Article

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Delivering a Victim Impact Statement: Emotionally effective or counter-productive?

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Abstract

Although the delivery of a Victim Impact Statement (VIS) in court is assumed to contribute to the healing and recovery process of victims of violent crimes, its effectiveness to facilitate emotional recovery is widely debated. The current longitudinal study is the first to empirically examine the psychological effects of delivering a VIS in terms of the two most important emotional reactions

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after crime: anger and anxiety. It extends previous findings by showing that the debate concerning the effectiveness of delivering a VIS is not a 'black and white' matter. In this article, we argue that the question should not be whether delivering a VIS 'works' or 'doesn't work' for the victim, but for whom, and under which conditions. We show that delivering a VIS does not give rise to direct 'therapeutic' effects. However, we found that feelings of anger and anxiety decrease for victims who experience more control over their recovery process and higher levels of procedural justice.

Keywords
Emotional recovery, therapeutic justice, procedural justice, Victim Impact Statement, victim participation

Crime victims play an increasingly important role in criminal justice procedures (for example, Groenhuijsen and Pemberton, 2009; Roberts, 2009). One of the instruments that allow victims to participate in criminal justice procedures is the Victim Impact Statement (VIS). VISs are written or oral statements made by the victim in which they express the (financial, social, psychological and physical) harm they have experienced as a part of the court proceedings (Erez, 1990, 2004). In the Netherlands, the right to deliver an oral VIS was afforded to victims of severe violent crimes in 2005. The implementation of this right was accompanied by the possibility of submitting a written VIS, which is added to the file of the criminal case. In the Netherlands, the content of the VIS is restricted in the sense that victims can speak only about the consequences of the crime, and are not allowed to speak about the facts of the crime or a desired punishment. The Dutch objectives of the VIS are captured in multiple goals.[1] The key victimological goal concerns the contribution of the VIS to the victim's emotional recovery. This issue is also the main consideration in research and theory concerning VIS in other jurisdictions and comprises the main research question of the present article. In particular, it is presumed that the delivery of a VIS may facilitate recovery from the emotional harm that has been caused by the crime (see also Edwards, 2001; Roberts and Erez, 2004). Hence, the delivery of a VIS is supposed to have therapeutic benefits and to contribute to the emotional healing and recovery process of victims (Explanatory Memorandum of the Oral Victim Impact Statement Act, 2005, 2012).

Therapeutic benefits?

The effectiveness of VISs in facilitating recovery is widely debated (Pemberton and Reynaers, 2011; Roberts, 2009). Whereas some argue that VISs are effective in helping victims to recover from the crime, others suggest that delivering a VIS may even be counter-productive, in the sense that it may lead to secondary victimization (also known as post-crime victimization). This duality is exemplified in contradictory statements such as 'VIS, don't work, can't work' (Sanders et al., 2001) and 'VIS can work, do work (for those who bother to make them)' (Chalmers et al., 2007): Whereas Sanders et al. (2001: 447) argue that VISs 'fail in practice', Chalmers et al. (2007: 366) claim that their therapeutic benefits 'do have some value'.

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According to Pemberton and Reynaers (2011), the debate about the effectiveness of the VIS is seriously hampered by a lack of empirical evidence concerning its therapeutic effects. Until now, few studies have empirically examined whether and, if so, how the delivery of an oral VIS is related to emotional recovery (Erez, 2004; Roberts and Erez, 2004). Moreover, the empirical studies that did so are characterized by a number of important limitations (see also Roberts, 2009; Walklate, 2002). First, previous studies typically used victim 'satisfaction' (or a similar construct) as an outcome measure (see also Edwards, 2001; Erez, 2004; Roberts and Erez, 2004). This is troublesome, because neither satisfaction nor dissatisfaction can be directly translated into therapeutic and anti-therapeutic effects (McNally et al., 2003; Zech and Rimé, 2005). Moreover, advocates and critics of VIS regimes tend to hold very different views of the effects of VIS on the satisfaction levels of participating victims (Roberts, 2009): whereas some argue that submitting a VIS will increase victim satisfaction (for example, Alexander and Lord, 1994), others claim that victims are unlikely to 'benefit' from submitting a VIS (for example, Davis and Smith, 1994). Second, both proponents and opponents of the VIS have been inclined to extrapolate from (dis)satisfaction to other consequences. This is especially true of the extrapolation from dissatisfaction to secondary victimization. For example, it may well be true that failing to meet victims' expectations may lead to dissatisfaction (Ashworth, 2000; Edwards, 2001; Sanders et al., 2001), but it is not synonymous with secondary victimization in the sense that it leads to negative effects on the victim's well-being.

In sum, although a central goal of the VIS is to contribute to the victim's emotional recovery (for example, Edwards, 2001; Roberts and Erez, 2004), empirical evidence about its therapeutic benefits in terms of emotional recovery is lacking (see also Edwards, 2001; Herman, 2003; Parsons and Bergin, 2010; Roberts, 2009; Roberts and Manikis, 2013). In a review paper, Herman (2003: 162) summarizes the lack of empirical knowledge about the effects of victim participation in the criminal justice procedure by arguing that '[a] systematic study of the mental health impact of crime victims' participation, or nonparticipation, in the criminal justice system has yet to be conducted'. The goal of the present study is to fill this empirical gap with regard to examining the effects of delivering a VIS. In particular, we conducted a longitudinal study among victims of severe violent crimes to examine the impact of delivering a VIS on their emotional recovery.

