information that is collected through the data extraction sheet will be first coded into categories and then transferred into the tables. A further table will be provided presenting the range of outcome measures that have been used to evaluate interventions designed to support victims of crime.

Quality assessment checklists and procedures

Two reviewers will independently assess the methodological quality of the selected studies using a specially designed quality assessment checklist (see Appendix III) that will include information on the possible biases that may be present within study designs.

Clarke and Oxman (2001) pointed out that “None of the currently available scales for measuring the validity or ‘quality’ of trials can be recommended without reservation” (Section 6.7.2). Furthermore, they suggested using a quality assessment method, which indicates exactly how each study performed on each quality item rather than presenting just one overall summary score. Khan, ter Riet, Popay, Nixon & Kleijnen (2001) proposed that reviewers develop a quality assessment instrument that is specific to the topic area under review. After defining “the quality construct” and “the purpose of quality assessment” (Khan et al., 2001, p. 8), it is suggested that reviewers select a relevant generic quality assessment tool and adjust it according to the biases that are pertinent to the specific topic area under review.

The present quality assessment checklist comprises items that refer to the internal and construct validity of the study methodology. Mitchell and Jolley (2001) define
internal validity as the “the degree to which the study demonstrates that the treatment caused a change in behaviour” (p. 171) and construct validity as “the degree to which the study measures and manipulates the underlying psychological elements the researcher claims to be measuring and manipulating” (p. 23). Quality assessment criteria from the following sources were considered for inclusion in the present quality assessment checklist: Khan et al. (2001), Greenhalgh (2001), Clarke and Oxman (2001), Troia (1999), Sherman et al. (1997), Verhagen et al. (1998), and Foa and Meadows (1997). Only items relevant to the type of studies in the present review were included.

This report will also address the external validity or applicability of the results obtained by the included studies to victims of crime in general. This discussion will focus on the inclusion and exclusion criteria used for the selection of participants, how participants were recruited into the study, and the sample size.

It must be emphasised that the quality assessment of the studies will necessarily be limited to what the authors report in their published account of the research. When information is missing or unclear, attempts will be made to retrieve the information directly from the authors.

When there is disagreement between the two reviewers with respect to the quality assessment of a study, both reviewers will discuss their conflicting views with reference to the full report of each study. A decision will be made after evidence has been located in the paper that satisfies both reviewers. Data will be entered into the tables only when the two reviewers are 100% in agreement. The information collected during the quality assessment of the studies will be presented in the final report. The risk of bias in each study will be designated as low, moderate or high (see Appendix III). If a study has a low risk of bias we can be more confident that the study is internally valid. If, on the other hand, the risk of bias is high, the results obtained may “depart systematically from the ‘true’ results” (Khan et al., 2001, p.2).

Furthermore, information on the external validity of the findings of the studies will also be presented in the final report. Information on both the internal and external
validity of the studies will be taken into account in the discussion of the results of each study and the research and practice recommendations that may come out of this systematic review.

4.6 Statistical procedures and conventions

The information collected during the data extraction and quality assessment phases of the review will initially be summarized in tabular form. Where the information collected is open-ended, it will be coded into categories before being transferred into tables. The effectiveness of victim interventions may depend on a number of factors, such as the type and intensity of the intervention, the method of delivery, and the sample of victims who receive it. Deeks et al. (2001) pointed out that studies evaluating the impact of interventions might also differ in relation to important factors such as those mentioned above. It is, therefore, important to examine the key characteristics of the included studies. The tables will summarize information on the characteristics of the interventions, the study sample, the results, and the methodological quality of the study. The reviewers will then examine whether there are any important differences between the included studies. Deeks et al. (2001) recommend that “where there are important differences between the studies in terms of participants, interventions, outcomes and methods that are thought potentially to relate to study results, it is usually not sensible to estimate and overall average effect” (Deeks et al., 2001, p. 4). If this is the case, Deeks et al. (2001) suggest that it may still be possible to synthesize subgroups of studies that show similarities on key characteristics such as those mentioned above.