Theoretical notions

Several theoretical notions are essential in understanding the complexity surrounding the determination (or measurement) of 'emotional recovery' after delivering a VIS. First, we elaborate upon 'general notions' of emotional recovery after crime. Second, we discuss specific theoretical assumptions regarding the effects of delivering a VIS.

Trajectories of recovery after crime

Numerous studies have shown the devastating effects that crime can have on victims for months and even years following the traumatic event. Nonetheless, there also is great variability in how individuals are affected by criminal acts (for example, Frazier et al.,

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2004). Recent theoretical models have argued for distinct trajectories of mental health outcomes following traumatic events (Bonanno, 2004; Layne et al., 2007; Steenkamp et al., 2012). Bonanno (2004) described four main trajectories after experiencing a traumatic event: a *resilience trajectory*, which is characterized as an initial period of mild symptoms and disruption in functional abilities, followed by a return to adaptive functioning; a *recovery trajectory*, which is characterized by an initial period of moderate to severe symptoms that dissipate in the weeks and months following trauma; a *chronic impairment trajectory*, which involves persistently high levels of distress and dysfunction; and a *delayed distress trajectory*, in which individuals experience an increase in symptoms over time after little or no initial reaction (Bonanno, 2004). Layne et al. (2007) argued for an additional *resistance trajectory*, which involves enduring homeostasis (that is, the development of no or few symptoms).

Recent research (Lens et al., 2010; Lens et al., 2013) has connected the distinct trajectories of recovery for victims to the choice to deliver or to decline the opportunity to deliver a VIS, by showing that victims who choose to deliver a VIS display a significantly higher degree of psychological complaints after the crime, compared with those who decline their opportunity to do so (Lens et al., 2013). Whereas victims who opt for the delivery of a VIS show signs of severe mental health problems, presenting high levels of anger, anxiety and post-traumatic stress two weeks before the trial, victims who decline the opportunity to deliver a VIS are relatively free of emotional complaints. Moreover, Lens et al. (2013) found the time since victimization to be positively correlated with the likelihood of delivering a VIS. Hence, the high levels of psychological complaints for victims who opt to deliver a VIS cannot be explained by the fact that their crime has taken place a shorter time ago; if anything, their crime took place significantly longer ago. Following the categorization of Bonanno (2004), one could argue that the victims who opted for delivery of a VIS were more readily interpreted as following a 'chronic impairment trajectory', with clear signs of persistent and high levels of distress. This recovery process differs from the emotional state of victims who decline their opportunity to deliver a VIS. In effect, the latter group appeared to follow the 'recovery trajectory'.

Recovery after delivering a VIS?

Different lines of research would suggest that certain high levels of emotional complaints for victims who opt for the delivery of a VIS would not diminish through (single-shot) expressions of feelings or emotions, such as the delivery of a VIS. For example, single-shot therapeutic approaches involving expression of emotions have not proved effective in reducing symptoms of post-traumatic stress (for example, Van Emmerik et al., 2002), with research even suggesting counter-productive consequences (for example, Sijbrandij et al., 2006). Moreover, ongoing research into the social sharing of emotions reveals that the mere expression of emotions has no direct 'healing' effects in the sense of leading to a decrease in feelings of anger or anxiety (Kennedy-Moore and Watson, 1999; Rimé, 2009; Rimé et al., 2011). More generally, this research all but refutes the assumption that, once an emotion is shared, it vanishes (Rimé et al., 2011). Instead, the effects of social sharing have often been classified in terms of 'perceived benefits':

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participants who talk about their emotions and feelings often rate their sharing experience in terms of 'cognitively helpful', 'interpersonally beneficial' or 'emotionally alleviating' (Zech and Rimé, 2005).

Elaborating upon these research findings, we hypothesize that the effects of delivering a VIS are explained not by the direct 'therapeutic' or 'cathartic' effects of expression (see also Edwards, 2001) but by more indirect paths: delivering a statement in court leads to an increased perception of procedural justice and control over the recovery process, which in turn contributes to the victims' well-being.

Procedural justice theory

The theory of procedural justice examines decision-making processes in exchange relationships in which one party has decision-making authority over issues that concern the other party (Lind and Tyler, 1988). Whereas initial theories about procedural justice were concerned with the instrumental functions of participating in a certain procedure (that is, through participation people would be able to influence the outcome of the procedure) (Lind and Tyler, 1988; Thibaut and Walker, 1975), more recent research emphasizes that people's motives for participating in such a procedure are more often defined in terms of participation as such: expressing one's arguments and point of view has its own important function (Tyler, 1990, 2006).

This general finding also applies to the particular context of crime victims participating in the legal system. Perceived benefits of participating in criminal justice procedures may be defined in terms of participating in the procedure, rather than decision control over the sentence (for example, Shapland et al., 1985; Wemmers, 1996; Wemmers and Cyr, 2004). In this regard, Erez (1990) argued that studies of victims' opinions concerning the importance of the VIS have confirmed the conclusion that this right to deliver a VIS is viewed as important, regardless of its effect on the sentence outcome. Different studies have shown that many victims cited communication with the offender as a reason for submitting impact statements (Erez and Tontodonato, 1992; Erez, 1994; Lens et al., 2013; Meredith and Paquette, 2001). Consequently, it has been argued that the value of delivering a VIS must be defined in terms of *victim voice* (Erez, 2004; Roberts, 2009; Roberts and Erez, 2004): delivering a VIS in court enables the victim to express their feelings about the crime and to communicate with the other participants in the process, in particular the judge and the defendant: 'Beyond the symbolic recognition of victims in the criminal justice process, the expressive function of the VIS can help promote the welfare of crime victims' (Roberts and Erez, 2004: 227). Moreover, experiencing a choice of whether or not to participate in the criminal proceedings is vital to an individual's sense of *locus of control*, which in turn may contribute to emotional well-being (Winick, 1997). Winick (2008) argues that increasing feelings of procedural justice can help victims to ameliorate their psychological stress and restore their emotional equilibrium. Giving victims a choice of whether or not to participate in the criminal proceedings is not simply a message of sympathy but recognition that they have been wronged (for example, Roberts and Erez, 2004). As an illustration, Frazier (2003) showed that victims who concentrate on what they can do to feel better and experience feelings of control over their recovery process have a decreased chance of developing mental health problems.

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The present study

The present longitudinal study was conducted to examine whether and, if so, how delivering a written or oral VIS contributes to a victim's emotional recovery. We formulated four hypotheses (see Figure 1):

Hypothesis 1. Selection effects (see Figure 1, H1). The choice of whether or not to deliver a (written or oral) VIS is likely to be influenced by feelings of anger and anxiety and perceptions of control over the recovery process. We expected that victims who deliver a VIS display higher feelings of anger and anxiety and perceive less control over their recovery process than victims who do not deliver a VIS (Hypothesis 1).

Hypothesis 2. No direct 'therapeutic effects' of VIS (see Figure 1, H2). Second, we expected that individual differences in anger and anxiety will remain relatively stable over time. That is, we expected that victims who feel relatively angry/anxious compared with other victims before the trial will remain relatively angry/anxious after the trial (Hypothesis 2). Hence, after the trial, having delivered a VIS is not expected to 'resolve' the differences due to the selection effects between the modality groups. That is, delivering a VIS has no direct 'therapeutic' effects.

Hypothesis 3. Delivering a VIS and perceived control as an indirect process.

a. Victims who have delivered a VIS are expected to experience an increase in feelings of control over their recovery process (see Figure 1, H3a).
b. Victims who perceive more control over their recovery process are expected to experience decreased feelings of anger and anxiety (see Figure 1, H3b).
c. Delivering a VIS is expected to have an indirect negative effect on feelings of anger and anxiety by an increase in feelings of control over the recovery process.

Hypothesis 4. Procedural justice.

a. Victims who experience more feelings of procedural justice are expected to experience less feelings of anger and anxiety.
b. Victims who experience more feelings of procedural justice are expected to feel more in control over their recovery process (see Figure 1, H4b).
c. If H3b also holds, then procedural justice leads indirectly to a decrease in feelings of anxiety and anger.

Method

Participants

Participants were recruited through all 19 district court offices of the Dutch Public Prosecution Service. To participate in the study, victims had to meet the following criteria: they had to (1) be eligible to submit a VIS (that is, be a victim of a severe violent crime or a surviving relative/co-victim of, for example, murder or a traffic offence), (2) face an upcoming trial, and (3) have sufficient mastery of the Dutch language. Eligible participants received information from the Prosecution Service about the study and the possibility that they would be further contacted by the investigators. Furthermore, a form was included through which they could opt out of receiving further information. If this form had not been returned within two weeks, victims were contacted by telephone and

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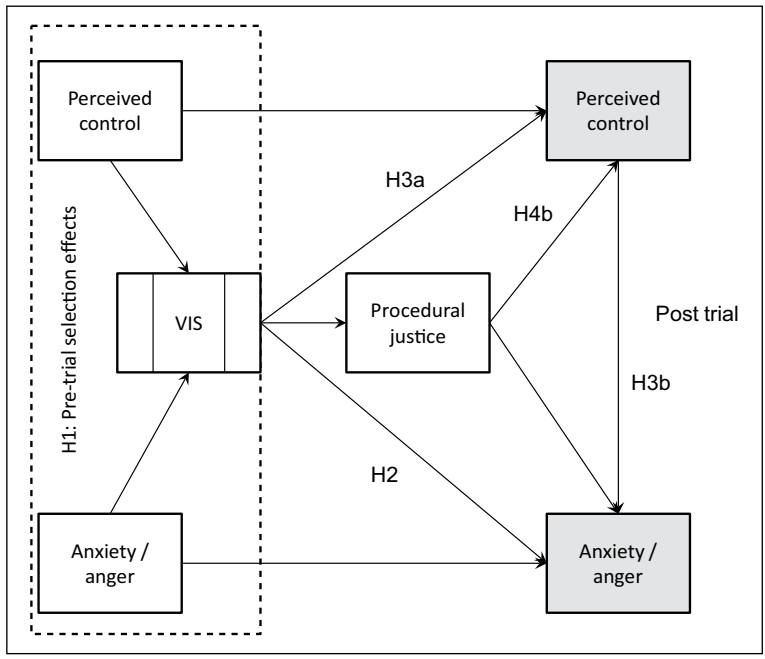

Figure 1. A conceptual model of pre-trial selection effects influencing the choice for a Victim Impact Statement (VIS) and the baseline-adjusted effects on post-trial outcomes with a potential crucial role for procedural justice and perceived control.

invited to participate in the study. Accordingly, over a period of 12 months, 319 victims who met these criteria were contacted by telephone.