The rest of this section will describe the procedures that will be followed if the descriptive synthesis of the studies indicates that a meta-analysis is appropriate for either the total number of studies included in the review or a sub-group of the studies. The analyses will be conducted using macros developed by D. B. Wilson for SPSS (Lipsey & Wilson, 2001). Outcome measures of the psychological impact of crime are usually reported as continuous variables. Continuous data will be expressed as standardised mean difference effect sizes. If a study reports dichotomous data, these will be expressed as odds-ratios and converted into an equivalent standardised mean difference effect (Lipsey & Wilson, 2001). The effect sizes will be transferred into an
SPSS data sheet and will be weighted by the inverse variance to adjust for sample size bias. The weighted mean effect size for all the studies will then be computed along with a 95% confidence interval. The results of the meta-analysis will be presented using a forest plot, which will display the individual study effects, their confidence intervals and the overall mean effect. Furthermore, a homogeneity analysis will be carried out to examine whether the study effect sizes are estimating the same population mean. If this hypothesis is rejected, potential moderator variables (e.g., the duration of the intervention, the gender of the sample, the methodological quality of the study) will be examined using both categorical and linear models. Finally, sensitivity analyses will be carried out to examine whether the findings of the meta-analysis are robust. For example, if there are missing data, the analyses will be repeated whilst “substituting the least favourable and most favourable outcomes in place of the missing data in best case and worst case scenario analyses” (Deeks et al., 2001, p.14). Furthermore, both fixed and random effects analyses will be reported to provide an additional check of the robustness of the meta-analysis findings.

4.7 Treatment of qualitative research

At present, there are no plans to include qualitative research in this systematic review.

5.0 Timeframe

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<thead>
<tr>
<th>Tasks</th>
<th>Date of expected completion</th>
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<tbody>
<tr>
<td>Database searches</td>
<td>January 2002</td>
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<tr>
<td>Other searches (grey literature)</td>
<td>February 2002</td>
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<tr>
<td>Sift database searches</td>
<td>March 2002</td>
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<tr>
<td>Obtain relevant studies</td>
<td>April 2002</td>
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<tr>
<td>Select studies for inclusion in the review</td>
<td>May 2002</td>
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<tr>
<td>Data extraction and quality assessment</td>
<td>September 2003</td>
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<tr>
<td>Preparation of summary tables</td>
<td>October 2003</td>
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<tr>
<td>Quantitative analyses</td>
<td>March 2005</td>
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<tr>
<td>Preparation of final report</td>
<td>July 2005</td>
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</table>
6.0  Plans for updating the Review

The review will be updated yearly with the help of the library management systems at the University of Pennsylvania.

7.0  Acknowledgements

I would like to thank Professor Cynthia McDougall, Dr Peter Hatcher, Stephen Moran and Stephen Stanley for their comments on the first draft of this protocol.

8.0  Statement Concerning Conflict of Interest

None

9.0  References


10.0 Appendices

10.1 Appendix I
Search terms

#1 Intervention interven* or program* or treat* or therap* or service* or (cris* and interven*) or outreach or counsel* or rehab* or protect* or reparat* or compensat* or inform*

#2 Effective effectiv* or efficien* or success* or assess* or evaluat* or apprais* or review* or efficacy or analys* or meta-analys* or experiment* or (control and group) or (matched and group) or (before and after) or (pre and post) or measur* or (control* and study)

#3 Support support* or help* or assist* or care* or cope* or coping

#4 Crime crim* or offen* or felon* or misdemeanor* or transgress*

#5 Victims victim* or sufferer* or (injur* and part*)

Searches #1, #2, #3 and #4 were combined to produce the final set of records

Note: The Criminal Justice Abstracts database is divided into six sections. The following four sections were searched for the present review: “Crime, the Offender, and the Victim”; “Police”; “Courts and the Legal Process” and “Crime Prevention and Control Strategies”. The remaining two, “Juvenile Justice and Delinquency” and “Adult Corrections”, were not considered relevant to this review and were, therefore, not searched.
## 10.2 Appendix II

*Data Extraction Sheet*

<table>
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<th>REVIEWERS:</th>
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### STUDY DETAILS

**AUTHORS (first author and et al.):**

**SOURCE AND YEAR OF PUBLICATION:**

**COUNTRY AND LANGUAGE OF PUBLICATION:**

### VERIFICATION OF STUDY ELIGIBILITY

Please indicate presence of the following inclusion criteria by circling one of the options:

1. The study sample is exclusively victims of crime. **YES / NO / NOT CLEAR**
2. The focus of the intervention is to support victims of crime with the negative aftereffects of crime. **YES/ NO / NOT CLEAR**
3. The study design includes a control group **YES/ NO / NOT CLEAR**
4. The study measures at least one psychological outcome **YES/ NO / NOT CLEAR**
5. The intervention does not exclusively target domestic violence or child abuse. **YES / NO / NOT CLEAR**
6. The intervention is not a repeat victimisation or restorative justice programme **YES/ NO / NOT CLEAR**

### INTERVENTION (S)

**TYPE OF INTERVENTION (S):**

**FOCUS OF INTERVENTION (S):**

**NUMBER OF CONDITIONS (including control group):**

**TYPE OF CONTROL GROUP (S) (e.g. no treatment control group):**
CRIMES TARGETED & % OF EACH TYPE INCLUDED IN EVALUATION:

STUDY SETTING (e.g. court, mental health service, academic institution):

BRIEF DESCRIPTION OF CONDITIONS:

THEORETICAL FRAMEWORK/MODEL:

TIMING WITH RESPECT TO VICTIMISATION (e.g. 3 months post-rape):

TOTAL DURATION / TOTAL NO. SESSIONS (e.g. 9 months):

INTENSITY (no of sessions per week, duration of single session):

WHO DELIVERED THE INTERVENTIONS?