Finally, 170 victims agreed to participate in the study and filled out an informed consent form. As no background information on the non-participants was available, possible non-response bias could not be estimated. From the 170 participants who filled out the pre-trial questionnaire (that is, two weeks before the trial: Time 1), 27 did not complete the post-trial questionnaire (that is, two weeks after the trial: Time 2), mostly owing to lack of time or the fact that follow-up contact attempts failed. These victims were excluded from the study. As a result, the final sample consists of 143 participants (60 men and 83 women), with a mean age of 38.20 (SD = 14.29).

Procedure and design

This article reports the results of a multi-method study. First, participants were asked to fill out two structured questionnaires at two time points: the first questionnaire was completed two weeks before the victim's trial was scheduled (pre trial), and the second one two weeks after their trial had taken place (post trial).[2] Furthermore, participants were interviewed four weeks after the trial. This semi-structured interview was conducted to further examine participants' feelings and thoughts about the criminal justice proceedings and the modality they had chosen (that is, a written and/or oral VIS or no VIS).

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The set-up of the study is quasi-experimental, because victims themselves chose whether or not they wanted to deliver a VIS. Three conditions were distinguished, depending on whether or not the victim chose to deliver a (written or oral) VIS. As a result, three groups emerge, with the first group comprising victims who declined to make a VIS ($n = 48$), the second group comprising victims who delivered a written-VIS ($n = 55$), and the third group comprising victims who delivered an oral VIS (or a combination of both a written and an oral VIS) ($n = 40$).

Dependent measures

Anger. A Dutch translation of the seven-item Dimensions of Anger Reactions scale (DAR; Kunst et al., 2011; Novaco, 1975) was used to measure feelings of anger. This validated, self-report scale consists of seven items that are answered on a nine-point Likert scale, ranging from 0 (*not at all*) to 8 (*exactly so*). Sample items include 'When I get angry I stay angry' and 'My anger has had a bad effect on my health'. Test-retest reliability of the Dutch translation of the DAR was examined by Nederlof et al. (2009): a correlation coefficient of .84 was found, supporting the reliability of the scale. The DAR provides an indicator of key aspects of anger dysregulation, including frequency, intensity, duration, violent expression and problematic consequences for psychosocial functioning and well-being (Forbes et al., 2004). The instruction preceding the DAR was altered to ensure that respondents would report anger *post* victimization, rather than anger per se. In particular, respondents were asked to indicate whether or not they had experienced feelings of anger *in the past two weeks*. The author of the DAR approved the appropriateness of this adaption (Kunst et al., 2011). A sum score of the DAR is computed by adding up the scores of all responses. Cronbach's α was .89 at Time 1 and .91 at Time 2, indicating good reliability (Murphy and Davidshofer, 2001).

Anxiety. Feelings of anxiety were measured with the anxiety subscale of the Hospital Anxiety and Depression Scale-Dutch version (HADS-NL). Originally developed by Zigmond and Snaith (1983), this scale has been translated into Dutch and validated with Dutch respondents.[3] The anxiety subscale consists of seven items that are answered on a four-point Likert scale. A sample item is 'I can sit at ease and feel relaxed'. A sum score was computed by adding up the scores of the seven items, with a score of 9 or more indicating a psychiatric state of anxiety. Cronbach's α was.90 at Time 1 and .90 at Time 2, indicating good reliability (Murphy and Davidshofer, 2001).

Control over the recovery process. Feelings of control over the recovery process were measured with the Present Control subscale of the Rape Attribution Questionnaire (Frazier, 2003). This questionnaire has been validated before among victims of severe crimes, a group that is comparable to the victims who participated in the present study. A sample item of the Present Control subscale reads 'I don't feel there is much I can do to help myself feel better' (reverse scored). The subscale consists of five items that are rated on a five-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). After reverse scoring one item, a total score was obtained by summing the scores on the five

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items. Cronbach's α was .68 at Time 1 and .66 at Time 2, indicating acceptable reliabilities (Murphy and Davidshofer, 2001).

Procedural justice. Feelings of procedural justice were examined by asking participants questions about their feelings towards the criminal justice proceedings in general and their use of a VIS more specifically.[4]

Procedural justice in general. The semi-structured interviews were used to examine participants' general feelings of procedural justice by analysing questions regarding 'victim voice' and 'recognition'. More specifically, participants were asked whether (1) they felt that the consequences of the crime on their lives received enough attention during the trial (that is, 'voice') and (2) they felt they received the recognition they deserved during the trial (that is, 'recognition'). Two of the authors analysed the interviews, scoring a '0' when participants disagreed with the statement and a '1' when participants agreed. When participants partially disagreed, they were given the score '0'.

Procedural justice use VIS. Feelings of procedural justice as a specific result of delivering a (written or oral) VIS were measured by summing the scores of seven items regarding participants' feelings of 'voice' (for example, 'By using a VIS I feel that the authorities have/defendant has a better knowledge of how I have experienced the crime'), recognition (for example, 'By using a VIS I feel more acknowledged in the criminal proceedings') and subjective feelings of controlling the outcome of the criminal proceeding (for example, 'By using a VIS I feel that I have an influence on the outcome of the criminal proceeding') on the post test. Items were rated on a five-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach's α was .88 for the written-VIS and .84 for the oral-VIS group, indicating good reliability (Murphy and Davidshofer, 2001).

Data analyses

Data analyses were conducted in the open-source statistical software 'R' (R Core Team, 2013) and followed the conceptual model as displayed in Figure 1. To investigate potential self-selection effects in the choice of whether or not to deliver a VIS and test Hypothesis 1, differences in background (that is, gender, age, time since victimization, familiarity with the perpetrator and previous victimization) and pre-trial outcome variables (that is, anger, anxiety and feelings of control over the recovery process) between the three modality groups were tested by means of analysis of variance (ANOVA) for continuous variables and by means of logistic regression for categorical variables. To test Hypotheses 2 and 3, a structural equation model (SEM) consisting of a set of autoregression equations to model the change from pre trial to post trial in feelings of control, anger and anxiety was carried out. Post-trial and pre-trial outcomes are centred around the pre-trial mean and post-trial outcomes are regressed on pre-trial outcomes. This allows us to (1) test for change from pre trial to post trial, controlling for potential baseline differences, and (2) assess the stability of individual differences in perceived control, anger and anxiety. The models were fitted using full information maximum likelihood using all available data under the missing at random assumption (MAR). The mediation

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propositions in Hypotheses 3 and 4 will be verified following Baron and Kenny (1986) and, when there is support for indirect effects, these will be formally tested using the currently recommended bootstrap approach (see, for example, MacKinnon et al., 2004; Shrout and Bolger, 2002).

Results

Participants and crime features

Our total sample consisted of 143 victims of severe violent crimes.[5] More specifically, the sample consisted of 134 'direct' victims, 3 co-victims of homicide, and 3 family members of a victim who was killed in a car accident. In the remaining three cases, an underage victim was represented during the trial by one of his parents. Crime types were divided into six categories: threat (n = 30, 21.0 percent), stalking (n = 26, 18.2 percent), homicide (n = 4, 2.8 percent), sexual offences (n = 18, 12.6 percent), traffic offences (n = 8, 5.6 percent), and other severe violent crimes (n = 57, 39.9 percent) (that is, grievous bodily harm, robbery, hostage taking, attempted murder, and a combination of crime types, for example threat and assault). If a victim indicated that he/she experienced more than one crime (for example, threat and sexual offence), he/she was assigned to the most severe category. On average, the crime took place 12.2 months (*range* = 1–191) before completion of the pre test. The respondents knew the perpetrator before the crime was committed in 63.6 percent (n = 91) of cases; most of them were acquaintances, friends or family members. Furthermore, 49 victims (34.3 percent) had previous victimization experiences, with either the same type of crime (n = 31, 21.7 percent) and/or a different type of crime (n = 33, 23.1 percent). Of these 49 victims, 10 (20.4 percent) had previously delivered a written VIS (n = 7, 14.3 percent) or an oral VIS (n = 3, 6.1 percent).

Selection effects: Who chooses to deliver a VIS?

To examine possible differences between victims who deliver a VIS and victims who decline their opportunity to deliver a VIS, we computed descriptive statistics based upon the measurements taken before the actual trial, and hence before the VIS was delivered. Differences between the modality groups were tested by means of ANOVA for continuous variables and by means of logistic regression for categorical variables. The results are summarized in Table 1.

Both written- and oral-VIS groups consist of significantly more women than the no-VIS group. Moreover, the crime for those who deliver an oral VIS took place significantly longer ago than for those who decline their opportunity to deliver a VIS and for those who make a written statement. No age differences were found between groups. Also, no group differences were found for familiarity with the perpetrator and previous victimization experiences. Furthermore, it appears that victims who deliver a VIS are also those who are most psychologically affected by the crime: victims in both the oral- and written-VIS groups experienced significantly lower levels of control over their recovery process and felt significantly more anxious than victims in the no-VIS group. Furthermore, victims in the written-VIS group felt significantly more angry than victims in the no-VIS and the oral VIS group. These group differences accounted for about 7

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Table 1. Pre-trial descriptive statistics for the three VIS modality groups.

	No VIS	Written VIS	Oral VIS		
n	48	55	40		
Percent female	37.5[a]	61.8[b]	77.5[b]	χ^2(df=2) = 15.22	p = .001
Percent familiarity with perpetrator	62.5	67.3	60.0	χ^2(df=2) = 0.57	p = .751
Percent previous victimization	35.4	38.2	27.5	χ^2(df=2) = 1.24	p = .538
Age	35.4	39.9	39.3	F(2,140) = 1.45	p = .235
Time	4.2[a]	5.5[a]	9.5[b]	F(2,140) = 6.99	p = .001
Control	18.9[a]	17.3[b]	16.2[b]	F(2,140) = 6.54	p = .002
Anger	16.4[a]	25.1[b]	18.7[a]	F(2,140) = 5.30	p = .006
Anxiety	6.9[a]	10.7[b]	11.2[b]	F(2,140) = 12.31	p < .001

Note: For variables that showed significant modality group differences, the superscripts a,b indicate which groups differ. Groups with the same superscript are equal; groups with a different superscript are significantly different.

percent of the individual differences (that is, variance) in anger, 15 percent in anxiety, and 9 percent in control.