WAS SPECIAL TRAINING PROVIDED?

SAMPLE CHARACTERISTICS (total and by condition)

N (e.g. TOTAL = 95, Intervention Group = 50, Control Group = 45):

GENDER (% female/male):

AGE (mean, SD, range):
ETHNICITY (%):

LEVEL OF EDUCATION:

PREVIOUS VICTIMIZATION:

INCLUSION CRITERIA (e.g. diagnosis of PTSD):

EXCLUSION CRITERIA (e.g. presence of psychotic disorder):

ARE THE INTERVENTION AND CONTROL GROUPS COMPARABLE ON
a) Demographic variables: YES / NO / PARTLY / INFORMATION NOT GIVEN
b) Pre-treatment symptoms: YES / NO / PARTLY / INFORMATION NOT GIVEN

If partly state the significant differences found and whether these were controlled in subsequent analyses:

STUDY CHARACTERISTICS

STUDY DESIGN – please circle one of the following options
a) RCT
b) Quasi-experimental study with matched controls
c) Quasi-experimental study with unmatched controls
d) Other (please state)

AT WHICH POINTS WERE PARTICIPANTS ASSESSED?

DROPOUTS FROM EACH TREATMENT:

FOLLOW-UP ATTRITION RATES FOR EACH CONDITION:
OUTCOME MEASURES (list instruments used to assess the efficacy of the intervention, e.g. Beck Depression Inventory)

RESULTS

STATISTICAL TECHNIQUES USED:

WHAT VARIABLES WERE CONTROLLED IN THE ANALYSES (if any)?

WHAT MODERATING VARIABLES WERE INVESTIGATED (if any)?

BETWEEN-GROUP SIGNIFICANT DIFFERENCES AT THE 0.05 LEVEL
(e.g. Stress Inoculation Training group scored significantly lower than the no treatment group on the Beck Depression Inventory both post-treatment and at the 5-month follow-up OR No significant differences were found on any of the outcomes):
STANDARDIZED MEAN DIFFERENCE EFFECT SIZE/ ODDS-RATIO (include information on which group the ES favours and whether the difference is statistically significant)

COMMENTS (e.g. important limitations that are not made obvious by the data extraction process)
10.3 Appendix III

Quality Assessment Checklist

The aim of this checklist is to assess the internal and construct validity of the studies included in the present systematic review. 

*Internal validity* is defined as the degree to which the study demonstrates that the treatment caused a change in behaviour

*Construct validity* is defined as the degree to which the study measures and manipulates the underlying psychological elements that the researcher claims to be measuring and manipulating

Please mark as: ADEQUATE/ PARTLY ADEQUATE/ INADEQUATE/ NOT CLEAR/ NOT REPORTED

1. Equivalence of intervention and control groups:
2. Control for effects of attrition:
3. Control for possible intervention deliverer-by-condition confounding:
4. Evidence of adherence to intervention/placebo protocol:
5. Validity and reliability of outcome measures:
6. Blinding of outcome assessors:

ADDITIONAL COMMENTS:

RISK OF BIAS
(Reproduced from Khan et al., 2001, Box 5.1)

Please note if the risk of bias in the study is:       A. Low  B. Moderate    C. High

*When assessing risk of bias it should be noted if there is not enough information reported to assess one of the 6 main criteria. The lead reviewer will attempt to contact the authors to obtain the missing information.

<table>
<thead>
<tr>
<th>Risk of bias</th>
<th>Relationship to individual criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Low = plausible bias unlikely to seriously alter the results</td>
<td>All of the criteria met</td>
</tr>
<tr>
<td>B. Moderate = plausible bias that raises doubt about the results</td>
<td>One or more criteria only partly met</td>
</tr>
<tr>
<td>C. High = plausible bias that seriously weakens confidence in the results</td>
<td>One or more criteria not met</td>
</tr>
</tbody>
</table>
External Validity

How were the participants recruited?

Were the eligibility criteria for inclusion in the study made clear?