The presence of these significant modality group differences indicates that the decision whether or not to deliver a VIS results in self-selection. Overall, it appears that victims who feel more heavily affected by the crime opt for the delivery of a VIS. This provides support for Hypothesis 1, and also implies that, in any further analyses of the impact of delivering a VIS, these baseline differences need to be taken into account.

Therapeutic effects of delivering a VIS?

All three modality groups showed a tendency to decrease in anxiety post trial when compared with pre trial, with a significant average decrease for the no-VIS and written-VIS group ($\Delta M_0 = -2.10$, $Z = -5.02$, $p < .001$; $\Delta M_1 = -0.89$, $Z = -2.43$, $p = .015$; $\Delta M_2 = -0.57$, $Z = -1.26$, $p = .207$). However, even after accounting for the pre-trial selection effects, the two VIS groups were shown to have higher levels of anxiety post trial ($\beta_1 = 0.13$, $Z = 2.20$, $p = .028$; $\beta_2 = 0.15$, $Z = 2.41$, $p = .016$) (Table 2).[6] Furthermore, individual differences in anxiety were shown to be very stable over time, with 67 percent of shared variance between measures before and after the trial. A rather similar pattern of results also applies to anger. After accounting for the pre-trial selection effects, the two VIS groups were shown to have higher levels of anger post trial ($\beta_1 = 0.13$, $Z = 1.59$, $p = .112$; $\beta_2 = 0.18$, $Z = 2.01$, $p = .044$). Furthermore, individual differences in anger were shown to be very stable over time, with 30 percent of shared variance between measures before and after trial. Only the no-VIS group showed a significant average decrease in anger when compared with pre-trial measures ($\Delta M_0 = -4.33$, $Z = -2.28$, $p = .022$ as against $\Delta M_1 = -0.30$, $Z = -0.17$, $p = .862$ and $\Delta M_2 = -1.44$, $Z = 0.69$, $p = .491$).

Thus, these results are in line with Hypothesis 2: delivering a VIS does not appear to resolve the differences due to the selection effects between the modality groups and therefore has no direct 'therapeutic' effects.

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Table 2. Auto-regressive model for the psychological outcomes measured after the trial.

Block		RAQ1			DAR1			HADS1		
		B	SE	*p*	*B*	SE	*p*	*B*	SE	*p*
0	Stability	0.55	0.07	<.001	0.52	0.07	<.001	0.70	0.05	<.001
1	Time	0.25	0.23	.280	0.07	1.01	.944	–0.08	0.22	.717
1	Age	–0.01	0.02	.681	0.05	0.07	.500	–0.01	0.02	.819
1	Gender	0.06	0.25	.810	0.81	1.12	.468	0.37	0.25	.140
1	Familiarity with perpetrator	–0.10	0.24	.680	1.07	1.08	.325	0.17	0.23	.462
1	Previous victimization	–0.00	0.24	.999	–0.39	1.09	.718	0.20	0.24	.407
2	Constant	–0.01	0.43	.976	–4.33	1.90	.022	–2.10	0.42	<.001
2	Written VIS	0.45	0.57	.431	4.03	2.53	.112	1.21	0.55	.028
2	Oral VIS	–0.12	0.67	.854	5.77	2.87	.044	1.53	0.64	.016
	Full model	R^2	.34	<.001	R^2	.34	<.001	R^2	.70	<.001
	Only Block 0	R^2	.35	<.001	R^2	.30	<.001	R^2	.67	<.001

Note: Continuous covariates are mean-centred and categorical covariates are effect coded. Stability represents the outcome variable measured pre-trial. Outcomes are centred using the pre-trial means. Modality group is dummy coded, with the no-VIS group as reference category.

Delivering a VIS and perceived control

We theorized that delivering a VIS would lead to an increase in victims' feelings of perceived control over their recovery process (H3a). When taking into account the pre-trial selection effects, no significant modality group differences in perceived control were found ($\beta_1 = 0.06$, $Z = 0.79$, $p = .431$; $\beta_2 = -0.02$, $Z = -0.18$, $p = .854$) (see Table 2) and there was no evidence for any significant absolute increase or decrease in perceived control in comparison to the pre-trial baseline ($\Delta M_0 = -0.13$, $Z = -0.03$, $p = .976$; $\Delta M_1 = 0.43$, $Z = 1.13$, $p = .260$; $\Delta M_2 = -0.14$, $Z = -0.29$, $p = .776$). Individual differences in perceived control were shown to be quite stable over time, with 34 percent of shared variance between measures before and after the trial. These results indicate that Hypothesis 3a is not supported by the data, and as a consequence Hypothesis 3c, which expected a mediation effect of delivering a VIS through perceived control, is also not supported. The only link from the theoretical mediation chain that did receive support is the beneficial effect of perceived control on anxiety and anger ($\beta_{\text{Anxiety}} = -0.24$, $Z = -4.47$, $p < .001$; $\beta_{\text{Anger}} = -0.24$, $Z = -2.94$, $p = .003$), which corresponds to Hypothesis 3b.

Procedural justice

Feelings of procedural justice were examined by asking participants questions about their feelings towards the criminal justice proceedings in general and their use of a VIS more specifically.

Procedural justice in general. Victims who delivered an oral VIS were more likely to experience feelings of procedural justice than victims in both the written-VIS and the no-VIS

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modality groups. Although the differences for the variable 'voice' did not reach statistical significance ($\chi^2(df = 1) = 1.85$, $p = .174$), a significant effect was found for 'recognition' ($\chi^2(df = 1) = 4.60$, $p = .032$). Also, we theorized that victims who experience more feelings of procedural justice would feel more in control over their recovery process, and that, if Hypothesis 3b held, procedural justice would indirectly lead to a decrease in feelings of anger and anxiety. However, the addition of the two procedural justice variables to the auto-regressive models used for Hypotheses 2 and 3 resulted in evidence of a significant contribution only in the case of anxiety ($\Delta R^2 = .02$, $\chi^2 = 6.46$, df = 2, $p = .040$), in which 'recognition' decreased anxiety post trial ($\beta = -0.29$, $Z = -2.46$, $p = .014$) but not anger ($\Delta R^2 = .03$, $\chi^2 = 3.07$, df = 2, $p = .216$) or perceived control ($\Delta R^2 = .01$, $\chi^2 = 0.853$, df = 2, $p = .653$). This last observation is inconsistent with Hypothesis 4b because the link between general procedural justice and perceived control is not supported.[7]

Procedural justice use VIS. The two VIS modality groups ($n = 95$) were also asked to assess the degree of procedural justice they experienced when delivering a VIS. This allows us to verify whether positive personal experiences with the VIS can help to reduce feelings of anger and anxiety. Consistent with Hypothesis 4b, feelings of procedural justice as a result of delivering a VIS had a significant positive effect on perceived control ($\beta = 0.16$, $Z = 2.06$, $p = .040$). Given that the link between perceived control and anxiety/anger was also supported (H3b), we conducted a more thorough mediation analysis. The total effect of procedural justice on anxiety was significant and negative ($\beta = -0.14$, $Z = -2.14$, $p = .040$), indicating that experiencing more procedural justice is related to a reduction in anxiety. About 24 percent (indirect/total) of the total effect of procedural justice on anger can be explained by perceived control, yet the indirect effect is not significant ($\beta = -0.03$, $Z = -1.70$, $p = .089$). A similar trend applies to anger (total: $\beta = -0.12$, $Z = 1.29$, $p = .198$ / indirect: $\beta = -0.03$, $Z = -1.46$, $p = .143$). Hence, Hypothesis 4c is again not clearly supported. Because the direct effect of procedural justice is also no longer significant for either anxiety or anger (direct: $\beta = -0.11$, $Z = -1.64$, $p = .102$ and $\beta = -0.09$, $Z = -0.92$, $p = .357$), this might imply that perceived control is a more comprehensive construct than procedural justice in this context.

Discussion and conclusion

A central question in the debate about the VIS is whether its delivery helps victims to recover from a crime, or on the contrary might lead to secondary victimization. Whereas some argue that 'VIS can work, do work (for those who bother to make them)' (Chalmers et al., 2007), others argue the exact opposite, namely that 'VIS, don't work, can't work' (Sanders et al., 2001). Therefore, empirical studies on the impact of victims' participation or non-participation in the criminal justice system on their emotional well-being are very much needed (see also Herman, 2003; Pemberton and Reynaers, 2011). This longitudinal study was conducted to fill this gap with regard to examining the effects of delivering a VIS in court. More specifically, the purpose of this study was to examine whether and, if so, how delivering a VIS contributes to the emotional recovery of the victim. Understanding factors that affect emotional recovery among victims of severe violent crimes is particularly important given the high levels of symptoms experienced by this group (for example, Lens et al., 2013).

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In support of our first hypothesis, the results of this study show that the decision to deliver a VIS results in a highly selective group of participants. It appears that the victims' psychological state plays an important role in this choice: victims who decide to deliver a written or oral VIS display significantly higher levels of anxiety than victims who do not, while experiencing significantly lower levels of control over their own recovery process. Moreover, victims who make a written statement display a significantly higher level of anger compared with victims in both the no-VIS and the oral-VIS group. In other words, it appears that both groups indeed experience distinct trajectories of mental health outcomes following potentially traumatic events (Bonanno, 2004). These results are in line with social sharing research, which revealed that people who have not yet recovered from an event feel a continued need to share their emotions related to the event (Curci and Rimé, 2012). Furthermore, these findings are consistent with previous research on VIS delivery, which showed that the impact of a crime is positively correlated with the delivery of a VIS: victims who choose to deliver a VIS display a significantly higher degree of psychological complaints after the crime, compared with those who decline their opportunity to do so (Lens et al., 2013).

Second, and in support of our second hypothesis, the results of this study show that delivering a VIS has no *direct* 'therapeutic' effects in the sense that this leads to significant decreases in feelings of anger or anxiety. Overall, feelings of anger and anxiety are significantly stable: victims who feel relatively angry or anxious before the trial will remain relatively angry or anxious after the trial, whether or not they deliver a VIS. This finding is in line with ongoing research into the social sharing of emotions, which reveals that the mere expression of emotions has no direct 'healing' effects (Rimé, 2009; Rimé et al., 2011), and research on post-traumatic stress that challenges the assumption that a single-shot expression of emotions contributes to a diminishing of trauma complaints (Van Emmerik et al., 2002).

Regarding Hypothesis 3, the results show that victims who experience higher feelings of control over their recovery process experience a relatively stronger reduction in feelings of anger and anxiety. This finding is in line with previous research, which argued that victims who concentrate on what they can do to feel better and experience feelings of control over their recovery process have a decreased chance of developing mental health problems (for example, Frazier, 2003). However, we found no evidence that delivering a VIS results in significantly higher feelings of control over the recovery process as such.

Regarding Hypothesis 4, the results revealed that the total effects of feelings of procedural justice on anger and anxiety were significant and negative, indicating that experiencing more procedural justice is correlated with a reduction in feelings of anger and anxiety.

The current longitudinal study is the first to empirically examine the psychological effects of delivering a VIS in terms of the two most important emotional reactions after experiencing a crime: anger and anxiety. It extends previous findings in two important regards. First, this study showed that victims who opt for the delivery of a VIS show high levels of psychological problems both before and after the trial. Following the different recovery trajectories from Bonanno (2004), these results imply that, especially within a limited time frame, the course of their psychological complaints is characterized by a

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great degree of stability. Moreover, compared with victims who experience a relatively limited degree of psychological complaints, these victims are assumed to be 'resistant' to therapeutic approaches. Therefore, we argue in this article that the high levels of psychological complaint for victims who opt to deliver a VIS point to the importance of continued research aimed at helping crime victims overcome the trauma they have experienced and examine possible positive effects of participating in criminal justice procedures. Second, this study showed that, although delivering a VIS does not give rise to direct 'therapeutic' effects, feelings of anxiety decrease for victims who experience higher feelings of procedural justice. Moreover, this study revealed that increasing feelings of control over the recovery process could lead to a decrease in feelings of anger and anxiety as well. Based on these results, which showed different patterns for different indicators, we argue that the effectiveness of delivering a VIS should not be viewed as a 'black or white' issue. The choice to participate sets victims apart from those who decline to do so, and subsequent effects are subtle, differentiated and indirect. As a result, ham-fisted and sweeping statements concerning the effectiveness of VISs are unwarranted. Discussion concerning the question of whether or not VISs 'work' should be replaced by a conditional and differentiated approach.

Although the relevance of this study is apparent, some limitations are worth mentioning. First, the set-up of this study is a non-equivalent control group design, which may give rise to differences in pre-test scores that in turn may influence the estimation of the treatment effect (that is, the delivery of a VIS). By conducting an experimental study, and randomly assigning victims to groups, one would have the opportunity to draw causal conclusions about the cause (that is, delivering a VIS) and its effects (that is, the psychological health of the victims). However, for our underlying research question, conducting an experimental study was (simply) not feasible because making the choice of whether or not to deliver a VIS for someone else would be considered 'unethical'. Second, although a major strength of this study is its longitudinal design, it comprised only two measurement points: a pre test (around two weeks before the trial) and a post test (around two weeks after the trial). As a consequence, this study allows us to investigate only relatively short-term consequences of delivering a VIS. Future studies including more measurements over time (for example, a third measurement six months after the trial) could give more insight into the long-term effects of delivering a VIS.

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Notes

1. The Dutch Explanatory Memorandum of the Oral Victim Impact Statement Act mentions four goals of the VIS. First, the delivery of a VIS may contribute to the information provision to the trial judge. The second and third goals refer to its preventative purpose, which can be, on the one hand, general (that is, establishing societal norms) and, on the other hand, specific (that is, decrease the relapse risk of the suspected offender). Fourth, the delivery of a VIS may contribute to the victim's emotional recovery. See also Roberts and Erez (2004) for the purposes of the VIS.

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2. The data reported here are part of a larger study on the implementation of the VIS procedure in the Dutch criminal justice system. As a result, the questionnaires that were completed on the two occasions included more scales than will be reported here. In the present research, we focus on the parts of the questionnaire that investigated emotional recovery effects.
3. Dutch translation of the hospital anxiety and depression scale by F Pouwer, FJ Snoek and HM Van der Ploeg, 1997.
4. As the latter questions are directly related to participants' use of either an oral or a written VIS (or a combination of both), they could not be measured in the 'no-VIS' group.
5. In the Netherlands, the VIS is restricted in the sense that only victims of crimes that can be labelled as 'severe' are eligible to submit a statement.
6. Note that the full unstandardized regression results are summarized in Table 2, but the corresponding standardized regression coefficients are reported in the text for ease of interpretation.
7. Note that in these models a variable that showed whether victims attended the trial or not was added as an additional covariate to account for the structural missingness of victims who did not attend the trial.

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